**Codes for Bandages and Compression Garments**

**Bandages used during therapy:**
- A6441 cotton padding
- A6442 6cm short stretch bandage
- A6443 8, 10, or 12cm short stretch bandage
- A6446 finger/toe bandage
- A6457 tubular stockinette, with or without elastic
- A6449 Lenkelast (used to attach the foam pieces)

**Compression Garments worn after therapy is completed:**
- A6530 Compression stocking, below knee 20-30 mm hg
- A6531 Compression stocking, below knee 30-40 mm hg
- A6532 Compression stocking, below knee 40-50 mm hg
- A6533 18-30 mm hg Thigh high Compression stocking
- A6534 30-40 mm hg Thigh High Compression Stocking
- A6535 40-50 mm hg Thigh High Compression Stocking
- A6539 Compression Panty Hose 18-30 mm hg
- A6540 Compression Panty Hose 30-40 mm hg
- A6541 Compression Panty Hose 40-50 mm hg
- A6542 Custom Compression Panty Hose
- S8420 Custom Sleeve and glove- 1 piece
- L8010 Compression Sleeve
- S8428 Compression Gantlet
- S8422 Compression glove with finger stubs
- S8426 Custom glove heavy weight
- L3999 Belisse Compression Bra uses a “miscellaneous” code
- E1399 Solaris Tribute garment (worn at night to replace multi-layered bandaging)

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**Care of Your Lymphedema Bandages**

*Lymphedema bandages will have a long life if cared for properly. Please follow the guidelines outlined below.*

1. Wash your bandages at least once a week to restore their elastic properties. Wash more often if the bandages become soiled or stained. Wash the material that is against your skin (Stockinette) as often as necessary to remove skin oils and perspiration.

2. In lukewarm water, use a mild, liquid detergent such as Dreft (for infants) or the liquid detergents that indicate “Free and Clear” on the bottle. Do not use fabric softeners or Woolite. Avoid powdered detergents because the soap powder can cling to the bandages.

3. Do not wash the foam pieces or cotton padding.

4. Toe/Finger bandages do not have a long life—perhaps one or two wears. It is not necessary to launder these bandages.

5. Wash items by hand, or use a lingerie (mesh) bag or pillow case (with a zippered top) if using the washing machine.

6. Dry all bandages on a flat surface if possible. If hanging bandages, fold them in half so that they will not stretch. Do not wring or stretch the bandages while they are wet. Note: Stockinette can be machine washed and dried.

7. Please roll the bandages after each use.

8. Please roll the bandages after they have dried following laundering.

**Bandage Protocol**

1. If bandages cause any pain, rubbing, throbbing or discoloration of fingers/toes, REMOVE IMMEDIATELY. Note the area(s) of discomfort and report all details to your therapist during your next treatment session.

2. If bandages remain comfortable, wear them until it is time to get ready for therapy the following day unless advised otherwise by your therapist. Remove bandages and shower or bathe limb with soap. Apply lotion such as Eucerin to limb. Then kindly roll all bandages and bring them to your next treatment session, along with foam, cotton, and remaining bandaging materials.
Introduction:
The most frequent medical emergency associated with lymphedema is caused by bacterial infections and these require prompt medical attention! The difference in infections occurring among the population with lymphedema, those without lymphedema, is dramatic.

• Stage 1 lymphedema incidence is 1 per 100 patients, or 1,000 times greater than the normal population.
• Stage 2 lymphedema incidence is 27 per 100 patients, or 27 greater than Stage 1.
• Stage 3 lymphedema incidence is 72 per 100 patients, or about 3 times greater than Stage 2.

Cellulitis and Similar Bacterial Infections:
Normally the acid mantle forms a protective covering on the skin and prevents bacteria from entering through the skin. However, the swelling of lymphedema disrupts this protective covering and makes it easier for bacteria to enter through any break in the skin.

Cellulitis is the most commonly diagnosed bacterial infection in tissues affected by lymphedema. Other bacteria also normally live on the skin and when there is a break in the skin, they can easily cause infections in the tissues swollen with protein-rich stagnant lymph.

Depending on the type of bacteria, the bacteria attacks lymphatic structures just under the skin, deeper in the skin, or travel through the lymphatic vessels and spread to all parts of the body. The development of the infection is usually rapid as the bacteria thrive on the protein-rich fluid and then spread.

Lymphedema Related Infections and First Aid

Signs and symptoms of a developing bacterial infection include:

• Redness and warmth of the affected tissues.
• Streaky red lines on the skin.
• Increasing swelling and pain in the affected area.
• Chills and fever.
• Malaise (not feeling well) and flu-like symptoms.
• Enlarged lymph nodes as the body fights to control the infection.
• Don’t wait! Any type of developing infection requires prompt treatment with antibiotics.
• Even if the limb is still in the “at risk,” stage, these signs are clues that lymphedema is developing. Although you may not yet have been diagnosed, as having lymphedema you need immediate medical care.

