Reducing Lymphedema-Related Infections and Hospitalizations Through the Use of Compression Therapy

Compression therapy is the cornerstone of treatment and management for lymphedema. In addition to slowing or preventing disease progression, compression therapy has also been proven to reduce the incidence complications and comorbidities. At a time when our hospitals are focused on treating patients with COVID-19, Congress needs to enact legislation to keep vulnerable populations, like lymphedema patients, out of our ICUs.

Recent data and evidence from studies, as well as from of the Commonwealth of Virginia, show that the Lymphedema Treatment Act, which would provide Medicare coverage of doctor-prescribed medical compression supplies under the Durable Medical Equipment (DME) category, will protect patients from unnecessary hospitalizations and ultimately reduce healthcare costs for our governmental programs.

The New England Journal of Medicine: Compression Therapy to Prevent Recurrent Cellulitis of the Leg

Roughly 80 patients with chronic edema of the leg and a history of cellulitis were randomized to receive compression therapy plus education about cellulitis prevention, or education alone.

- In the control group not receiving compression therapy the rate of cellulitis recurrence was three times greater, and the rate of hospitalization for cellulitis infection was double.
- For patients with chronic leg edema and recurrent cellulitis, the risk for future cellulitis was reduced by 77% through the use of compression stockings or other compression therapy supplies.
- The effect was so profound the trial was stopped early, and all patients were given compression therapy.
- "In a climate of increasing antibiotic resistance, we are delighted to have discovered a nondrug management strategy that has such a dramatic impact on the risk of cellulitis," senior author Bernie Bissett, PhD, Discipline of Physiotherapy, Faculty of Health, University of Canberra.

Health Economics Review: A Ten-Year Review of Compression Coverage in the Commonwealth of Virginia

The following highlights the findings of a ten-year review of Virginia’s experience with their state mandate for compression supplies. The mandate applied to private insurance, and later to Medicaid and state employees.

- **Visits to providers (physician or therapist)** dropped by over 40% (figure 3 page 5).
- **Hospital days dropped by over 50%** to nearly zero (figure 3, page 6) over the last 5 years. This was for the privately insured patients only as Medicare did not report hospital data. Note: Medicare patients would be expected to benefit even more from the mandate as they have a greater financial barrier to compression supplies putting them at higher risk for hospitalization at baseline.
- **Combined hospital days and clinic visits dropped over the 10 years** by an average annual amount of 6% (paragraph 1, page 8).
- “**The Virginia data confirmed previous clinical data that the treatment of lymphedema by management of swelling results in lower medical costs and fewer hospitalizations**” (paragraph 5, page 8).

Rehabilitation Oncology Journal: Effects of Complete Decongestive Therapy on the Incidence Rate of Hospitalization for the Management of Recurrent Cellulitis in Adults with Lymphedema

- Lymphedema was recognized as one of the most potent risk factors for the development of recurrent cellulitis, which frequently requires hospitalization.
- The authors remarked that enrollment in the study removed a significant barrier to idealized treatment by covering the cost of bandages and garments through the study’s funding.
- The study revealed that treatment, primarily consisting of compression including bandaging and compression garments, reduced the average annual hospitalizations among the study participants from 8.5/year down to 0.67/year, a decrease of 12-fold.

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