209 - MANUAL LYMPHATIC DRAINAGE IN THE TREATMENT OF WOMEN WITH CHRONIC VENOUS INSUFFICIENCY AND EDEMA OF THE LOWER LIMBS

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INTRODUCTION

Chronic venous insufficiency (CVI) is a disease that interferes in the functioning of the venous system. It is caused by a valvular incompetence, and may or may not be associated with obstruction of venous flow (PORTER; MONETA, 1995 apud FRANÇA; TAVARES, 2003).

Chronic venous insufficiency is a major problem, affecting people of different age groups. It can cause serious socioeconomic problems, such as absence from work, or even necessitating retirement of individuals in the productive phase of life (FRANÇA; TAVARES, 2003).

Primary venous insufficiency (essential or idiopathic), often referred to as "varicose veins" is the result of relaxation of the vein walls. Due to hereditary, mechanical and hormonal factors, the distensibility or compliance of the vein wall increases, resulting in an increase in venous volume (FERRANDEZ; THEYS; BOUCHET, 2001).

In chronic venous insufficiency, the lymphatic system, which aids the venous return system, shows anomalies as the disease progresses: Irregularities, tortuosity, dilation and dermal reflux. Varicose veins may form part of the condition, or may be the cause, with these and post-thrombotic syndromes making up 90% of cases of chronic venous insufficiency. These morphological alterations accentuate the effects of the venous stasis, decreasing the reabsorption capacity. They are often preceded or accompanied by pain and heaviness in the lower limbs. Venous edema is complicated by a secondary lymphedema, known as a phleboedema (FERRANDEZ; THEYS; BOUCHET, 2001; MAFFEI et al., 2002).

The treatment of phleboedema involves traditional treatment procedures, such as: manual lymphatic drainage, bandage, elastic stockings, raising the legs, pneumatic compression; and radical conducts, involving surgical procedures (FRANÇA; TAVARES, 2003)

Manual lymphatic drainage is one of the physiotherapeutic techniques used to promote return circulation. Its application drains the excess liquids that bathe the cells, thereby maintaining the fluid balance of the interstitial spaces. It is also responsible for the evacuation of waste resulting from cell metabolism (LEDUC; LEDUC, 2000).

In patients with chronic disease, new health dimensions have been incorporated into the traditional evaluation. Thus, measuring the impact of the disease on the patient's quality of life is an increasingly important tool (CICONELLI, 2003).

Evaluating quality of life in patients with chronic venous insufficiency, it is seen that the disease affects various aspects related to the patient's overall health, such as physical, mental, and social factors (GODOY; BELCZAK; GODOY, 2005). As the symptoms of CVI increase, a proportional deterioration occurs in the patients' quality of life (RIBAS TIMI; DEL VALLE, 2009).

An important aspect in our decision to carry out this research is the lack of related studies, including those that determine the quality of life of this population, although there have been many medical studies on venous disease.

Hence the justification of this research proposal to evaluate the effects of manual lymphatic drainage in reducing edema of the lower limbs in women with chronic venous insufficiency, in relation to range of movement, perimetry and quality of life.

MATERIALS AND METHODS

This research took the form of a longitudinal, interventionist, quantitative study.

The data collection was carried out at the Physiotherapy Clinic of the University do Vale do Itajaí - UNIVALI, from May to November 2008.

The sample consisted of four women diagnosed with CVI and edema of the lower limbs, who completed all the stages of the study (evaluation, treatment and reevaluation) and signed the term of informed consent.

The criteria for inclusion in this study were: A clinical diagnosis of CVI; presence of edema of the lower limbs; age between 50 and 75 years.

Women were excluded with suspected active deep vein thrombosis (DVT), venous ulcers, acute inflammatory processes, cases of active neoplasias, chronic cardiopathies, cases of systemic arterial hypertension, hyperthyroidism, and severe arteriopathies.

The personal and evaluation data on the participants were collected by means of an evaluation form, previously designed by the researchers, noting down the patients' identification, anamnesis, physical exam (weight, height, BMI, blood pressure and peripheral pulse), perimetry, goniometry and quality of life.

Perimetry was measured using a non-extendable metric measuring tape with 0 to 150 cm markings, applying pressure to the leg by placing a rubber band at the start of the point of measurement. For this evaluation, each participant was positioned in dorsal decubitus and the base of the patella was used as a point of reference, to obtain measurements of the thigh and leg, which were done at 5 cm intervals.

