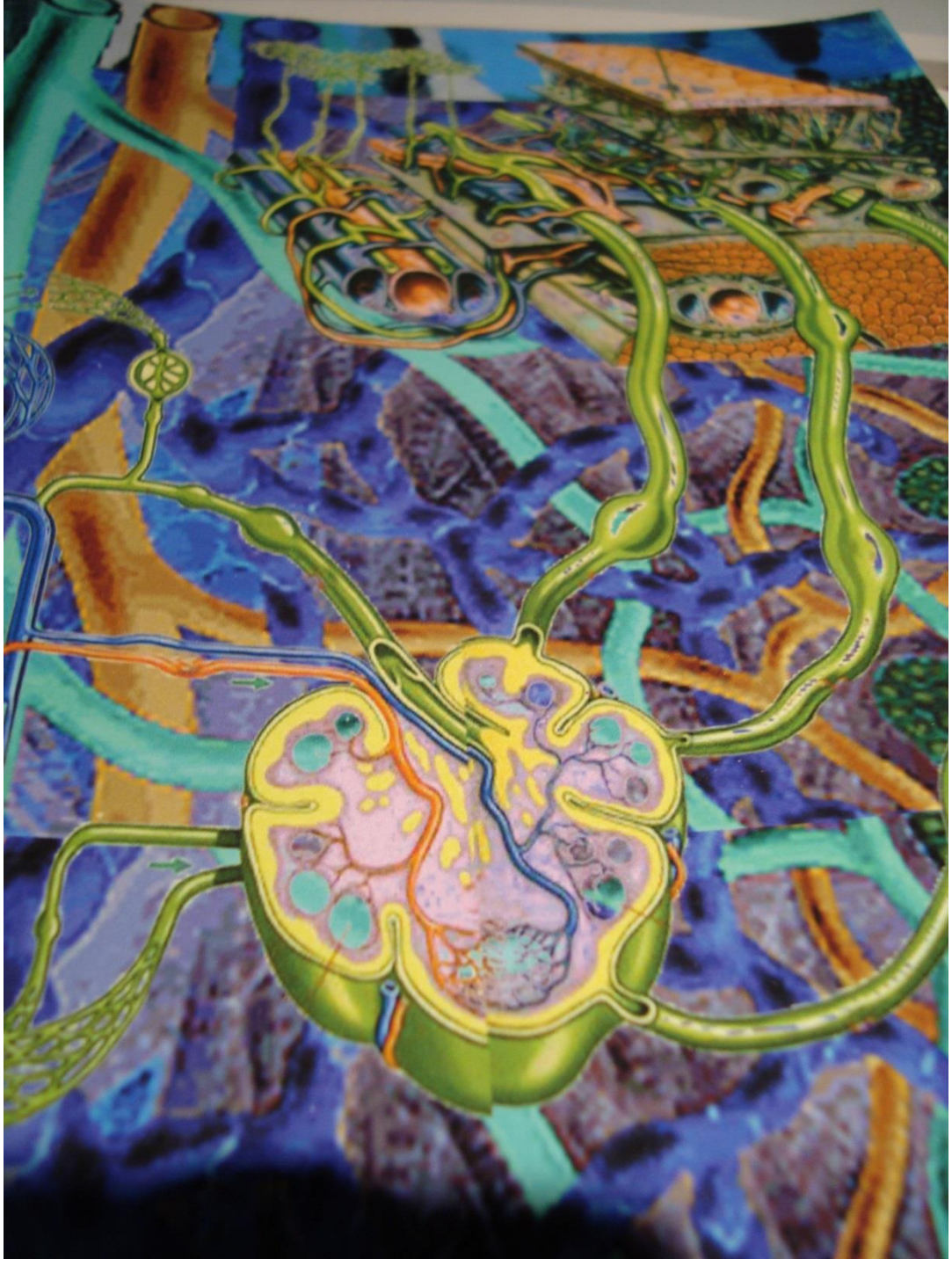
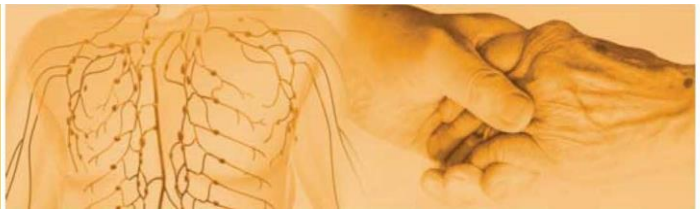


CANADIAN LYMPHEDEMA FRAMEWORK

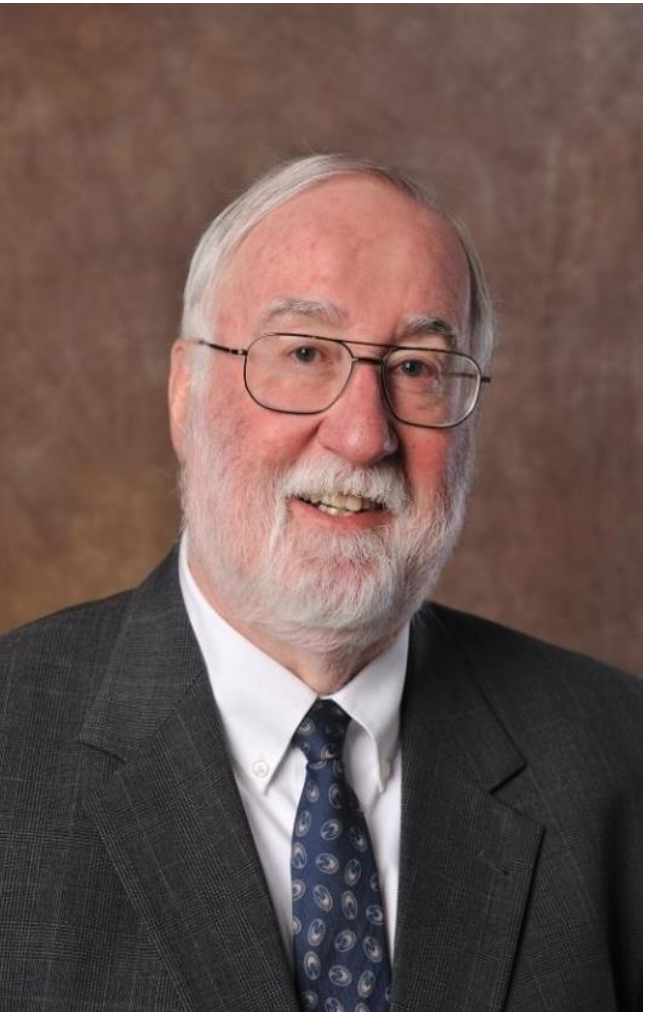


PARTENARIAT CANADIEN DU LYMPHOEDÈME

Comprehensive effective treatment for lymphedema and related disorders will be accessible to all persons across Canada

Lymphedema Development in Canada: a Question of Justice

Dr David Sackett (1934-2015)



Dr Sackett was the driving force behind evidence-based medicine. He taught that the best patient care is based on the best scientific evidence, and not on tradition, expert opinion, conventional wisdom or wishful thinking.

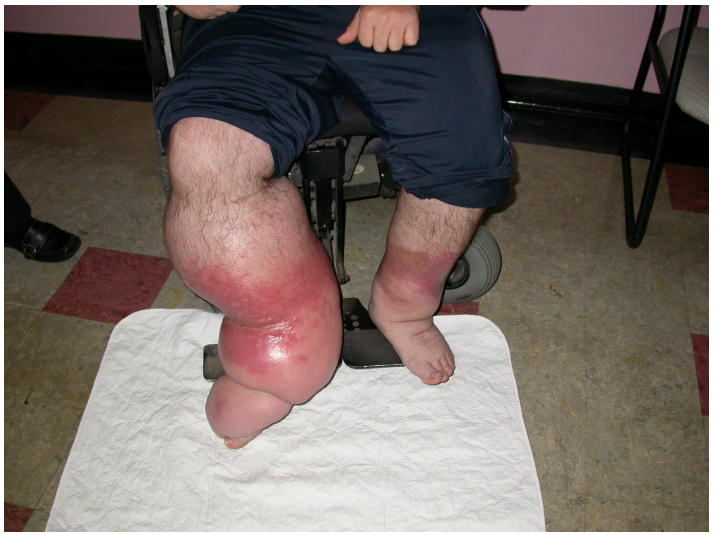
CMAJ June 2015

Content

- The lymphedema situation in Canada
- Influences on our practice
- Focus on cost-effective care

THE LYMPHEDEMA PROBLEM IN CANADA

- Lack of awareness
- Lack of research
- Insufficient education
- Nonexistent or inadequate clinical services...