• If your physician is not readily available, go to the nearest urgent care center or emergency room (ER).
• When you check-in, mention that you have lymphedema, or are at risk of developing it. (Be prepared to explain what lymphedema is!)
• If treatment is delayed and the infection becomes more serious, hospitalization may be required to facilitate the intravenous administration of the antibiotics.

First-Aid:
Minor cuts, bumps, and scratches are usually a part of everyday life for most people; however, for those with, or at risk of developing lymphedema, any break in the skin requires prompt and appropriate first-aid treatment.

Depending on what has happened, good first aid at home is sufficient. But when lymphedema-affected tissues are involved, it may be necessary that you seek a prompt medical care from your healthcare provider, an urgent care center, a local ER, or by calling 911. When making such contact, be certain to mention that you have lymphedema.

After the injury has been treated it is important to continue to check that area frequently for indication of infection throughout the healing stage. At the first sign or symptom of infection, it is important to seek medical treatment immediately.
Lymphedema Related Infections and First Aid

**Minor Cuts, Scratches, and Puncture Wounds:**
In tissues affected with lymphedema, a break in the skin as minor as a pinprick or a tiny paper cut can easily become infected. It is essential that any break in the skin be treated properly.

- Bleeding helps to clean out wounds, and most small cuts or scrapes will stop bleeding in a short time. If the bleeding does not stop in a timely manner, seek medical care.
- **DO NOT** apply hydrogen peroxide or an iodine solution to an open wound. These substances are toxic to the cells of a wound. Instead, carefully clean the wound with mild antibacterial soap and clean water or with the solution recommended by your doctor.
- Get advice from your physician before applying over-the-counter topical antibiotic cream such as Neosporin® to the wound. Some physicians recommend the use of these creams. Some physicians **DO NOT** recommend using antibiotic cream for this purpose and some patients develop a blister-like allergic reaction to these products.
- Place a sterile bandage over the wound. A band-aid that is large enough to surround the wound without sticking to it, usually works well. For very sensitive skin, seek advice from your physician.

**Bruises**
- If the bruise is on or near lymphedema-affected tissues, examine the injured area carefully. You need to determine if there is any break in the skin. If the skin is broken, treat this injury as a cut or scratch.
- If the skin is not broken, the bruise still must be treated. Standard bruise treatment is to alternate ice and heat over the injury for the next 48 hours; however, since heat is not recommended on lymphedema-affected tissues, this step should be modified.
- The swelling should be reduced, and the discoloration minimized, by placing a cool pack on the injury for no longer than 20 minutes at a time. Then alternate cool packs with mild to moderate warmth.
- Do not place an ice pack directly over the injured area. Instead use either a cold, clean wet cloth or a reusable “cold pack” that is wrapped in several layers of clean toweling.
- Perform self-massage on the tissues closer to the trunk. This will help to minimize swelling, bruising, and discomfort.

**Itchy Rashes:**
- Do not scratch is the first rule of dealing with an itchy rash, such as poison ivy.
- Over-the-counter anti-itch ointments, such as Cortaid®, may help relieve the itching. If the itching is severe, seek medical help.
- If blisters are present, do not break them. Instead gently clean the area and apply an antibiotic cream.
- If the blisters begin to break, seek medical help. Any break in the skin puts you at risk for an infection.
- Watch for trouble! The irritants that are producing the rash may cause increased swelling in the affected area and there is always the possibility of an infection.
Insect Bites or Stings:
When an insect bites, it injects a toxin into the skin that causes the resulting itching. The reaction in lymphedema-affected tissues to insect bites can potentially be severe. In response to the bite, there may be a temporary increase in the swelling of the affected limb. Also, it may take lymphedema-affected tissues longer than normal tissues to clear this substance from the body.

- If you have multiple bites on an affected limb, seek medical advice immediately!
- Don’t scratch! A cool wet cloth or cold pack will ease the itching and swelling. If the itching is severe, seek medical help.
- As long as no infection present, it should be safe to perform self-massage to help the body clear toxins from this area. Massage the area above the sting, i.e., closer to the trunk.
- An insect bite is a break in the skin and it must be treated as such. See instructions for treating Minor Cuts, Scratches, and Puncture Wounds.

Animal Bites:
Bites from dogs, cats, or other animals can cause serious puncture wounds and infections. They should be evaluated immediately by a physician for appropriate care including determining if the animal had rabies.

Burns:
Here is an important rule for treating burns: **Do NOT place butter, oil, ice, or ice water on burns.** However, if the burn is on lymphedema-affected tissues, special precautions are required and if you have any questions as to the seriousness of the burn, promptly contact your physician.

