

Oedema therapy

Information and tips about
lymph- and lipoedema



Made in Germany

Innovation with experience

Who are we? That's simple! We are more than 1,000 employees working together across the world. As specialists in compression therapy, we have made it our mission to improve patients' quality of life and provide lasting relief from their symptoms. To achieve this, we are constantly developing new, intelligent products to meet our customers' individual requirements and ensure that treatment is successful. We have been pursuing this goal for over 100 years and are always looking for new solutions in lymphology, phlebology, scar management and orthopaedics. We are working on something new every day to make the impossible possible and ensure more "Freedom in Motion".

You can find more information about Juzo at [juzo.com](https://www.juzo.com)

Our aspiration: Your wellbeing

We would like to support you in staying healthy. This brochure covers everything you need to know on the subject of oedema therapy. How can you recognise a disorder of the lymphatic system? What is the difference between lymphoedema and lipoedema? What can you do if you need help, and who can you turn to? What treatment and therapy options are available, and which of them are suitable for you? In this brochure we will try to answer many of your questions and optimally support you in your daily life – for a life in motion!

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Lymphatic knowledge

Lymphology

Lymphology is the study of diseases of the lymphatic system and lymphatic vessels.

Early diagnosis of lymphatic system disorders is important, as these can have serious effects on health. An untreated lymphological condition can, for example, lead to significant impairments in everyday life and work. Treatment should therefore be commenced as early as possible to prevent the condition from worsening.

The lymphatic system

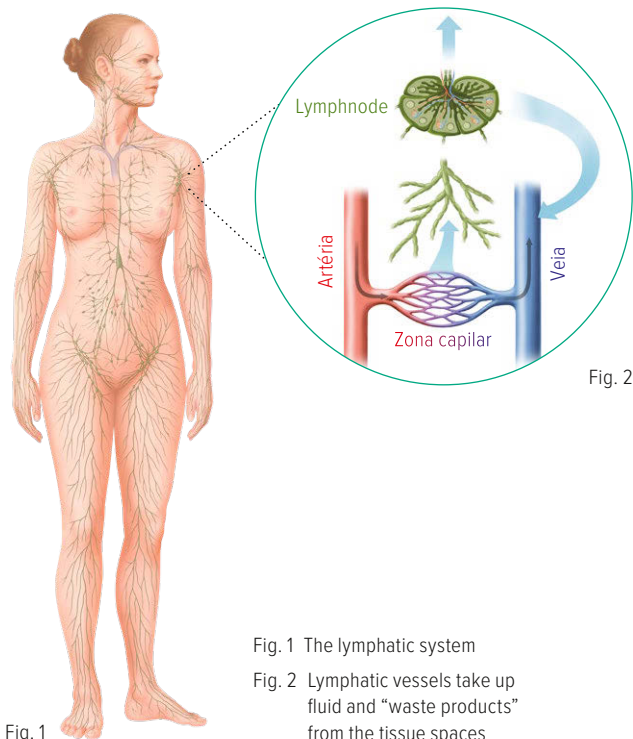
The lymphatic vessel system, which exists alongside the blood vessel system, is a very important vascular system in the human body. It also extends throughout the entire body, and usually runs parallel to the blood vessels. Compared to the blood circulatory system, the lymphatic vessel system is not a closed circulatory system but rather a half-open system.

The lymphatic system is the most important component of the human immune system. It acts as a transport and drainage system for various substances that make their way out of the blood vessels into the intercellular spaces and cannot be eliminated from the body via other pathways. This so-called “lymph-obligatory load” can only be successfully removed if the lymphatic system is intact and lymphatic fluid (lymph) drainage is functioning optimally.

The lymph-obligatory load includes not only substances such as protein, dietary fats, cells, and cell debris, but also pathogens such as bacteria and viruses.

The intermediate lymph nodes play an important role in the drainage and cleaning of the lymphatic fluid. This is where the tissue fluid is filtered, and a portion of the fluid that has been cleared of toxins and pathogens is returned to the venous system.

Almost the entire tissue fluid, one litre per day, is drained via the lymphatic vessels and pumped through the lymphatic system in the direction of the left and right venous angles behind the collar bones. When the lymphatic system is not functioning properly, fluid and protein are retained in the tissue, which leads to swelling – a lymphoedema.