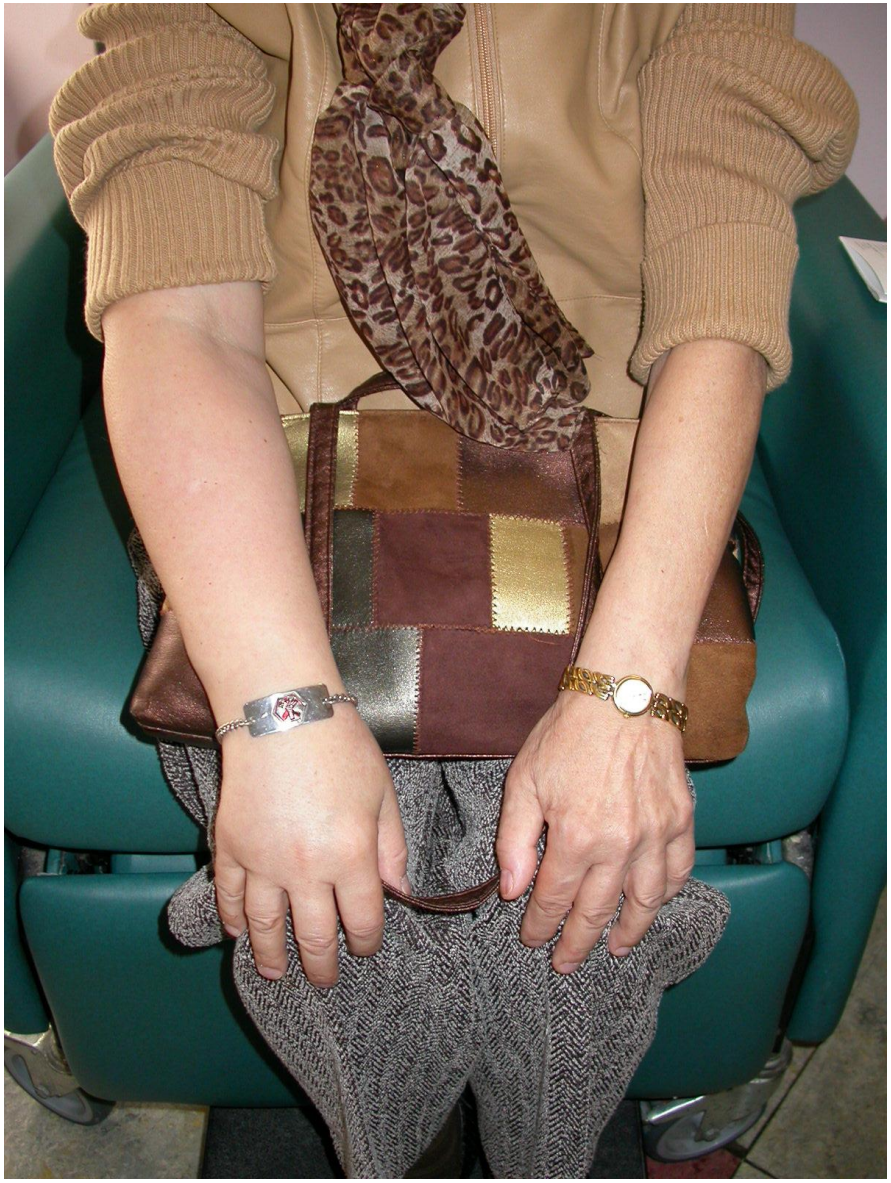


Services in Canada are still in the rudimentary stage, and have faced challenges in becoming accepted.

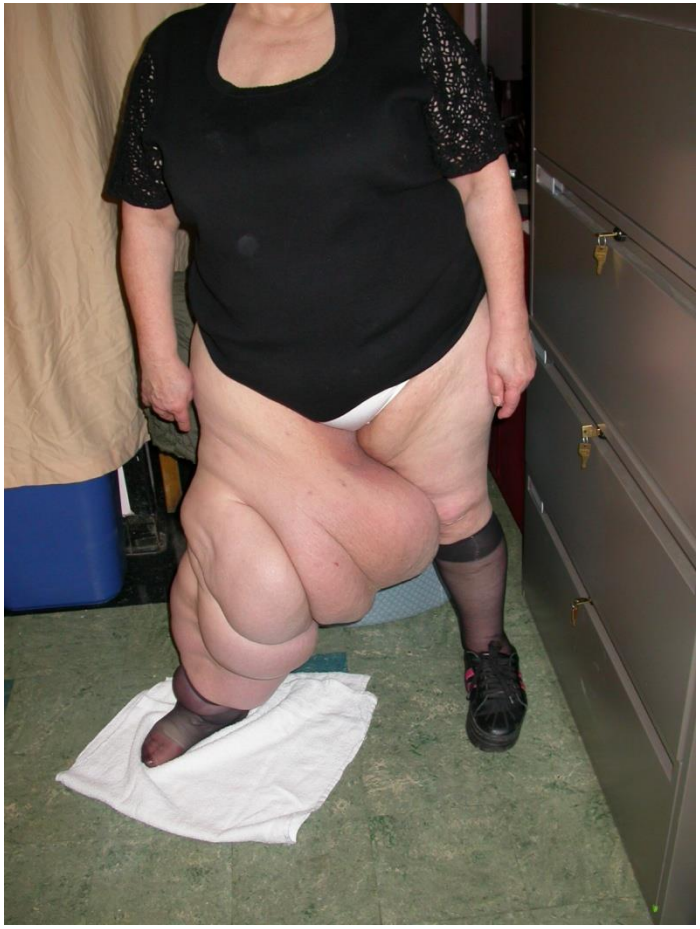
There is very limited coverage of lymphedema therapy as part of Canada's universal government-funded Medicare scheme.

In Quebec it is limited to reimbursement of one set of compression garments per year. Intensive CDT is not covered.

