

LECTURE PRESENTATION

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Diagnostics and territorial experience

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Lymph-oedema is a chronic disease, not easily controllable with evolutive, progressive tendency.

Since 2001 in the angiological outpatients' surgery inside of Operative Unit of Territorial Rehabilitation, in the ambit of patients affected by lymph-oedema, also the rehabilitative projects of geriatric patients affected by secondary post-surgery lower and upper limb lymph-oedema, contained the therapeutical programs, have been opening by angiologist and physiotherapist, in charge of the patient, together: in the older patients oncological lymph-oedema is more common than benign lymph-oedema tardum and furthermore, in the elderly most accompanying disease aggravate this pathology.

Lymph-oedema requires careful patient monitoring that consists of:

1. the first evaluation performed in the ambit of a multidisciplinary and multi-professional team that leads to the compilation of a specific clinical report and a rehabilitative project which personalized therapeutical programs, adequate to the treatment of disabilities according to the evolution stage. The clinical report, point of reference in the next check-up, includes:

- anagraphical data, anamnesis, clinical examination, evaluation of articulation limitations and eventual functional impotencies, volumetrical evaluation;
- instrumental examination: since 2005 we have been using Echo-colour-Doppler diagnostic useful for tissue examination because it provides important indications on structural characteristics of examined tissue; while the angiologist is carrying out the exam, the physiotherapist fills up a sheet contained a limb drawing useful for a more personalized therapeutical program;
- individual rehabilitation training project;

2. carefull lymphological monitoring of patients to assess rehabilitative training effectiveness

3. patients' follow-up: periodical medical check-up who performed physical treatment, to plan an eventual rehabilitative training based on clinical-instrumental case history.

Conclusions

Lymph-oedema requires personalized therapeutical programs and careful monitoring of patients to assess rehabilitative training effectiveness and to follow-up pathology evolution.

On our experience imaging provides important data which lead to an improvement in lymph-oedema management, helping the lymphologist and physiotherapist in the choice of precise strategies and therefore the setting up of personalized therapeutic programs, with subsequent therapeutic optimization.

Our territorial activity has highlighted how the integration of medical doctors, physiotherapists and nurses, according to their specific abilities, enables them to render the combined treatment efficient.

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References

1. Cestari M, De Marchi M, Castelletti MG, Curti L: C.De Rebotti-Study on an objective project in the treatment of lymph-oedema in a local health service territory-XVIII Congress G.E.L. 2001.
2. Cestari M: Managment of Lymphoedema:Echo-colour-doppler indications for strategies-European Journal of Lymphology. 2007, 17(50).

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