Oedema

Oedema is a visible and palpable swelling that can be caused by a range of conditions, or after surgery or injuries. An oedema arises due to a build-up of fluid or fat cells in the tissue. The fluid accumulates and can no longer be fully drained.

Oedema often triggers pressure or tension pain, and causes restrictions in movement that can significantly impair the affected person.

The various forms of oedema are not easy to distinguish from one another. On the following pages we will give you an overview of how to recognise lymphoedema and lipoedema by their symptoms, how these disorders differ, and the treatment options that are available.



Good to know

While oedema is not always pathological, it never develops without a reason. It is therefore always important to have a physician investigate the cause.



Self-check

Lymph- or lipoedema?

To illustrate the differences between the two conditions lymphoedema and lipoedema, we have provided a comparison of the most important distinguishing criteria.

	Lymphoedema	Lipoedema
Onset of the oedema	asymmetric	symmetric
Painful sensitivity to pressure	no	yes
Bruise (haematomas)	no	yes
Erysipelas	frequent	no
Presence of swelling on the feet and/or back of the hand	yes	no



Important

This self-check is not a replacement for a specialist consultation. A visit to a specialist is essential for making a correct diagnosis.

Good to know

A positive Stemmer's sign may indicate the presence of leg lymphoedema. You can easily perform this test on yourself.

Using your index finger and thumb, try to lift the skin on your second toe. If you are successful and can grasp the skin well, this is referred to as a negative Stemmer's sign. In this case, it is unlikely that you have lymphoedema.

If you are unsuccessful, i. e. the skin cannot be lifted, this is referred to as a positive Stemmer's sign, which indicates that you most likely have lymphoedema. Compare the skin folds on the aforementioned toe of both feet. On the foot with the positive Stemmer's sign it will be distinctly swollen.

If the Stemmer's sign is negative, this does not necessarily mean that a lymphoedema can be excluded. If you are experiencing other symptoms as well, you should definitely have these investigated by a specialist.

Lymphoedema

A lymphoedema arises due to a build-up of protein-containing fluid in the tissue. The lymphatic fluid (lymph, Lat. Lympha = clear water) cannot be adequately drained by the damaged lymphatic system and therefore accumulates. A lymphoedema can, in principle, develop in any part of the body, but generally affects the legs.

While it is not associated with pain in many cases, it can lead to severe swelling with a feeling of tension in the affected areas, which in turn can often lead to significant restrictions in movement and further complications.

Lymphoedema affects both women and men, but is more prevalent in women. The predominant trigger for lymphoedema is certain preceding illnesses, for example breast cancer in women. A significantly less common cause is a genetic predisposition (e.g. having an insufficient number of lymphatic vessels). Lymphoedema does not develop immediately after surgery to the lymphatic system. It often arises many years later, i.e. with an extremely delayed onset. So it sometimes happens that the disorder is not immediately recognised as lymphoedema (stage 0). During the period in which it is left untreated, the lymphoedema can worsen and make subsequent treatment more difficult.



The two forms of lymphoedema can be distinguished on the basis of their underlying cause:

Primary lymphoedema

Primary lymphoedema can develop immediately after birth, or later in life. Possible causes include:

- a congenital absence of lymphatic vessels
- over or underdevelopment of the lymphatic vessels or lymph nodes
- hardening of lymph nodes

Secondary lymphoedema

Secondary lymphoedema occurs significantly more frequently than primary lymphoedema. It always has a preceding cause in which the lymphatic system was compromised or damaged. Secondary lymphoedema can develop in any part of the body, and there are many causes. These include, for example:

- injuries where the lymphatic pathways or nodes are damaged
- surgery where lymph nodes are removed, or lymphatic pathways need to be severed (e.g. breast cancer surgery)
- inflammation caused by viruses, bacteria, fungi, etc.
- untreated, chronic venous insufficiency
- tumors, malignant diseases, radiation therapy, infections, insect bites etc.

In addition to the primary and secondary forms of lymphoedema, the following mixed forms of oedema can also arise:

Phlebo-lymphoedema

Phlebo-lymphoedema develops almost exclusively in the legs. It is the result of phlebological disease, i. e. a disorder of the venous system. Common causes of phlebo-lymphoedema include, for example, varicose veins, or a thrombosis. If an oedema that has developed due to a venous disorder (phleboedema) is left untreated, it will eventually overload the lymphatic system. The tissue becomes hardened and a phlebo-lymphoedema develops.