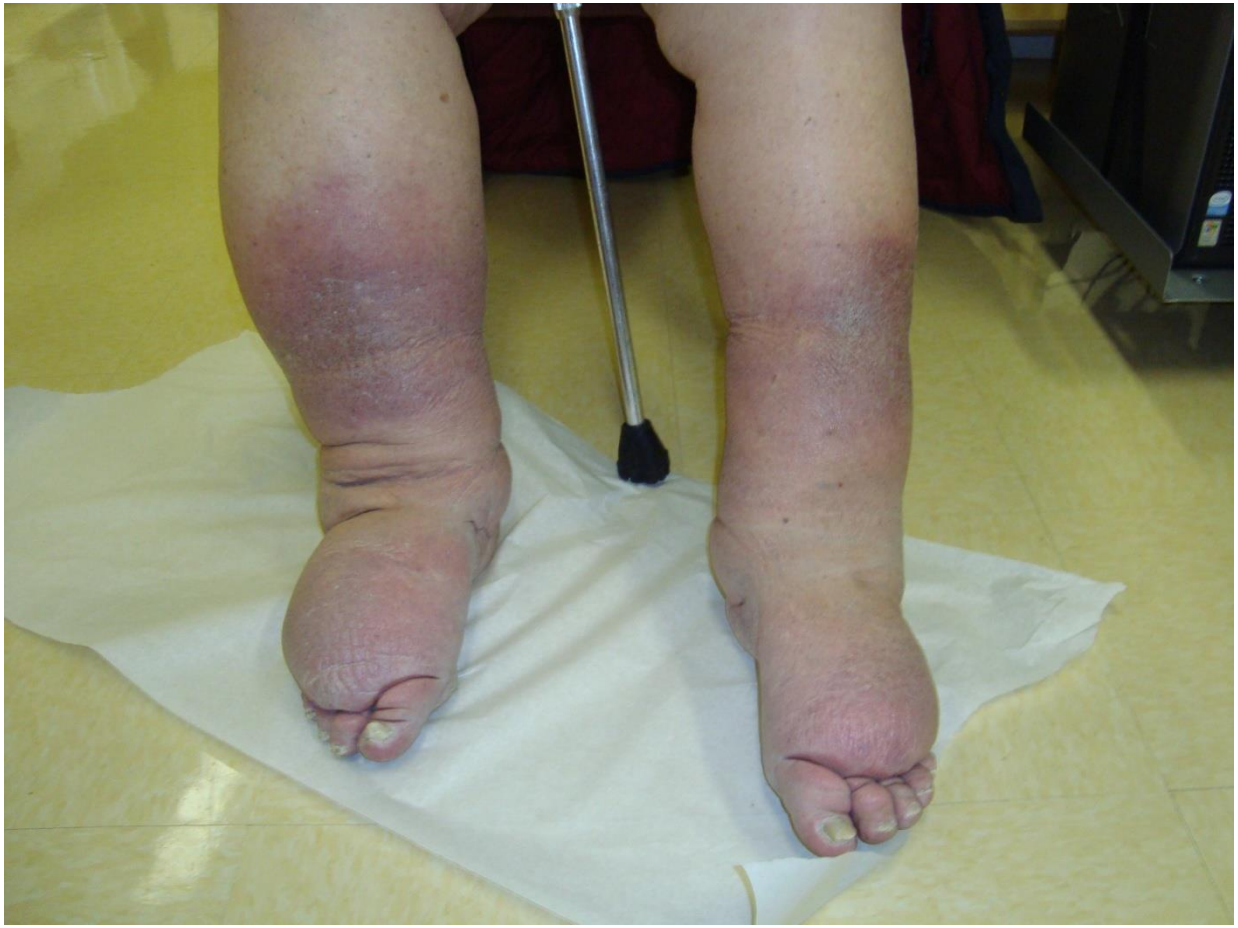
Following breast cancer….