The range of movement (ROM) of the lower limbs was also measured, using a Carci® goniometer, with angle variation of 0 to 180º, to determine the flexion and extension ranges of the hip, knee and ankle joints.

To evaluate the patient's quality of life, generic quality of life questionnaire SF-36 was applied, by the researcher, before and after the treatment. This was analyzed in the eight domains, namely: Functional capacity, limitations caused by physical aspects, pain, general state of health, vitality, social aspects, limitations due to emotional aspects, and mental health. At the end, each domain was attributed a score of 0 to 100, where 0 was the worst and 100 the best. Thus, the closer the score to 100, the better the patient's quality of life.

Ten manual lymphatic drainage sessions were carried out in each participant, according to the techniques of Leduc and Vodder, with emphasis on the lower limbs, lasting approximately 60 minutes in each application and carried out at least twice a week, alternating each with one day's rest.

The data were analyzed by descriptive statistics, determining the mean and standard deviation for the anthropometric data, and the application of the two-tailed student's "t" test to compare the pre- and post- treatment alterations in range of movement, perimetry and quality of life, adopting a level of significance of $p \leq 0.05$.

This study was approved by the Research Ethics Committee of the University of Vale do Itajaí – UNIVALI under opinion

no. 632/2007, and is in accordance with Resolution 196/96 of the Conselho Nacional de Saúde/MS (National Health Council of the Ministry of Health). This study was partially financed by the research program of article 170 / Government of the State of Santa Catarina-Brazil, in 2008.

RESULTS / DISCUSSION

This study evaluates the effects of manual lymphatic drainage on reducing edema of the lower limbs in women with chronic venous insufficiency, with the variables perimetry, range of movement and quality of life.

This research revealed that after the ten MDL sessions, one of the participants did not feel pain on palpation, while in the evaluation, all the participants reported pain on palpation of the lower limbs, particularly in the area around the ankle. This finding is similar to the study by Haschich (2005) and the study by Meyer, Chacon and Lima (2006), in which volunteers submitted to manual lymphatic drainage reported alleviation of the pain and of the feeling of tiredness.

It should be stressed that at the end of the ten MLD sessions, all the participants reported a decrease in pain and in the sensation of "burning" in the lower limbs. This information was revealed in the anamnesis when the patients were questioned regarding the principal complaint, and although it was not reevaluated, it was reported spontaneously by the participants. Similar information was found in a case study by Piccinin et. al. (2009), in which they carried out ten MLD sessions as treatment to reduce edema in the lower limbs. Besides the perimetric differences, the patient also reported a sensation of relief in the lower limbs.

In relation to perimetry, table 2 shows the mean results of the nine points measured on the thigh and leg in the pre- and post-treatment of the right and left legs, together with the mean differences with the treatment and levels of significance p. A reduction was observed in all the points of the perimetry in the lower right limb, with a mean difference between pre- and post-treatment of -0.88 ± 0.46 cm (p=0.00043). In relation to the left leg, there was a reduction of seven out of the nine points measured, with a mean of -0.43 ± 0.76 cm (p=0.128).

Table 2: Mean perimetry measurements of the lower limbs pre- and post-treatment

Perimetry	Mean Mean	Pre-treatment Mean	Post-treatment difference	Significance (p = 0.05)
Right leg	42.91 cm	42.03 cm	-0.88 cm	P=0.00043
Left leg	43.43 cm	43 cm	-0.43 cm	p=0.12

Analyzing the perimetry of these two limbs, it can be noted that the reduction in perimetry post-treatment was greatest in the right leg, a difference that was statistically significant, but the same was not observed in the left leg.

The data obtained in this study is similar to the findings of Cardoso, Brazil, Brongholi (2003), in which they carry out eight MLD sessions on the edema of the lower limbs of a pregnant woman in the third term of gestation. A reduction in edema was obtained for most of the twelve reference points on the lower limbs, but in three points of the right leg, an increase of up to 0.5 cm was obtained, and three on the left leg of up to 0.7 cm.

Also in accordance with our study, Godoy and Godoy (2004) evaluated six adolescent patients with lymphedema of the limbs, obtaining a reduction in anthropometric measurements in all the adolescents.

In relation to the range of movement, the mean values in the pre- and post-treatment of the four participants are shown in tables 3 and 4 for the right and left legs, respectively, together with the mean differences achieved by the treatment.

