

View points

Skin therapy, an added value in Australian Health Care

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Abstract

This article is based on a practice orientated explorative research project. The main objective of the research was to assess the added value of a skin therapist in regard to secondary lymphoedema management. Only patient suffering from secondary lymphoedema that may occur post-operative of cutaneous melanoma in the State of Victoria, Australia where selected for this research project.

This research project is a part of the four year Bachelor of Health Study at the University of Applied Science, Utrecht The Netherlands. An attempt has been made to formulate recommendations for improving the secondary lymphoedema approach in Victoria, Australia. These improvements are based on skin therapists which are allied health care professionals in the Netherlands. In Victoria lymphoedema is being under diagnosed, there is a lack of lymphoedema practitioners and the current awareness in regard to lymphoedema is low. In the Netherlands skin therapy is beneficial for patients suffering from lymphoedema. The skin therapists are qualified experts on lymphoedema and they might be able to bridge the existing gap between health care providers and patients needs in Victoria.

Introduction

Approximately 30 years ago, patients with skin problems in the Netherlands could only consult a dermatologist or a plastic surgeon. Now skin therapists are also available. Skin therapy was developed to complement the work of the specialist and deliver ongoing patient care. A skin therapist prevents, manages or cures skin disorders and its underlying conditions. Medical practitioners and specialist refer patients to the skin therapist, as it is beneficial for a number of people. However, skin therapy is not well known outside the Netherlands. Because the support of a skin therapist is not available in other countries, dermatologists and other specialists in these countries have a greater patient load.

Australia is one of those countries with a high demand for dermatologists, but a limited capacity of specialists to meet that demand. Australia is known for its skin cancer problems with a concerning increase in the least common but most dangerous type of skin cancer: melanoma. This form of skin cancer occurs when there is an uncontrolled grow of cells in the epidermis, melanocytes. This is usually due to through DNA damage caused by UltraViolet radiation exposure.

The melanoma tumour has a strong tendency for lymphatic metastases. This fact makes early diagnoses crucial. Depending on a number of factors the possible treatment after the melanoma diagnosis will occur. More than once this treatment could involve the removal of one or more lymph nodes, which makes the treated patients at risk for developing secondary lymphoedema.

Lymphoedema is the accumulation of excess fluid in the body tissue caused by obstruction of the lymphatic drainage mechanism. Overall 20% of the post operative melanoma survivors can experience secondary lymph-oedema.

Results

Victoria has an incidence of 1.895 diagnosed melanoma patient in 2005. This accounts for 40% of all reported cancers in Victoria. Because of the differences in studies concerning the lymphoedema definition and severity, there is not a reliable number of lymphoedema incidence. However there is a review that has rates obtained from a prospectively designed trail using limb circumference to determine secondary lymphoedema. With inguinal surgery for the treatment of melanoma the incidence of secondary lymphoedema was 18% and for axillary surgery 9%. Another review conducted incidence numbers by providing surveys at lymphoedema clinics and support groups. Total respondents were 165 people all diagnosed with secondary lymphoedema. As seen in figure A, 14 (8,5%) people where suffering from secondary lymphoedema, post operative due melanoma.

In several literature findings it is mentioned that overall Australia and thus Victoria is lacking in lymphoedema services. It appears to be the lacking of qualified lymphoedema therapists and access to service in the remote and rural areas. As part of this research project interviews were held with pre-selected individuals. All selected on their profession: plastic surgeons, dermatologists, physio-oedema therapist and nurses. As expected the majority of the interviewees mention the rural areas as greatest challenge around skin health and treatments in Australia. The interviewees mentioned the skin cancer prevention programs and awareness creation around skin cancer the greatest strengths in Australian health care. All respondents work closely with other disciplines or receive referral from another discipline. Interestingly, in general there is a curiosity in the work of a skin therapist and would think it could be beneficial in Australia.

Treatments in Victoria is provided mostly by physiotherapist and consists frequently of the Complex Physical Therapy. This treatment covers a number of factors such as: manual lymph drainage, compression bandage, compression garment, skin care

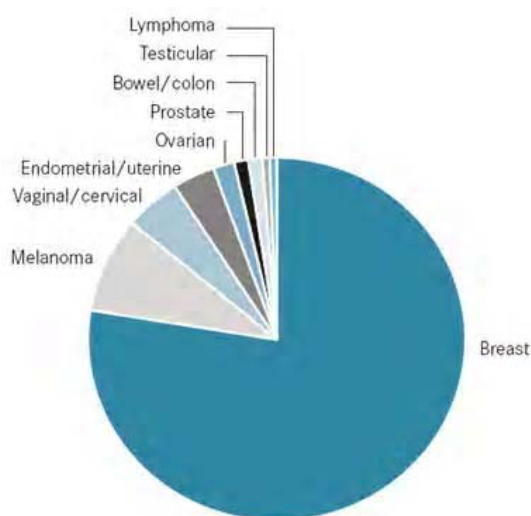


Figure A: Secondary lymphoedema after different cancer. REFERENCE: A review of lymphoedema services in Victoria. North Eastern Metropolitan Breast Services Enhancement, 2005.

and lymph exercise. Also a indispensable fact is education in regard to self-management. Because of the vast amount rural areas and relatively few lymphoedema therapists it is most vitally important to educate the patient and/or family members how to manage their illness.

Conclusion

A skin therapist educates the patient about appropriate skin

care and, self management and also treats the actual condition. Possible treatments in regards to post-melanoma patients may include: skin care and close monitoring for possible new lesions. And if indicated: manual lymph drainage, compression bandage, measuring compression garment, scar tissue treatment, exercise, education in self-management and skin care. The skin therapists are qualified experts on lymphoedema. This profession can be an added value in Victoria for the current and future patients suffering from secondary lymphoedema due melanoma.

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