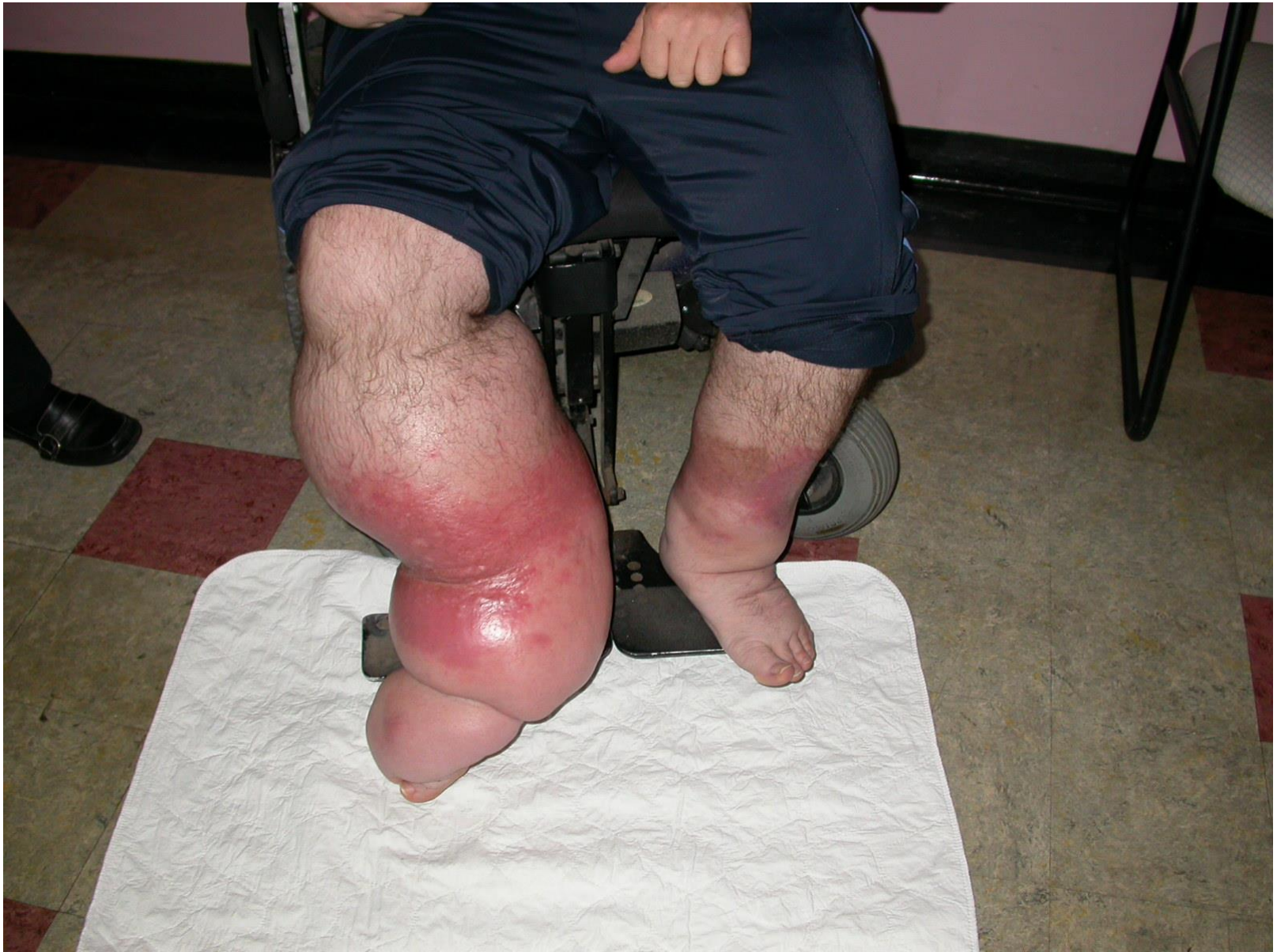
Following ovarian cancer treatment…



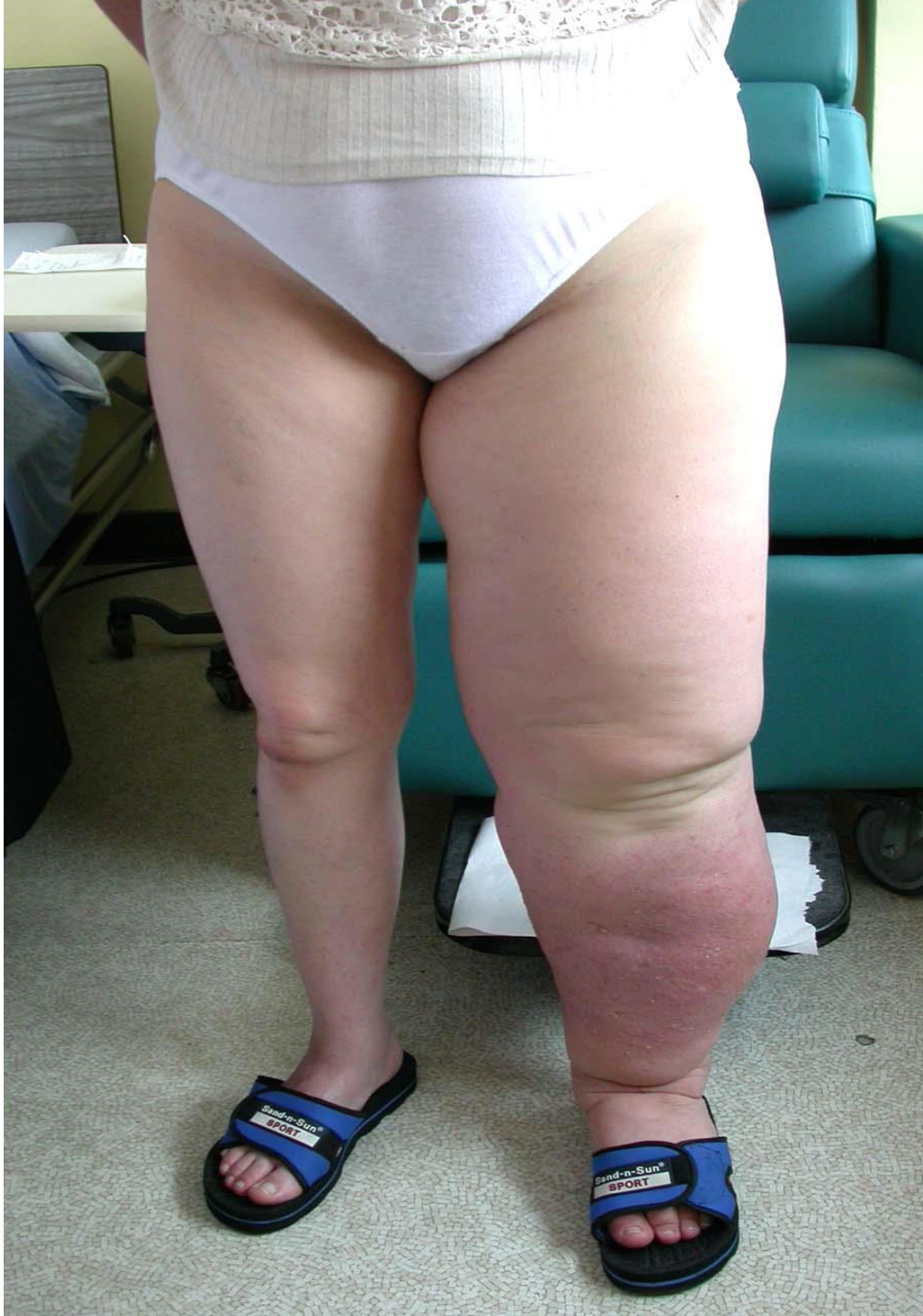
Combined with venous insufficiency….



