

# LYMPHOEDEMA, LIPOEDEMA AND CELLULITIS - THE STUDY OF A COMPLICATED CASE

By medi Marketing

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## INTRODUCTION

Recognising and treating lymphoedema is far more than reducing swelling. This case study describes the experience of Karen, a 63 year old woman with lipoedema, and a 35 year history of episodes of cellulitis that led to the development of bilateral lower limb lymphoedema with no active management of the lower limb oedema. Lipoedema and Lymphoedema in conjunction with a high BMI led to reduced mobility and independence, and a life restricted to her home environment. Lymphoedema management over the past 4 years has not only reduced her swelling, but reduced her physical dependency, the frequency of hospital admissions for cellulitis and contributed to improved and emotional wellbeing and capacity to access the community again. Successful management of oedema in this complex case required patience, persistence and dedication of Karen and her husband.

## BACKGROUND

Karen has a long history of lower limb lymphoedema and lipoedema without treatment. In 1991, at the age of 28, she experienced her first episode of cellulitis. For the following 28 years she experienced cellulitis almost every year, often requiring hospital admission. During this time swelling developed and progressed consequent to the recurrent cellulitis. In 2019 she was admitted with cellulitis on 3 occasions. Despite multiple courses of IV antibiotics the infection caused endocarditis requiring aortic valve replacement. Twelve months later she was

admitted with lymphorrhoea, poor skin integrity and multiple wounds to her legs. Discharge did not include lymphoedema treatment. In 2022 she was readmitted with cellulitis and lymphorrhoea. Inpatient treatment included bilateral below knee bandaging; she was discharged with circular knit Class 2 stockings and lower leg Jobst farrow-wraps, but no follow-up. Her husband applied the compression garments; the cellulitis frequency reduced and skin condition improved.

Both the lipoedema and lymphoedema steadily worsened from 2012, resulting in increasing levels of disability, inability to attend to daily activities, loss of independence, psychosocial consequences, and dependence on her husband. Karen gave up driving when her right leg became so swollen and heavy that it lacked the control required.



*Image 1 - 2019 – left leg Stage 4 lymphoedema, and lipoedema*

## COMPRESSION CONSIDERATIONS:

Karen commenced lymphoedema treatment in 2024 with a lymphoedema OT, 35years after her first episode of cellulitis. There were no contraindications to lymphoedema treatment, but her comorbidity of R ventricular dilatation and tricuspid regurgitation required care with compression, and approval from her Cardiologist and GP. The key challenges to treatment were more extensive due to body habitus, weight and size of legs, shape distortion, fragility of skin, risk of further cellulitis, requirement for assistance at home, and frequent professional lymphoedema reviews. Despite the physical and psychological effects of the lymphoedema, Karen maintained a positive attitude to treatment, determined to improve the severity, stem further episodes of cellulitis and regain her independence.

Karen's husband is an essential component of her care, applying the garments and wraps daily with diligence, consistency and creativity. Her Lymphoedema qualified OT was able to maintain weekly or fortnightly monitoring and adjusting of the treatment plan accord



*Image 2*

## TREATMENT OPTIONS:

Treatment options suitable for the home environment were considered, including full leg bandaging, compression wraps and flat knit compression garments. Mobilisation and chair-based exercises, and skin care requirements were included. Education on lymphoedema and lipoedema is required. Obesity management is important to stem weight gain.

## COMPRESSION SOLUTION:

In 2024 Karen commenced compression therapy, the medi Circaid juxtafit® and reduction kit was the only compression wrap large enough for the proportions of her legs. Worn day and night they improved shaping, softened tissues, and reduced oedema. Treatment commenced slowly, one leg at a time. Regular liaison with Medi product specialists due to the complexity of the tissues, body shape and made to measure measurement requirements was highly valued. Made to Measure (MTM) Mediven Cosy CCL2 compression garments in 2 parts, lower limb knee-high garments (A-D) and calf to groin (C-G) with waist attachment were fitted. By mid 2025 she was wearing the compression garments during the day and the circaid® wraps overnight. The wraps required adjusting as the oedema reduced and tissues moved. With improvements in the oedema and shape, Haddenham Comfiwave thigh length garments were implemented with good clinical effect and improvement of independence. No longer requiring the assistance of her husband overnight, Karen was able to mobilise to the toilet and adjust the Comfiwave independently.



*Image 3 - Circaid Reduction Kit of left leg*

## OUTCOMES

Less aching, less pain and less heaviness of legs. Karen can get her R leg in and out of bed with less assistance from her husband. She is able get into cars and on/off a powered mobility scooter independently, so is re-engaging with activities outside the home, reducing her social isolation. None of these outcomes could have been achieved without the patience and persistence of Karen and her husband, nor without the effort of the lymphoedema OT who carefully and comprehensively planned treatment with Karen.

Both Karen and her husband are happy with the results so far, and report being thrilled with ‘stylish’ compression garment options, feel, and colours, which match her clothes. The psychological, psychosocial, physical, financial and emotional sequelae of her condition, with the loss of independence, and the despondency that results is continuing to improve.



*Image 4 - Flat knit compression garment on left leg, Circaid reduction kit on right leg*



*Image 5- Day Time Compression Garments*



*Image 6 - Matching garments to dress, the smile was broad*

## CONCLUSION

Lymphoedema and lipoedema remains poorly recognised and less than optimally treated, though this is improving. Cellulitis is a common trigger for lymphoedema, and in Karen's experience had very serious lifestyle consequences. Without adequate cellulitis management and lymphoedema treatment, the severity of the condition may increase, and impact employment, independence, and mobility. The effects on the person and their family is enormous. The cost to the health service from multiple admissions for treatment of cellulitis is immense and is avoidable. Referral for, and provision of lymphoedema treatment by a Specialist Lymphoedema Practitioner is essential and needs to be started early.

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