

KNOWLEDGE REGARDING LYMPHEDEMA IN THE COMMUNITY AND COMPLIANCE TO LIMB CARE IN LYMPHEDEMA PATIENTS IN SELECTED CLINICS OF COLOMBO DISTRICT

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This study compares the knowledge regarding causes and management of lymphedema between the community and patients and assesses the compliance to limb care in patients of Colombo district. A descriptive cross-sectional study was conducted for seven months. 100 Patients and 100 controls were chosen from Boralesgamuwa MOH, Dehiwala MOH and Infectious Disease Hospital, Kolonnawa. The knowledge was graded by assessing the awareness on etiologies of lymphedema, management options available, conservative measures taken and that if treated early the condition was reversible. Accordingly only 23% of patients and 7% of the controls had high knowledge on lymphedema. There was a significant association between patients with low knowledge and high knowledge but overall the knowledge in both parties was poor. When analyzing data regarding etiologies of lymphedema: 92% were aware of Filariasis. However, 61.5% considered trauma, 53% Cellulitis, and only 19% knew that treatment of malignancy causes lymphedema. There were no similar studies found in which knowledge on lymphedema had been assessed. The compliance to limb care was graded by assessing the hygiene of the affected limb using clean water, gauze, antiseptic agents and comfortable slippers. Conservative measures such as multilayer bandages, elevation of the affected limb, avoiding trauma, exercise and maintaining ideal bodyweight were included. Accordingly 59% of patients had high compliance. In a study done on lymphedema management and morbidity control in 2003 in Gampaha district, Sri Lanka a higher percentage (66%) was compliant to foot care. No other studies were found regarding this area. The overall knowledge on lymphedema was observed to be poor within the public and patients alike. This should be overcome to reduce stigma related to this condition and to emphasize that lymphedema is not uncommon, anyone can be affected, but if detected early and treated adequately it is reversible. Even though adequate knowledge is given at clinics compliance to foot care is not proportionately adequate. Thus proper referral systems, guidelines, home visits and personalized care seem necessary to provide comprehensive education to improve the compliance in patients. This would be an investment as irreversible

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