Guest editorial

The lymphatics – a forgotten or often overlooked system

Jan Rice

Australia was put on the map in 1960 through pioneering work in lymphatics by the Casley-Smiths. John Casley-Smith and his mentor Lord Florey published an article in 1960 on the lymphatic system. John met his wife at medical school in Adelaide and for the next four decades together they researched and published articles and treatment pathways for those afflicted with lymphoedema. Their work and the establishment of an organisation dedicated to raising awareness of lymphoedema in 1982 was unique.

Thirty-plus years on, do we really understand lymphoedema and the impact it has on an individual? Are health professionals proficient in diagnosing the condition and in providing their patients with advice about skin care and prevention strategies to reduce the worsening effects of lymphoedema?

This edition of *Wound Practice and Research* contains several articles by researchers at the Lymphoedema Research Unit, Department of Surgery, School of Medicine, Flinders University, Bedford Park, Adelaide.

I can remember as a young child, staring at a very large person in my town and my mother saying, "poor thing — she has glandular problems". I am not convinced that today people really do understand that some of these very large people are not obese, are not overeaters. but in fact have a complex medical problem that causes them to feel socially isolated and misunderstood.

The article by McGilvray is a review of 34 studies involving cellulitis and infection in those with lymphoedema. The author was interested in seeing if there was any correlation between methicillin-resistant *Staphylococcus aureus* (MRSA) and treatment regimes. The main organisms responsible for cellulitis in patients suffering from lymphoedema include Group A, B or G haemolytic streptococci and staphylococci. The results indicate there is a need for closer surveillance of patients with lymphoedema and wounds and the presence of MRSA. Data from this group will help to formulate evidence-based skin care regimes in this population group.

The article by Nowicki and Siviour continues with the theme of lymphoedema and takes us through the skin-associated changes due to lymphoedema and then discusses appropriate management strategies to maintain healthy skin or manage the complications of skin-associated changes due to lymphoedema.

The final article related to lymphoedema by van Zanten and co-authors is a review of severe lower limb trauma with extensive soft tissue loss and subsequent reconstructive surgery, covering its impact on the lymphatic system. Findings in this literature review show no best practice protocols are available for traumatic lower limb lymphoedema. This is a preparatory paper for further research into new lymphatic imaging techniques focused on lymphatic function which may provide a better understanding of lymphatic failure. Identifying the reasons for poor regrowth and inosculation of lymphatic channels, or the effect of increased loads on the existing system, may help to establish protocols for this complex group of patients following severe trauma to the lower limb.

The remaining research article is an evaluation of three negative pressure wound therapy devices used prophylactically in high-risk surgical cases. Whilst this is not fully aligned to the lymphoedema theme, it does provide a novel approach to the evaluation of devices and may provide a good model for further evaluation of devices used in our hospital and health systems, including those targeting lymphoedema. Clearly, eliciting end-user perspectives is a crucial step in the continuing refinement of any medical device. As such, the feedback provided by nurses and doctors as health care professionals

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should be considered during various stages of product development. This review also highlights the importance of asking the patient about their thoughts on the device; remembering that the patient is central to our care.

There is growing demand for developers of medical devices to incorporate the assessment of end-user requirements into their development processes. Governmental and non-governmental bodies are beginning to mandate more stringent requirements for product usability to ensure safety and efficacy. The research identified the likes and dislikes of those using the devices and so one would assume this will influence product selection in a health care setting; however, the author concludes that in the current economic environment cost may be the driving force and not end-user preference. This is the reality of the environment we all currently are working within.

Current economic constraints on health budgets continue to reinforce that as health professionals we really need to understand these more complex wounds. Lymphoedema is complex and as more cancers are diagnosed in the growing elderly populations we will be faced with more post-surgical cases of lymphoedema. As Van Zanten has also shown, post-surgical lymphoedema is a serious matter to be considered. Do we have the services to support these growing needs? Are the current lymphoedema clinics proficient in managing both wounds and lymphoedema?

This edition of the journal endeavours to raise awareness and you, the reader must encourage your health services to expand to meet the growing needs of patients with wounds and also those with lymphoedema.