Lipo-lymphoedema

Lipo-lymphoedema can develop in the advanced stages, or as a complication of lipoedema (as explained from page 20 of this brochure). The lymphatic vessels are constricted by strongly proliferating adipose tissue, and the lymph can no longer adequately drain and accumulates in the tissue. In contrast to the normal situation, lymphoedema associated with lipoedema usually develops symmetrically.

Symptoms

The symptoms of lymphoedema can be categorised into internally experienced symptoms, and externally visible symptoms. You can use the following list to identify whether you are potentially suffering from lymphoedema.

Externally visible symptoms

The following signs are readily noticeable on the affected areas and can range in severity:

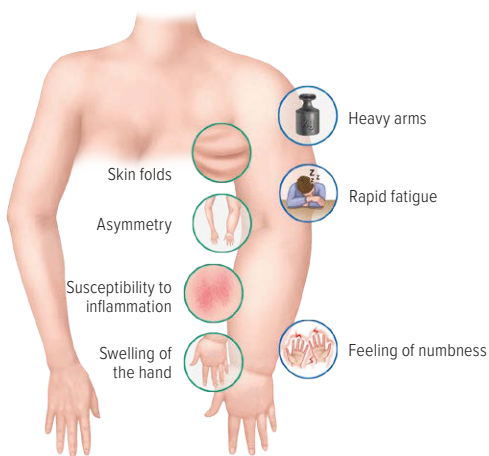
- self-test (see thumb test, page 15)
- swelling of an extremity that does not develop equally on both sides, but rather asymmetrically (e.g. only one leg)
- the feet and/or back of the hand are usually also swollen
- skin discoloration and other skin changes
- susceptibility to inflammation or skin irritations
- readily recognisable skin folds and furrows
- possible restricted movement

Internally experienced symptoms

In addition to the visible signs, there are also tangible symptoms that could indicate the presence of lymphoedema:

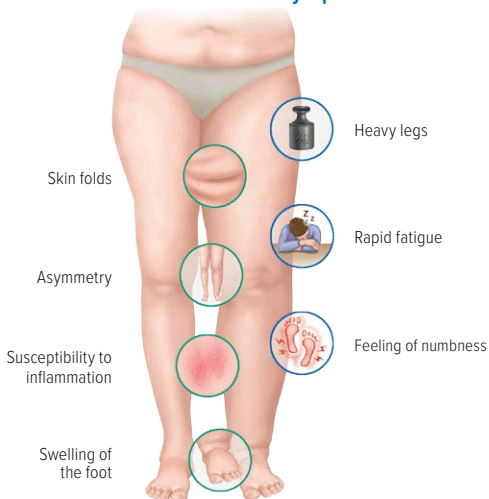
- tired, heavy or painful extremities
- feeling pressure and tension
- tingling or pins and needles
- slight numbness of the affected body part
- rapid fatigue in the affected leg or arm

If you discover one or more signs that might suggest the presence of lymphoedema, please see a physician. Early diagnosis can have a positive impact on the course of the disease.



Externally symptoms lymphoedema

Internally symptoms lymphoedema



Thumb test

Press your thumb into the affected tissue for approx. 10 seconds. If the indentation doesn't disappear immediately after you remove your thumb, this suggests the presence of lymphoedema.

Stages

Lymphoedema can be classified into four stages according to its presentation. The stage also determines the required form of treatment for the lymphoedema, which should be commenced immediately after the diagnosis is made in order to prevent the lymphoedema from spreading or worsening.

Stage 0 – latency stage

- damage to the lymphatic system is present and has been recognised
- (still) no visible oedema

Stage I – spontaneously reversible stage

- soft swelling
- oedema recedes when the limb is elevated
- finger press leaves a visible indentation

Stage II – not spontaneously reversible stage

- hardened connective tissue
- oedema no longer recedes when the limb is elevated
- it is barely possible to press a finger into the skin

Stage III – elephantiasis

- extreme increase in volume of the affected body part
- hardened skin with skin changes
- severe restriction in movement

Treatment approach

The only treatment option for lymphoedema that has been proven to improve the condition, or prevent it from worsening, is Complex Physical Decongestive Therapy (CPDT). CPDT comprises Manual Lymphatic Drainage (MLD), compression treatment tailored to the stage of the lymphoedema, skin care, along with decongestive sports and movement exercises and the necessary motivation of the patient. Nur durch eine konsequente und andauernde Therapie kann das Ausmaß eines Lymphödems reduziert und auch dauerhaft erhalten werden.