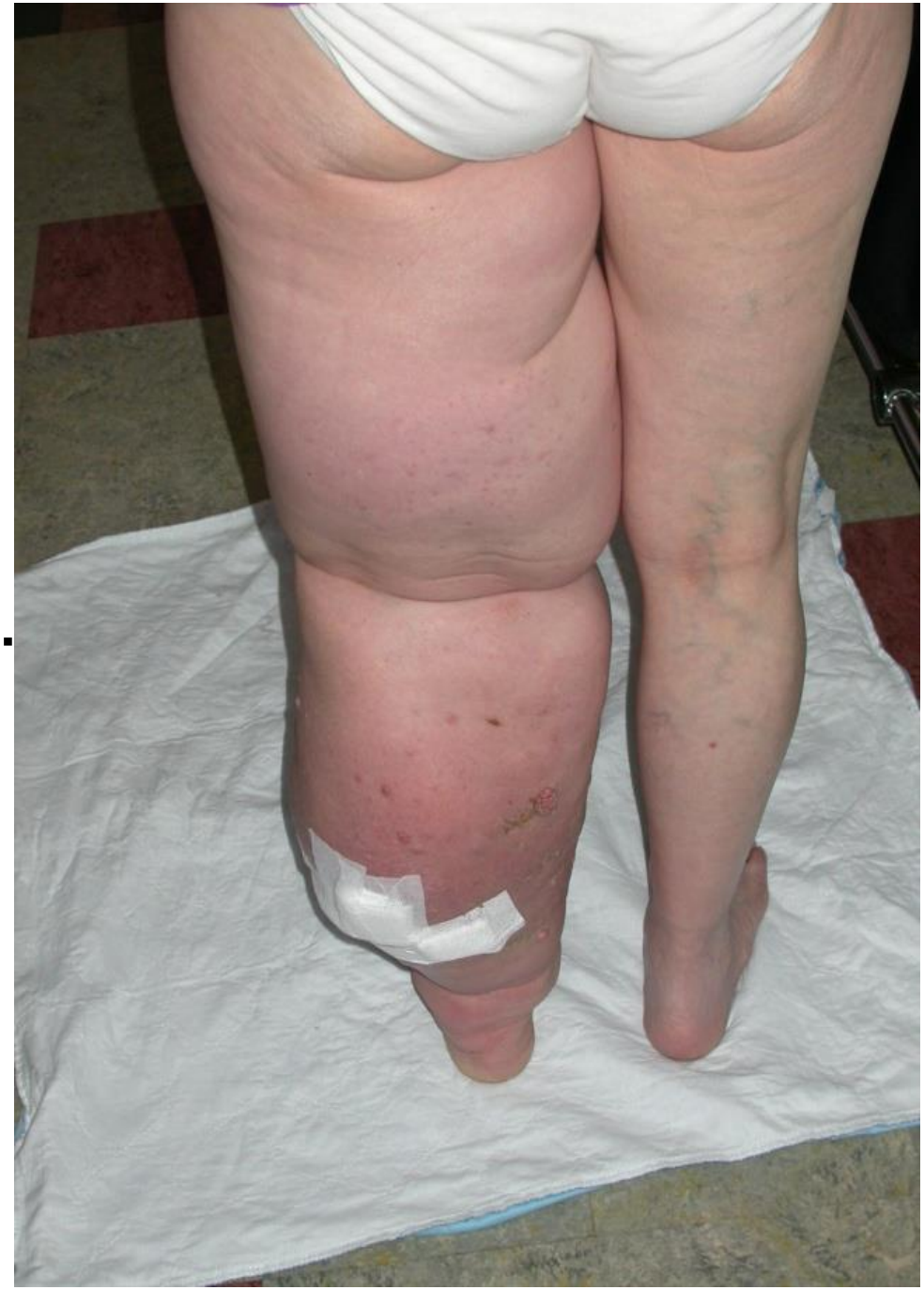
Chairbound persons



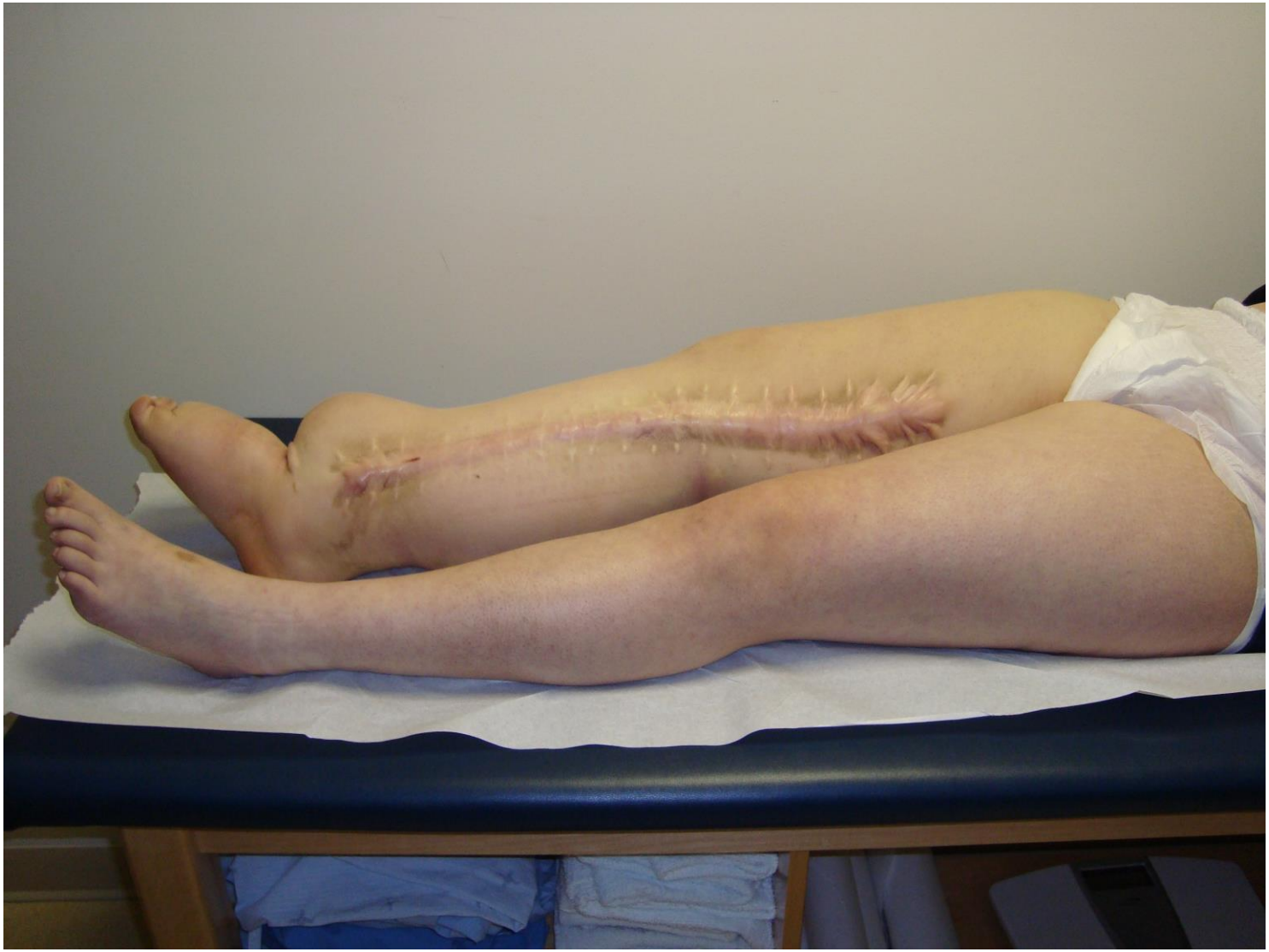
48 yo woman with secondary lymphedema following abdominal surgeries (noncancer)

