



DOES TOPICAL NEGATIVE PRESSURE* (TNP) ASSIST IN THE MANAGEMENT OF LYMPHATIC FISTULA? – CASE STUDIES

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Aim: To determine management efficacy of topical negative pressure (TNP) of lymphatic fistula post complications of surgery and procedures to access and expose the femoral artery.

Method: Over a two year period eleven patients presented with clear, serous drainage that spontaneously appeared from groin and thigh wounds four to seven days following femoral artery procedure and surgery. With all patients, TNP was applied utilising portable Vacuum Assisted Closure (VAC) who then resumed normal activities of daily living.

Results: Once TNP was initiated, wound lymphorrhea ceased with a mean of 10.27 days and subsequent wound closure was noted. No wound infections or cellulites were identified after placement of TNP.

Discussion: Current management of lymphatic fistula with bed-rest, limb elevation, compression dressings, antibiotics, and/or surgical exploration requires prolonged hospitalisation (Giovannacci et al, 2001; Porcellini et al, 2002; Aba et al 2005). Results with surgical exploration are unsatisfactory, and offending lymphatic channels are often not identified (Wipke-Tevis, 1999; Porcellini et al, 2002). TNP has been identified as a method of controlling lymph drainage, decreasing time to fistula and wound closure, increased patient comfort and mobilisation also permitting earlier discharge (Greer et al, 2000; Aba et al 2005). While this experience is limited, TNP over current management methods appears to provide effective management to lymphatic fistula, post surgical and procedural complications when accessing and exposing the femoral artery.