Only through consistent and ongoing treatment can the severity of the lymphoedema be reduced and also permanently maintained.

The building blocks and phases of CPDT are explained in detail from page 30 of this brochure.



Surgical methods

- resection methods
- drainage procedures
- reconstructive procedures

All of these measures and procedures require very specific prerequisites and circumstances to be fulfilled, as well as an assessment of the benefits and risks.



Good to know

Starting on page 36 we have put together some tips on the kinds of things you can do in addition to your lymphoedema treatment that will benefit your body. You can support your wellbeing, for example, through suitable exercise or a healthy diet. Find out what works best, and feels best for you personally!

Complications

If lymphoedema is left untreated, or treated inadequately or incorrectly for many years, skin changes, tissue hardening and other complications can develop, which in turn can lead to additional problems.

The skin in the areas of the body affected by lymphoedema becomes dry and begins to flake. Because protein cannot be adequately transported away due to the damaged lymphatic system, it can accumulate in the tissue. This can lead to inflammation. New connective tissue forms, which results in the oedema becoming even larger and hardening (fibroses).

Because the immune system of lymphoedema patients is impaired in the affected area, the body is more susceptible to bacterial skin infections such as erysipelas or mycosis. These need to be treated with medications as soon as possible.



Lipoedema

A lipoedema (Greek Lipos = fat) is a fat distribution disorder. Lipoedema almost exclusively affects women because their tissue is structured differently to men. The predisposition for lipoedema is most likely already in the genes of the affected person. The most common trigger for the chronic form of this disorder is the hormonal changes that occur, for example, during puberty, pregnancy and menopause. If the illness is already present, these changes can cause the symptoms to get worse again.

In the case of lipoedema, the abnormal increased or enlarged fatcells accumulate in specific areas of the body. In these affected areas, the tissue is tender and sensitive to pressure and has a tendency to bruise very easily (hematomas). Particularly in the early stage of the disorder, the fat deposits are mainly located from the navel downwards, i.e. the buttocks, hips and legs, but later these can develop in the arms as well. When the lipoedema extends across the thigh and hip area, this is referred to as “riding breeches” or “saddlebags” syndrome.

Lipoedema always affects both sides of the body symmetrically, i. e. always both legs and/or arms. The trunk is usually relatively slender in comparison to the affected body areas. It therefore often gives the impression that the body is “incorrectly proportioned” because the legs and upper body do not fit together visually.

In rare cases men can also develop lipoedema. This can occur as a result of hormonally active treatments, marked hormonal disturbances, or as a consequence of severe liver diseases (e. g. cirrhosis of the liver).



Symptoms

Unfortunately, it often takes a long time before the diagnosis of lipoedema is made. In many cases it is incorrectly confused with adiposity since these frequently develop in parallel, which can make them difficult to differentiate. You can use the following list to identify whether you are potentially suffering from lipoedema.

Externally visible symptoms

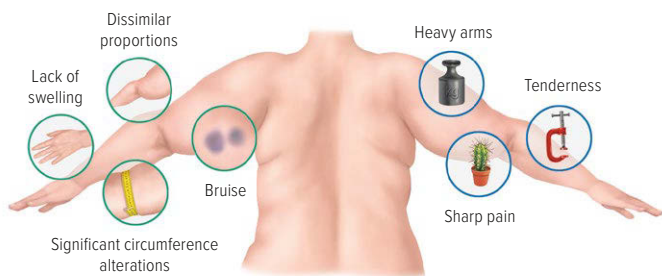
There are external signs that allow lipoedema to be readily recognised:

- both legs and/or arms are disproportionately large, while the feet and hands are slender and not swollen
- the body appears to be incorrectly proportioned: the upper body is relatively slender, while the buttocks, hips and legs and/or arms are significantly more voluminous
- the clothing sizes for the upper and lower body are extremely different to one another
- a high susceptibility to bruising exists
- exercise, good nutrition and dieting show very little success in the affected areas, their circumference is reduced only insignificantly or not at all