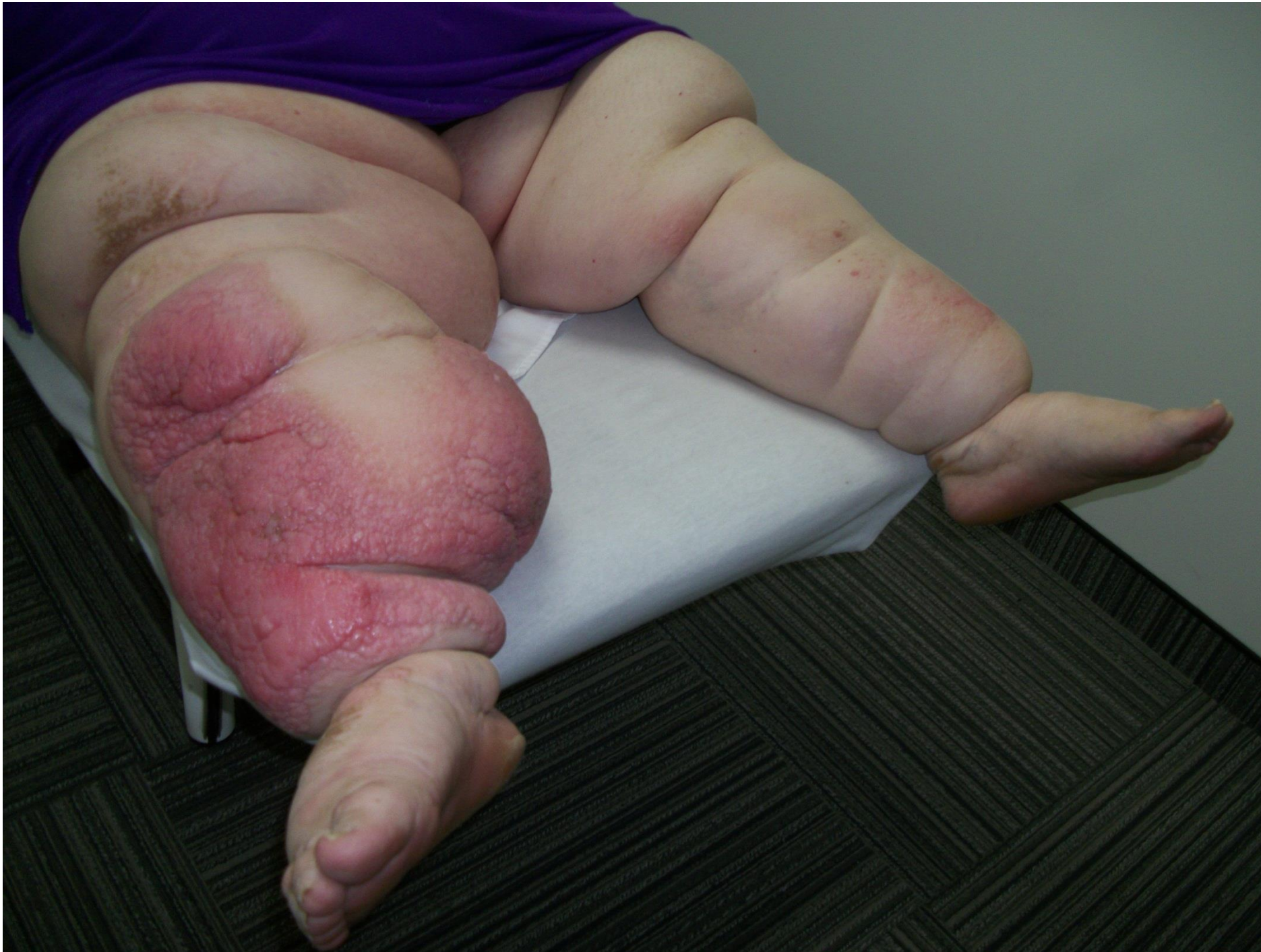


Five years later, without treatment…

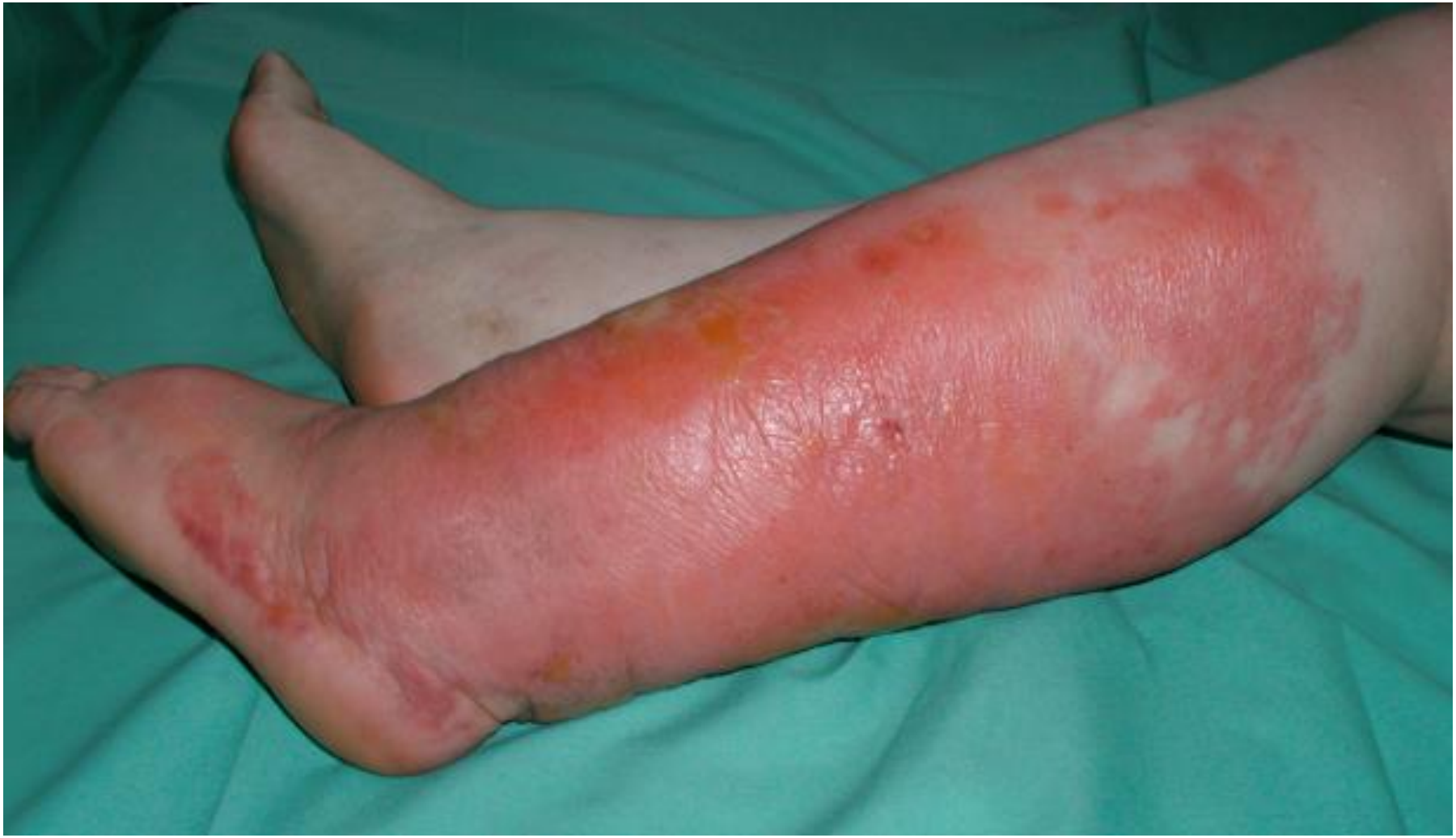


Primary lymphedema in child, post debulking surgery....





Recurrent cellulitis



Obesity in North America

- In 2014 it was estimated that 34% of American women are obese, 32% of men and 26% of children.
- This represents a 13% increase since 2010
- In Canada the obesity rate in 2014 was estimated at 30%

The World Health Organization (WHO): spotlight on obesity

- The WHO predicts that overweight and obesity may soon replace more traditional public health concerns such as undernutrition and infectious diseases as the most significant cause of poor health.

Influences on lymphedema development in Canada

- The Vodder school, Austrian and German teachers
- The International Lymphoedema Framework

and the Canadian Lymphedema Framework

History of Dr. Vodder training in Canada

1982- Hildegard and Guenther Wittlinger taught a Basic Therapist course in Toronto

1984- first Therapy I course in Toronto

1993- Robert Harris finished teacher training Therapy II-III and offered the course in Vancouver, British Columbia, Canada

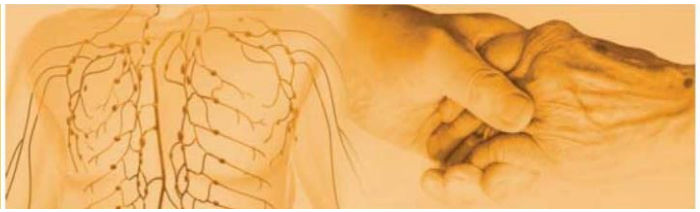
History of Dr. Vodder training in Canada

1994- The Dr. Vodder School – North America was incorporated.

As of November 2015, it had trained 647 therapists in Canada, of whom 305 are still in practice and currently certified.

Now known as the Dr. Vodder School – International (based in Victoria, British Columbia) it holds classes across Canada, USA, Australia, New Zealand, Singapore, Korea and Taiwan.

CANADIAN LYMPHEDEMA FRAMEWORK



PARTENARIAT CANADIEN DU LYMPHOEDÈME

Comprehensive effective treatment for lymphedema and related disorders will be accessible to all persons across Canada

Improving lymphedema care: the power of international collaboration

Prof Christine Moffatt
International Lymphœdema Framework

American Lymphedema Framework Project

Dr Jane Armer, University of Missouri

Founded in 2008

Canadian Lymphedema Framework

Dr Anna Towers, Dr. David Keast

Founded in 2009

Prof Moffatt and the Canadian Lymphedema Framework

Partner countries of the International Lymphoedema Framework

Australia, Belgium, Canada, Denmark, Ireland, Italy, Greece, France, Japan, Netherlands, United Kingdom, United States

FACING THE FUTURE: MOVEMENT TOWARDS COST-EFFECTIVE CARE.

We have responsibility to care for those with lymphedema in ALL settings and for lymphedema of any etiology.

Yet, we have constrained resources in all of our countries....

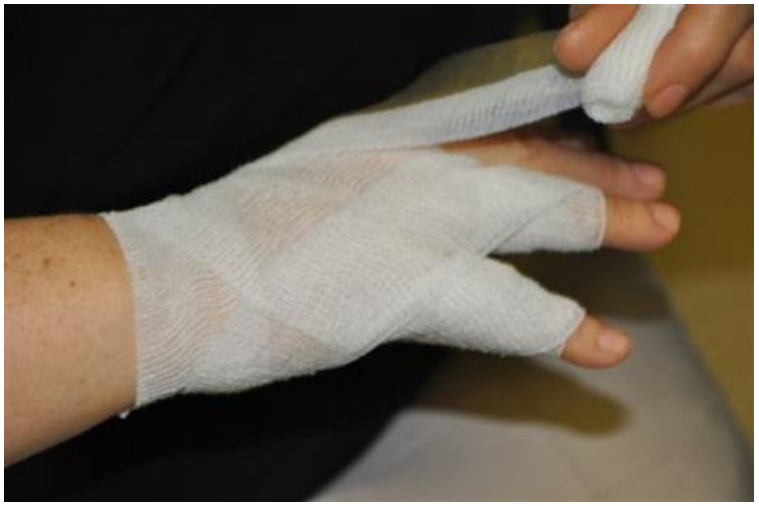
How do we develop lymphedema prevention and care in this context?