- First-degree burns, also known as superficial burns, have no blisters and there are no breaks in the skin. These burns are treated by cooling the affected area by applying a cool, wet cloth for 20 minutes and then removing it for 20 minutes. Repeat this until the area is pain-free. Then apply a low-pH moisturizer, or an antibiotic cream, over the burn to prevent the damaged tissues from drying out. Provide additional protection over the affected area by covering it lightly with a dry gauze bandage.

- Second-degree burns, also known as partial thickness burns, have blisters and damage to the outer layer of skin. This is a break in the skin and a second degree burn on lymphedema-affected tissue should promptly be evaluated and treated by a physician.

- Third-degree burns, also known as full-thickness burns, can be a life-threatening emergency that requires immediate medical treatment. These burns destroy all layers of the skin and the underlying fat, muscles, bones, and nerves.

- Second- and third-degree burns should be treated immediately as medical emergencies.
## Reduce Risk for Infection

### Skin Care - Avoid Trauma / Injury to Reduce Infection Risk
- Keep extremity clean and dry.
- Apply moisturizer daily to prevent chapping/chafing of skin.
- Attention to nail care; do not cut cuticles.
- Protect exposed skin with sunscreen and insect repellent.
- Use care with razors to avoid nicks and skin irritation.
- If possible, avoid punctures such as injections and blood draws.
- Wear gloves while doing activities that may cause skin injury (e.g. washing dishes, gardening, working with tools, using chemicals such as detergent).
- If scratches/punctures to skin occur, wash with soap and water, apply antibiotics, and observe for signs of infection (i.e. redness).
- If a rash, itching, redness, pain, increased skin temperature, increased swelling, fever or flu-like symptoms occur, contact your physician immediately for early treatment of possible infection.

### Activity / Lifestyle
- Gradually build up the duration and intensity of any activity or exercise. Review the Exercise Position Paper.
- Take frequent rest periods during activity to allow for limb recovery.
- Monitor the extremity during and after activity for any change in size, shape, tissue, texture, soreness, heaviness or firmness.
- Maintain optimal weight. Obesity is known to be a major lymphedema risk factor.

### Avoid Limb Constriction
- If possible, avoid having blood pressure taken on the at-risk extremity, especially repetitive pumping.
- Wear non-constrictive jewelry and clothing.
- Avoid carrying a heavy bag or purse over the at-risk or lymphedematous extremity.

### Compression Garments
- Should be well-fitting.
- Support the at-risk limb with a compression garment for strenuous activity (i.e., weight-lifting, prolonged standing, and running) except in patients with open wounds or with poor circulation in the at-risk limb.
- Patients with lymphedema should consider wearing a well-fitting compression garment for air travel.

### Extremes of Temperature
- Use common sense and proceed cautiously when using heat therapy. Observe if there is swelling in the at-risk limb or increased swelling in the lymphedematous limb and cease use of heat such as a hot tub or sauna.
- Avoid exposure to extreme cold, which can be associated with rebound swelling, or chapping of skin.
- Avoid prolonged (greater than 15 minutes) exposure to heat, particularly hot tubs and saunas.

### Additional Practices Specific to Lower Extremity Lymphedema
- Avoid prolonged standing, sitting or crossing legs to reduce stagnation of fluid in the dependent extremity.
- Wear proper, well-fitting footwear and hosiery.
- Support the at-risk limb with a compression garment for strenuous activity except in patients with open wounds or with poor circulation in the at-risk limb.
Air Travel

Air travel presents several considerations for individuals with lymphedema and for those at risk for lymphedema. It is the position of the National Lymphedema Network that:

- Individuals with a confirmed diagnosis of lymphedema should wear some form of compression therapy while traveling by air.
- Individuals at risk for developing lymphedema should understand the risk factors associated with air travel and should make a decision to wear compression based on their individual risk factors.

During air travel, certain individuals may require the added compression afforded by bandaging. These persons should:

- Be trained by a lymphedema specialist in appropriate bandaging techniques.
- Apply the compression bandages before flying.
- Leave the bandages on until you reach your final destination.
- While away from home, continue your regular schedule of garment and bandage wear.
- Avoid carrying heavy bags or using shoulder straps on the affected arm.
- Use roller bags or obtain assistance for carrying, lifting and transporting luggage.
- Wear loose fitting, non-constricting clothing.
- Move about the cabin frequently if possible to enhance contribution of the “muscle pump.”
- Throughout your trip, try to avoid excessive activities of the type that tend to exacerbate your swelling, take frequent breaks for rest and elevation, and get adequate sleep.
- Ensure adequate fluid intake during flight and throughout your trip.
- Maintain healthy eating habits, minimizing alcohol, caffeine and salty foods.
- Consider bringing antibiotics with you, especially when travelling outside the U.S. or if you have a history of cellulitis in the affected limb.
- Wear a LYMPHEDEMA ALERT Bracelet and/or necklace.