Internally experienced symptoms

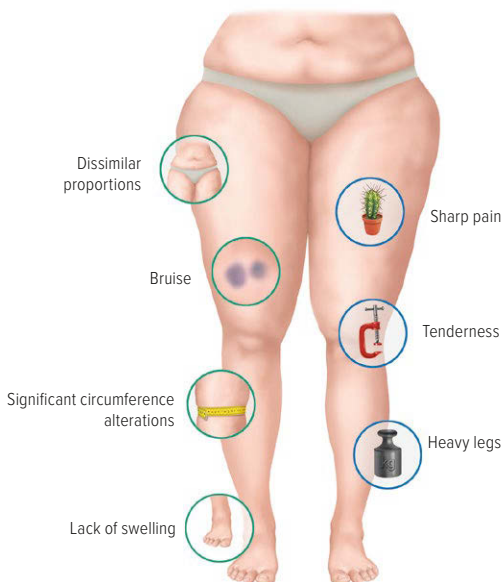
In addition to the visible signs, there are also tangible symptoms of lipoedema. These can be aggravated by longer periods of sitting or standing, as the day progresses, or in response to heat:

- extreme sensitivity to touch of the tissue
- tenderness
- feeling of heaviness in the legs due to the increased adipose tissue and accumulated tissue fluid



Symptoms lipoedema externally

Symptoms lipoedema internally



If you notice one or more of the following signs, please consult a physician. Early diagnosis is important to ensure an optimum treatment course and to prevent the condition from worsening.

Stages

Lipoedemas are classified into several stages. If lipoedema is left untreated, the circumference of the affected body area continues to increase over the years. Early diagnosis by a specialist, and commencement of suitable treatment is therefore enormously important to prevent the disorder from progressing.

Stage 1

- smooth, uniform thickening of the skin surface

Stage 2

- uneven, predominantly wavy skin surface, so-called “orange peel skin”
- coarse-nodular tissue structure (the nodes can be approx. the size of a walnut or fist)

Stage 3

- pronounced circumferential enlargement
- very coarse and hardened skin surface
- the tissue forms large flaps on the legs and/or arms



Stage 1



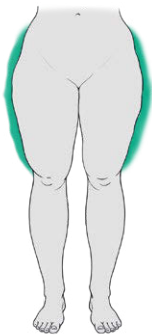
Stage 2



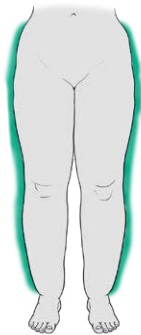
Stage 3

Classification of types

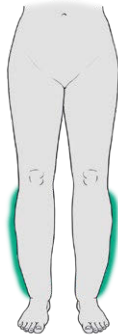
It is not always easy to reliably recognise lipoedema because there are different types that can develop, and these can take on a different appearance in each patient. Several types can be distinguished depending on which areas of the legs and/or arms are affected.



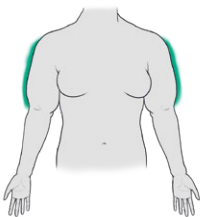
Upper leg type



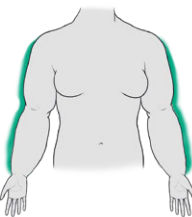
Whole leg type



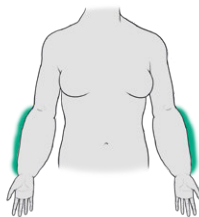
Lower leg type



Upper arm type



Whole arm type



Lower arm type

Treatment approach

Early diagnosis can help prevent lipoedema from worsening. Because lipoedema is a chronic disorder, it will accompany you for your entire life. You can have a positive effect on the severity and possible consequences of the lipoedema, and also alleviate the symptoms, by consistently adhering to the prescribed treatment. It is important that you accept yourself and your disorder, take advantage of the available treatment options as early as possible and adhere to them, and become a “manager” of your disorder.

In the case of lipoedema, neither diets, fasting regimes, or exercise will achieve the desired outcome because no fat loss will occur in the affected areas. You will only lose weight in the “healthy” areas of your body. These options for treating lipoedema are therefore of no help. Generally speaking, you should nevertheless strive for a healthy diet, and wear compression garments during exercise and sport. It is not possible to cure lipoedema using medications.