Self-bandaging instruction for lymphedema patients: a key to independence

Anna Towers, M
Dorit Tidhar MS
Pamela Hodgson

Self-bandaging instruction for lymphedema

Report of a series of 30 patients from the MUHC Lymphedema clinic



Financial considerations

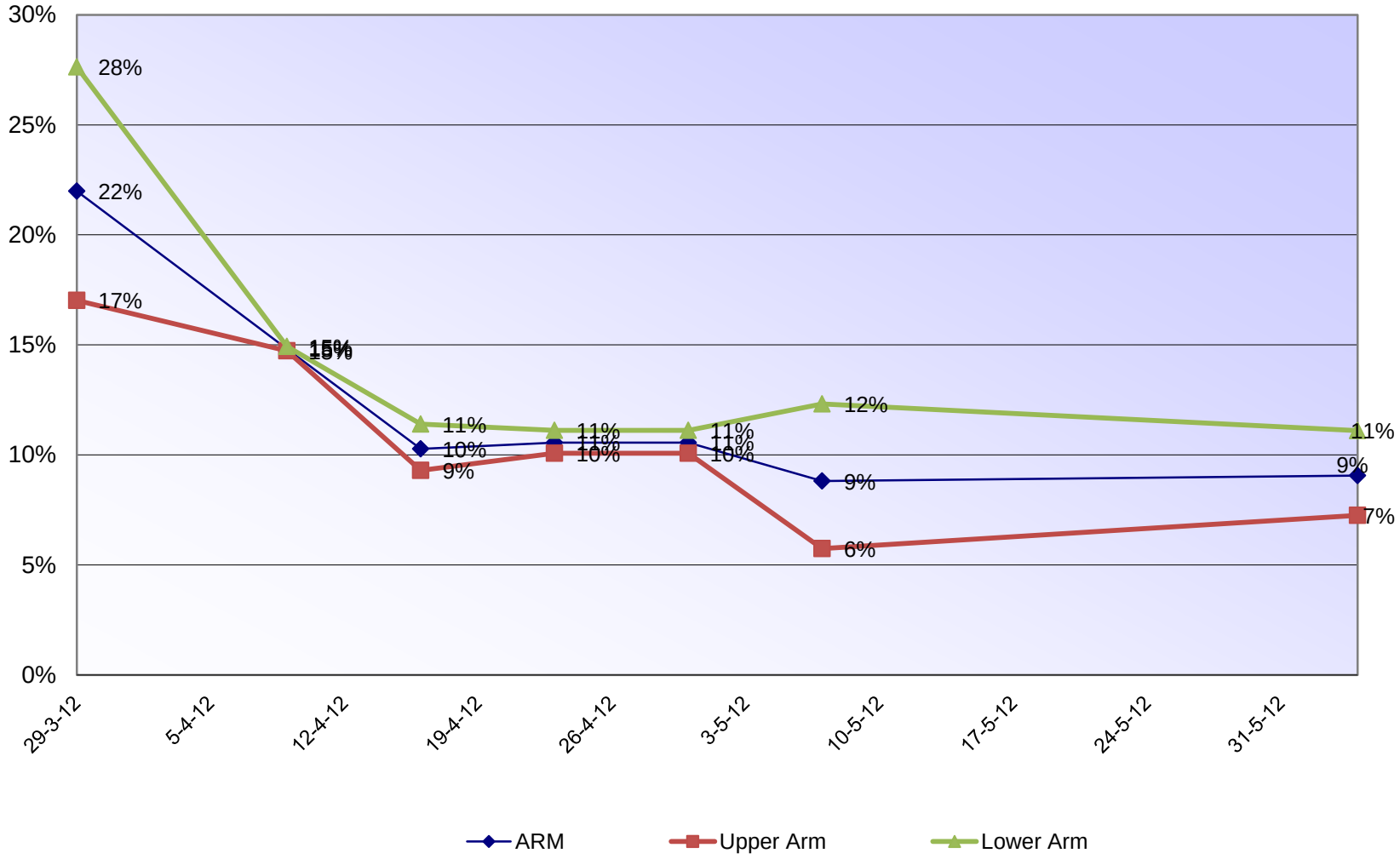
In general, Quebec's public health insurance plan does not cover treatments for lymphedema.

Patients must pay treatment costs themselves or have access to private insurance that provides limited reimbursement.

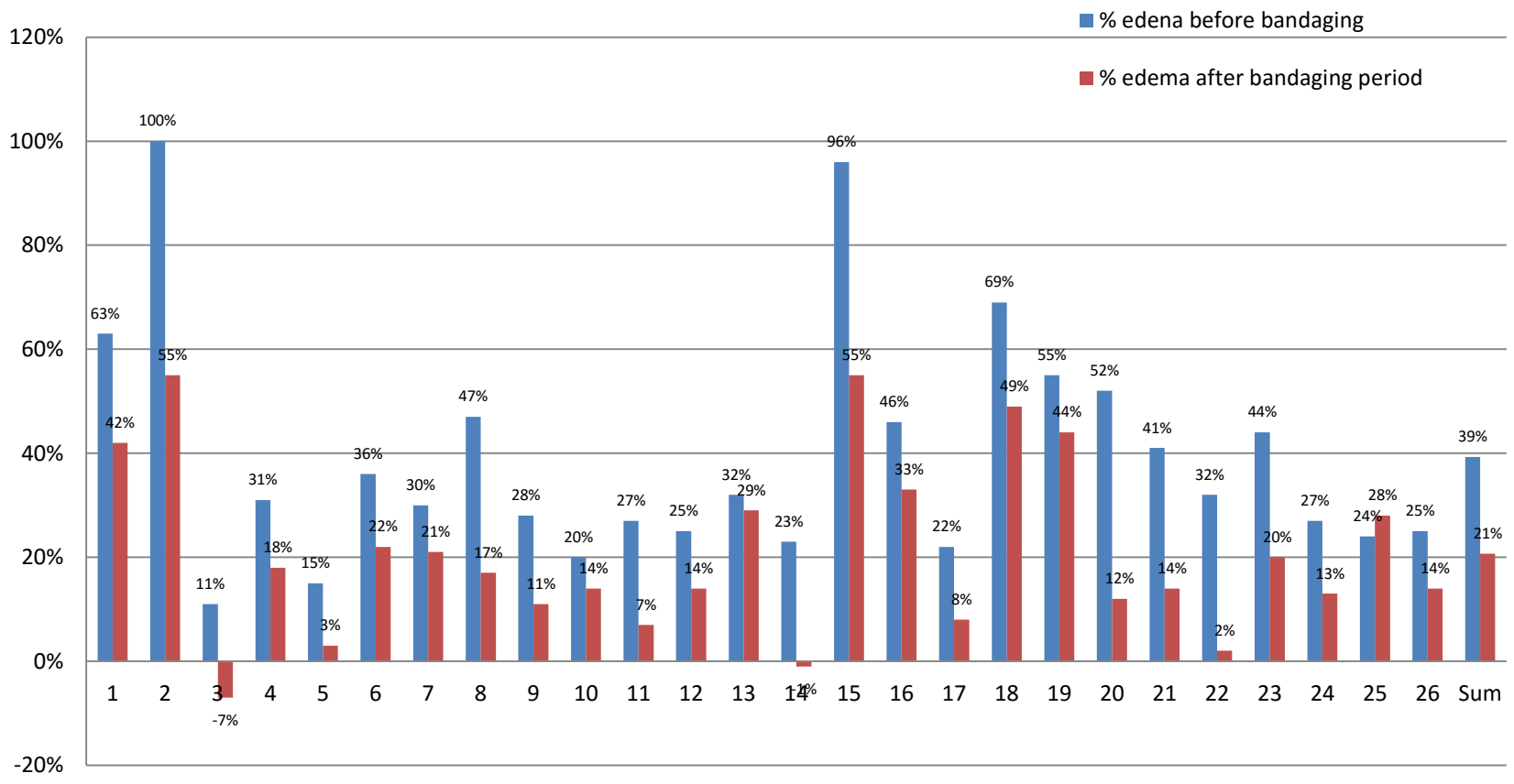
These recurring, lifelong costs are not negligible and may result in the patient not being able to access appropriate treatment.

Patient Characteristics		Number (%)
Aetiology	Breast cancer	19 (66%)
	Melanoma	3(10%)
	Sarcoma	2 (7%)
	Chronic venous insufficiency	2 (7%)
	Gynecological cancer	2(7%)
	Obesity	1 (3%)
	Primary LE	1 (3%)
Gender	Women 27 (91%)	
	Men 3 (9%)	
Area of lymphedema	Unilateral arm	19 (59%)
	Unilateral leg	7 (22%)
	Bilateral legs	4 (13%)
Duration of swelling (years, range)		5 years (0.5-20)
RLV (Severity of edema in unilateral limbs)	Mild	4 (15%)
	Moderate	12 (48%)
	Severe	10 (38%)
Stage of lymphedema	Early stage 2	4 (13%)
	Late stage 2	21 (66%)
	Stage3	5 (16%)

