

CASE STUDY : Fluid management after lymphoma resection

Introduction: Interestingly no quantities of exudation of different aetiologies are published in the relevant journals. This can be understood, if we consider that the volume of exudate depends on many variables and therefore varies from patient to patient massively. Only some of the variables are the aetiology of the wound, weight and size of the patient, not to forget the nutrition. Furthermore, the actual position of the wound plays a relevant role. It is a known observation, that those wounds are the most “productive” when lymphatic vessels are directly involved. The present case of an outpatient from Denmark allows us to take a look on an extreme situation after the resection of a lymphoma.

Case description: The patient (m, 51) had to undergo a pectoral lymphoma resection in the left axilla on 20. July 2011. During this surgery the lymphatici axillares pectorales were removed and the lymphatic vessels were opened.

Therapeutic approach: The resulting heavy exudation and the position of the incision on the body made it necessary to change the dressing twice a day but to use a small curea P1 10x10 cm or 7.5x7.5 cm dressing only.



From 21. July to 27. August the used dressings were weighed to determine the exudation over 24 hrs. If two dressings were used per day, their weight had been cumulated. From the 11. August the dressing needed to be changed only once a day.

Result: During the five weeks of our observation the exudation reduced in an almost linear function. The wound was closed on 22. September 2011 after two months. The maximal exudate was found with 105 g/24 hrs and had been distributed over two curea P1 10x10 cm dressings. Compared to the technical capacity of approximately 100 g per 10x10 cm dressing, the average depletion of the available capacity was around 50%.