Table 3: Means for range of movement of the right leg (Goniometry)

ROM	Mean Before	Mean after	Mean difference
Hip / flexion	102.5º	113.5 º	11 º
Hip / extension	5 º	7.5 º	2.5 º
Knee / flexion	131.5 º	136.25 º	4.75 º
Ankle / dorsiflexion	13 º	14.5 º	1.5 º
Ankle / plantarflexion	48.5 º	50 º	1.5 º

Table 4: Means for range of movement of the left leg (Goniometry)

ROM	Mean Before	Mean after	Mean difference
Hip / flexion	102.5 º	117 º	14.5 º
Hip / extension	5 º	6.5 º	1.5 º
Knee / flexion	133 º	134.5 º	1.5 º
Ankle / dorsiflexion	13.25 º	17.25 º	4 º
Ankle / plantarflexion	44 º	48.5 º	4.5 º

It was observed that for the right leg, the greatest gain was in range of flexion of the hip, for which a difference of 11 degrees was measured, and the smallest was in the ranges of dorsiflexion and plantarflexion, with a difference of 1.5 degrees. This similarity was observed in the left leg in the range of hip flexion, where a greater gain was also seen, with 14.5 degrees, however the smallest gains were in the ranges of hip extension and knee flexion, with a difference of 1.5 degrees for both measurements. For the right leg, the mean difference pre- and post-treatment was 4.25 ± 4.00 degrees (p=0.081), and for the left leg, the mean difference was 5.20 ± 5.38 degrees (p=0.10), with a similarity in the gain of range of movement post-treatment.

The observation of these results demonstrates an improvement in ROM with the treatment, however this improvement was not statistically significant. The greater gain in ROM of the right leg was attributed to the fact that this leg presented a better reduction in perimetry with the treatment, with range of movement being directly related to the degree of edema.

A similar finding was found in the study by Haschich (2005), in which twenty manual drainage sessions were carried out on a patient diagnosed with venous insufficiency with edema, obtaining a significant reduction, with a mean measurement of 1.2% for the right and left legs.

In relation to quality of life, the values of the mean differences pre- and post- treatment of the four participants are shown in table 5.

An increase was observed in the post-treatment scores in all eight domains, resulting in p=0.0022, with the largest gains being in the domains of physical and emotional limitations (mean 50 points). The greatest and smallest gains in quality of life are also shown in the same table, according to the domains evaluated individually. The greatest gain was seen for the domain limitation due to emotional aspects, with 100 points, and the smallest gain was in the domain vitality, with a value of -10.

Table 5: Mean differences, greatest and smallest gains in quality of life after treatment

Domain	Mean difference post-treatment	Smallest individual gains	Greatest individual gains
Functional capacity	8.75	-5	25
Limitation due to physical aspects	50.00	0	75
Pain	25.25	11	40
General state of health	10.50	-5	30
Vitality	15.00	-10	30
Social aspects	31.25	0	75
Limitation due to emotional aspects	50.00	0	100
Mental health	25.00	0	72

Haschich (2005), in the study cited above, emphasized that although the reduction in edema was significantly small in terms of improvement, the patient showed an improvement in physical and emotional well-being, with a reduction in the feeling of heaviness, and a decrease in pain in the lower limbs.Lima et al. (2002), in a case study to observe the effects of muscular strengthening of the calf in venous hemodynamic and quality of life in a patient with chronic venous insufficiency, using the Nottingham Health Profile questionnaire, obtained an improvement of 66.7% in quality of life after 30 sessions to optimize the muscular pumping function.In the case study by Ribeiro, Chicayban and Silva (2006) cited above, they report, besides a significant reduction in edema and recovery of range of movement, one of the most significant results was the return to productive life and improvement in quality of life through the development of functional capacity, thus restoring independence in the day-to-day activities.We observe with the application of this questionnaire that the patients with CVI studied present a lower quality of life before treatment with MLD, and that the mean differences obtained by the treatment showed an improvement. This improvement is attributed to the fact that MLD, according to Deitos (2005), stimulates the lymphatic circulation in the lymphatic veins, by accelerating the absorption of liquids and macromolecules in the interstitial tissue, through the activation of peristaltic capacity of these vessels.

It is also emphasized that MLD exerts a sedative, tranquilizing action, providing a sensation of well-being. It promotes a predominance of the parasympathetic nervous system, which governs the recovery of strength and regeneration of the tissues (KASSEROLLER apud DEITOS, 2005).

The search to improve the chronic disease with access to MLD, together with changes to the patient's routine, optimism in relation to the future, and well-being provided by the treatment, all contribute to improving the quality of life of the participants studied.