Lipoedema is treated by means of Complex Physical Decongestive Therapy (CPDT) combined with Manual Lymphatic Drainage (MLD) and supported by compression therapy (conservative method), perhaps in combination with Mechanical Intermittent Compression (MIC). The treatment is divided into two phases (phase 1: decongestion phase, phase 2: maintenance/optimisation phase).



Surgical procedures such as liposuction, sometimes requiring subsequent plastic surgery procedures as well, may be an option for some patients. This must, however, be decided on a case-by-case basis by the treating physician, and only after the conservative treatment method has been consistently adhered to beforehand.

For further information on the available treatment options, see page 30 of this brochure.

Complications

How lipo-lymphoedema develops

As previously explained for lymphoedema, a so-called “lipolymphoedema” commonly develops in the advanced stages of lipoedema.

It occurs when a lymph drainage disorder develops in addition to the existing lipoedema. This mixed form arises due to the extreme narrowing of the lymphatic vessels that occurs as a result of the strongly proliferating adipose tissue. The lymph can no longer drain adequately and accumulates in the tissue.

When lymphoedema develops in conjunction with a lipoedema disorder, it is usually symmetrical rather than unilateral, as is normally the case.

Orthopaedic consequential damage

The increase in volume of the inner leg can cause significant impairments in movement and gait. This can result in misalignment in the area of the ankle, knee and hip joints.

Damage to the venous system

If you have been diagnosed with lipoedema, an additional phlebological examination of the venous system is advisable because the venous system can suffer damage as a result of the existing lipoedema. Early detection of venous dysfunction can prevent superficial varicose veins as well as damage to the deep venous system, and ensure that any existing venous complaints are suitably treated.

For information on the various types of venous disorders, see our patient brochure “Phlebology – tips and information about your venous health”.





Oedema therapy

It is not possible to cure lymphoedema or lipoedema. The earlier treatment is commenced, the greater the possibility of stopping the disorder from progressing. This can also reduce or prevent complications and consequential conditions such as extreme restriction of movement, skin disorders, or further venous complaints.

An effective conservative oedema therapy is Complex (lymphoedema) or Combined (lipoedema) Physical Decongestive Therapy (CPDT). These comprise the following components: Manual Lymphatic Drainage (MLD), compression therapy, skin care/skin repair, and decongestive exercise and breathing therapy. The treatments are divided into two phases that build on one another. Of particular importance is the active participation/self-treatment of the patient (self-management). With the help of these components, it is possible to efficiently treat lymphoedema and, to a certain extent lipoedema as well, to prevent a worsening of these conditions, and to achieve and also maintain improvements.

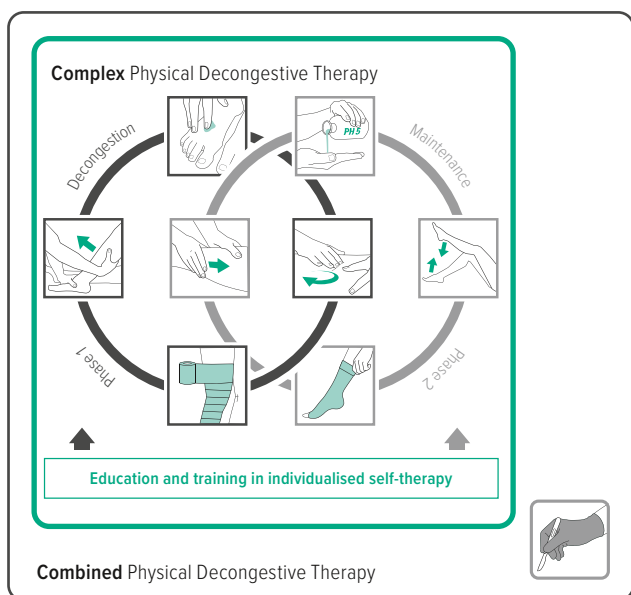
Phase 1: Decongestion phase

The objective of the first phase of CPDT is to improve lymph drainage in the affected body regions, to diminish any hardening of the tissue (fibroses), and to assist the drainage of protein-rich lymph fluid. The components used in this phase include regular, if possible daily Manual Lymphatic Drainage (MLD) supplemented by compression therapy with, if possible, daily compression bandaging, along with exercise therapy and skin care.