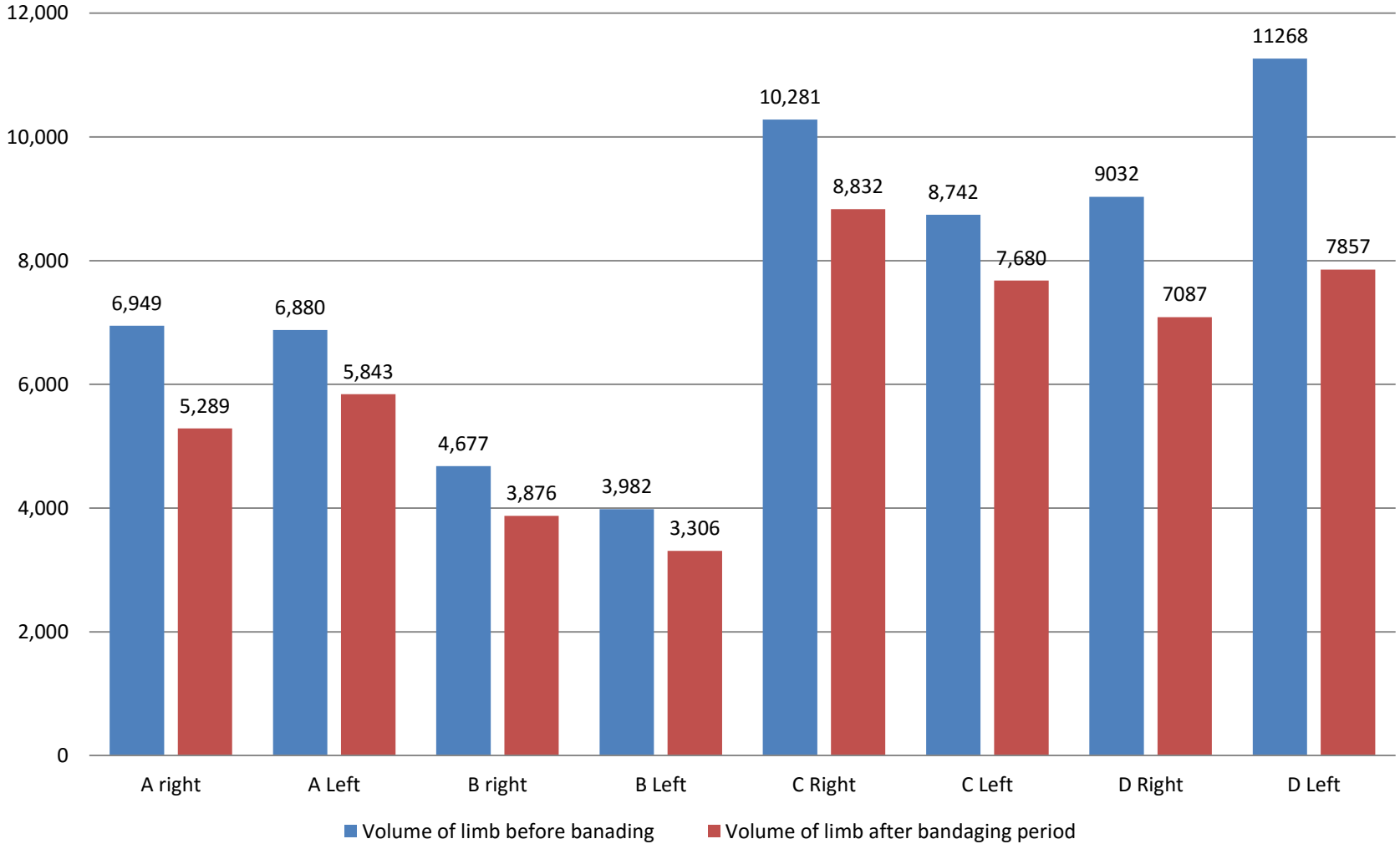
Percentage RLV over Eight Weeks



% RLV of the most severe limb segment Before and After different periods of intensive bandaging



Volume of limbs before and after intensive bandaging in 4 patients with lymphedema of both limbs (in ml)



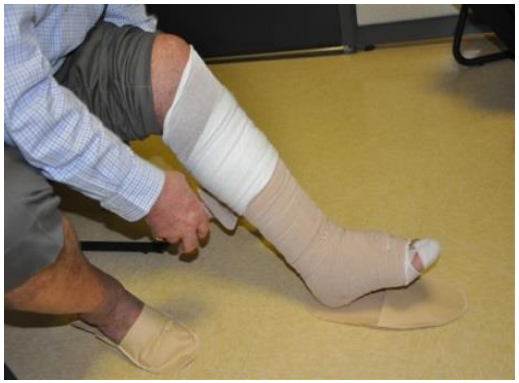
Results

- The majority of participants had moderate to severe lymphedema. All patients achieved reductions in edema similar to levels reported when trained therapists provide full decongestive therapy (our average for severe LE: 48%, for moderate LE: 59%, for mild LE: 92%).
- Qualitatively, participants understood the importance of bandaging and expressed satisfaction at being able to control their condition themselves.

Conclusion of our study

For selected patients with lymphedema, a self-bandaging program can be a route to reduced lymphedema, independence, and self-efficacy.

Self-management and chronic medical conditions



THE CHRONIC CARE MODEL

REF ILF Position Documents, 2012

International Lymphedema Framework Position Document

www.lympho.org

The chornic care model

- Self management: the therapist as “coach” and educator
- Patients need to be in charge

The chronic care model is based on the following assumptions:

- That all professionals integrate into the model and cooperate closely together
- That the patient has an active role (care manager) rather than being a passive ‘care consumer’. Aspects such as self management and self efficacy are very important

The chronic care model is based on the following assumptions (2):

- That healthcare workers do not merely focus on symptom control (for example, reduction of swelling), but act as ‘coaches’ with ‘hands-off’ approach
- That the treatment approach is based on guidelines, evidence based medicine and best practice documents, to which all health professionals are committed

The role of self-management

Self-management is a core component of the chronic care model.

Self-management is the ability of a individual to cope with symptoms, treatment, physical and social consequences and lifestyle changes related to a life living with a chronic disease

A public health approach

New models of care are developing based on prevention, early detection and self-management techniques.

Organization of care: a public health approach

ref BPD2-2012

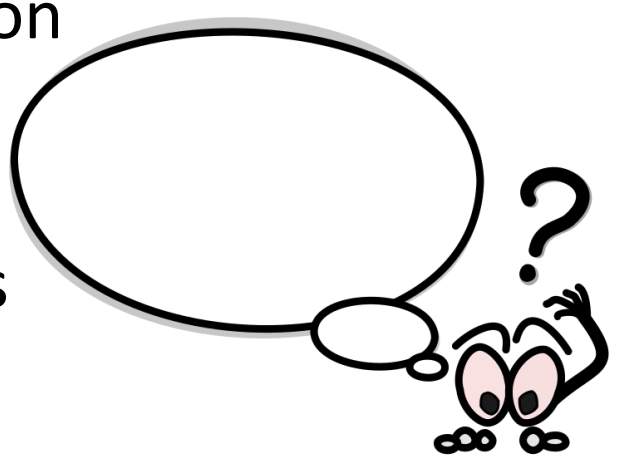
"When organizing a comprehensive lymphedema service according these new ideas, a major part of the treatment is a well structured program on awareness, prevention and self management. The goal is to stratify patients in terms of risk for developing lymphedema (low risk versus high risk) and in terms of severity.…The goal is provide integrated care for chronic diseases with a strong scope for prevention and cost reduction."

Organization of care: a public health approach ref BPD2-2012

The goal is to stratify patients in terms of risk for developing lymphedema (low risk versus high risk) and in terms of severity....The goal is provide integrated care for chronic diseases with a strong scope for prevention and cost reduction."

WHICH MEDICATION LEADS TO:

Improved cardiovascular health
Weight control
Decreased diabetes
Reduced hypertension
Improved immune system's cancer surveillance and reduced cancer risk by 30%
Increased bone density
Improved range of motion of joints
Improved lymphatic function
Decreased fatigue
Improved sleep patterns
Reduced anxiety and stress
Improved quality of life



A question of justice

Governments are interested in PREVENTION of health care problems, and yet….

there is little focus on exercise, good nutrition and physical therapies.

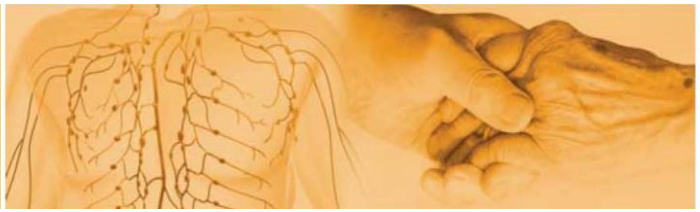
A question of justice…

There is a need for more national and international collaborations:

- to improve education
- to discuss and update standards of care
- to conduct good quality multisite research

… so that policymakers will consider those with lymphedema as being worthy of as much support from the health care system as are those suffering from other medical conditions.

CANADIAN LYMPHEDEMA FRAMEWORK



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THANK YOU!