FINAL CONSIDERATIONS

We conclude that MDL enables conclusive and satisfactory results to be obtained, and that it does in fact contribute to reducing edema, increasing the range of movement of the lower limbs and in particular, improving the quality of life of women with CVI and edema of the lower limbs.

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MANUAL LYMPHATIC DRAINAGE IN THE TREATMENT OF WOMEN WITH CHRONIC VENOUS INSUFFICIENCY AND EDEMA OF THE LOWER LIMBS

ABSTRACT:

Chronic venous insufficiency is a disease that affects the venous system and is caused by a valvular incompetence, often leading to secondary edema. The objective of this study was to evaluate the effects of manual lymphatic drainage on perimetry, goniometry and quality of life, in women with chronic venous insufficiency and edema of the lower limbs. The sample consisted of four women aged between 50 and 75 years. Ten manual lymphatic drainage sessions were carried out. The data were analyzed by descriptive statistics and the two-tailed student's "t" test, applying a level of significance of $p \leq 0.05$. The results obtained were as follows: A reduction in all the points of perimetry in the right leg, with a mean difference between pre- and post-treatment of -0.88 ± 0.46 cm (p=0.00043) and for the left leg, -0.43 ± 0.76 cm (p=0.128). An increase in range of movement was obtained, with a mean difference pre- and post-treatment for the right leg of 4.25 ± 4.00 degrees (p=0.081), and for the left leg, 5.20 ± 5.38 degrees (p=0.10). In terms of quality of life, an increase was observed in all eight domains, resulting in a p=0.0022, with the greatest gains being in relation to the domains of physical and emotional limitation (50 points), followed by the domains of social aspects (31.25 points), pain (25.25 points), mental health (25 points), vitality (15 points), general state of health (10.5 points) and functional capacity (8.75 points). We conclude that manual lymphatic drainage contributes to reducing edema, increasing range of movement, and improving quality of life among women with chronic venous insufficiency and edema of the lower limbs.

KEY WORDS: Chronic Venous Insufficiency. Physiotherapy. Manual Lymphatic Drainage.

DRAINAGE LYMPHATIQUE MANUELLE DANS LE TRAITEMENT DE FEMMES AVEC INSUFFISANCE VEINEUSE CHRONIQUE, PORTEURS D'OEDÈME DES MEMBRES INFÉRIEURS

RÉSUMÉ:

L'insuffisance veineuse chronique est une maladie qui touche le système veineux, causée par une incompétence valvular, en déchaînant des oedèmes secondaires. L'objectif de cette étude a été d'évaluer les effets du drainage lymphatique manuelle dans la périmétrie, goniométrie et la qualité de vie des femmes avec insuffisance veineuse chronique, porteurs d'oedème des membres inférieurs. L'échantillon a été de quatre femmes à l'âge de 50 à 75 ans. Ont été réalisées dix sessions de vidange lymphatique manuelle. Pour l'analyse des données, on a réalisé la statistique descriptive et on a appliqué l'essai « t » de student bicaudal avec niveau d'importance $p \leq 0,05$. Les résultats obtenus ont été : réduction de tous les points de la périmétrie dans le membre inférieur droit, et la moyenne de la différence de la pré et de la postcure a été de -0.88 ± 0.46 cm (p=0,00043) et pour le membre gauche -0.43 ± 0.76 cm (p=0,128). On a obtenu une augmentation dans l'amplitude de mouvement, pour le membre inférieur droit la moyenne de la différence de la pré et de la postcure a été de 4.25 ± 4.00 degrés (p=0,081), et pour le membre gauche de 5.20 ± 5.38 degrés (p=0,10). Dans la qualité de vie, on a observé qu'il a y eu une augmentation dans tous les huit domaines, en résultant dans une p=0,0022, les plus grands profits ont été dans les domaines des limitations physiques et émotionnelles (50 points), suivi du domaine des aspects sociaux (31.25 points), douleur (25.25 points), santé mentale (25 points), vitalité (15 points), état général de la santé (10.5 points) et capacité fonctionnelle (8.75 points). Nous concluons que, la vidange lymphatique manuelle contribue dans la réduction de l'oedème, dans le profit de l'amplitude de mouvement et dans l'amélioration de la qualité de vie des femmes avec insuffisance veineuse chronique, porteurs d'oedème des membres inférieurs.

MOTS-CLÉS: Insuffisance Veineuse Chronique. Physiothérapie. Drainage Lymphatique Manuelle.

DRENAJE LINFÁTICO MANUAL EN EL TRATAMIENTO DE MUJERES CON INSUFICIENCIA VENOSA CRÓNICA, PORTADORAS DE EDEMA DE MIEMBROS INFERIORES

RESUMEN:

La insuficiencia venosa crónica es una enfermedad que afecta al sistema venoso; es causada por una incompetencia valvular y desencadena edema secundario. El objetivo del presente estudio fue evaluar los efectos del drenaje linfático manual en la perimetría, goniometría y en la calidad de vida en mujeres con insuficiencia venosa crónica, portadoras de edema de miembros inferiores. La muestra fue de cuatro mujeres con edades entre 50 y 75 años. Fueron realizadas diez sesiones de drenaje linfático manual. Para el análisis de los datos se realizó una estadística descriptiva y se aplicó la prueba "t" de student bicaudal con nivel de significancia $p \leq 0,05$. Los resultados obtenidos fueron: reducción de todos los puntos de la perimetría en el miembro inferior derecho, considerando que la media de la diferencia del pre y postratamiento fue de -0,88 ± 0,46 cm (p=0,00043) y para el miembro izquierdo fue de -0,43 ± 0,76 cm (p=0,128). Se obtuvo un aumento en la amplitud de movimiento, puesto que para el miembro inferior derecho la media de la diferencia entre el pre y postratamiento fue de 4,25 ± 4,00 grados (p=0,081), y para el izquierdo fue de 5,20 ± 5,38 grados (p=0,10). En la calidad de vida se observó que hubo un aumento en la totalidad de los ocho dominios, resultando en un p=0,0022, teniendo en cuenta que las mayores ventajas se registraron en los dominios de limitaciones físicas y emocionales (50 puntos), seguido del dominio aspectos sociales (31,25 puntos), dolor (25,25 puntos), salud mental (25 puntos), vitalidad (15 puntos), estado general de la salud (10,5 puntos) y capacidad funcional (8,75 puntos). Concluimos que el drenaje linfático manual contribuye a la reducción del edema, al aumento de la amplitud de movimiento y a la mejoría de la calidad de vida de las mujeres con insuficiencia venosa crónica, portadoras de edema de miembros inferiores.

PALABRAS CLAVE: Insuficiencia Venosa Crónica. Fisioterapia. Drenaje Linfático Manual.

DRENAGEM LINFÁTICA MANUAL NO TRATAMENTO DE MULHERES COM INSUFICIÊNCIA VENOSA CRÔNICA, PORTADORAS DE EDEMA DE MEMBROS INFERIORES

RESUMO:

A insuficiência venosa crônica é uma doença que afeta o sistema venoso, causada por uma incompetência valvular, desencadeando edema secundário. O objetivo do presente estudo foi avaliar os efeitos da drenagem linfática manual na perimetria, goniometria e na qualidade de vida em mulheres com insuficiência venosa crônica, portadores de edema de membros inferiores. A amostra foi de quatro mulheres com idade entre 50 à 75 anos. Foram realizadas dez sessões de drenagem linfática manual. Para análise dos dados foi realizada a estatística descritiva e aplicado o teste "t" de student bicaudal com nível de significância $p \leq 0,05$. Os resultados obtidos foram: redução de todos os pontos da perimetria no membro inferior direito, sendo que a média da diferença do pré e pós-tratamento foi de -0,88 ± 0,46 cm (p=0,00043) e para membro esquerdo foi de -0,43 ± 0,76 cm (p=0,128). Obteve-se um aumento na amplitude de movimento, sendo que para o membro inferior direito a média da diferença do pré e pós-tratamento foi de 4,25 ± 4,00 graus (p=0,081), e para o esquerdo foi de 5,20 ± 5,38 graus (p=0,10). Na qualidade de vida observou-se que houve um aumento em todos os oito domínios, resultando em um p=0,0022, sendo que maiores ganhos foram nos domínios limitações físicas e emocionais (50 pontos), seguido do domínio aspectos sociais (31,25 pontos), dor (25,25 pontos), saúde mental (25 pontos), vitalidade (15 pontos), estado geral da saúde (10,5 pontos) e capacidade funcional (8,75 pontos). Concluímos que, a drenagem linfática manual contribui na redução do edema, no ganho da amplitude de movimento e na melhora da qualidade de vida das mulheres com insuficiência venosa crônica, portadoras de edema de membros inferiores.

PALAVRAS-CHAVE: Insuficiência Venosa Crônica. Fisioterapia. Drenagem Linfática Manual.

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