Phase 2: Maintenance phase

In the second phase of CPDT, the MLD sessions are reduced according to individual treatment requirements, and the therapeutic aim is to maintain and optimise the achieved treatment results. This consists of wearing flat knitted compression garments (e.g. Juzo Expert or Expert Strong), and participating in an exercise therapy programme.

The building blocks of CPDT in the conservative therapy



1. Manual Lymphatic Drainage (MLD)

MLD is a therapeutic massage technique. Using special hand movements, it is possible to activate lymph drainage and decongest the tissue. The protein-rich fluid trapped in the tissue is removed via the lymphatic system. This allows the oedema to recede, and the hardened (fibrotic) connective tissue becomes looser and softer. The main areas of focus when treating lipoedema are to reduce the pain, and to mobilize the tissue.

In contrast to conventional massage, lymphatic drainage is performed using gentle, slow strokes. You should discuss with your physician whether lymphatic drainage is suitable for you.

2. Compression therapy

In order to maintain the decongested state after MLD, it needs to be followed immediately by compression therapy to minimise any further congestion of lymphatic fluid. As large size fluctuations can be expected during phase 1 of CPDT due to the continuous reduction in limb circumference, the affected body area needs to be compressed using special lymphological compression bandages (e.g. Juzo SoftCompress in conjunction with short-stretch compression bandaging or the adjustable compression system Juzo ACS light). These can be tailored to the individual patient and the specific oedema circumference.

Towards the end of the first phase of CPDT when less circumference fluctuations can be expected, the compression bandages are replaced by lymphological, if possible, flat knitted compression garments in order to maintain the therapy results obtained during the decongestion phase. These garments are individually measured and individually manufactured for every patient.

A perfect and optimally fitting compression garment must not cause constriction or slip. Specially trained personnel will size a custom compression garment based on your specific body dimensions, which will then be manufactured to fit you precisely. The fit of your garment should be checked regularly by the specialist store, and new measurements taken for any subsequent garments.



Juzo SoftCompress
Bandage Lower Leg
and Thigh



Juzo ACS Light
Calf Wrap



Juzo Compression Wrap
Combination option arm
and hand

3. Decongestive exercise and breathing therapy

Targeted exercises or general movement with compression helps ensure continued lymphatic drainage during the maintenance phase. This enables the results of MLD and compression therapy to be maintained over the longer term, and can even reduce the oedema further. To achieve the best possible results, it is immensely important that you approach the therapy with a great deal of self-motivation.

4. Skin care and skin repair

Daily skin care is particularly important during both phases of CPDT. The skin of oedema patients is much more sensitive and susceptible to inflammation and infections than patients without oedema or healthy persons.

Regular treatment with compression bandages, or daily wearing of compression garments dries out the skin and causes it to become itchy. Without appropriate skin care, flaky or cracked areas develop which can allow bacteria to more easily penetrate the skin. In the case of lymphoedema, this can lead to complications such as erysipelas or other bacterial inflammations.

To ensure the protective acid mantle of the skin is maintained, always clean your skin using a soap with a light acid pH value (any value lower than 7). You should also carefully apply a rich moisturising lotion (e. g. Juzo Lymph Lotion) every morning and evening. When doing so, please ensure that the lotion has fully absorbed into the skin before you put on your compression garments.



Tip

Compression garments fit snugly on the body like a second skin. They can therefore take a little practise to put on, especially at the beginning of your treatment. Do not get discouraged by this, however, because with time and practise, and with the help of our useful aids, putting on your garment will get easier and easier.

5. Education and training in individualised self-therapy

For long-term treatment results, it is important for patients to take an active involvement in their treatment. This requires the patient to be educated about the functioning of the lymphatic system, how the individual treatment components work together, and the consequences of lack of treatment compliance.

Courses on breathing techniques, decongestive exercises, self-bandaging, and skin care, and on working with self-help organisations can be a great help with this. Psychological support can sometimes also be useful.

The aim is to improve self-management, to favorably influence the course of the illness, to better organise day to day activities, and to improve the quality of life.

Outpatient or inpatient?

Whether lymphoedema or lipoedema should be treated in an outpatient or inpatient setting depends primarily on the stage of the oedema, and any concomitant illnesses that may be present.

There are several reasons why it can be useful to get your oedema treated as an inpatient:

- An improvement in symptoms can only be achieved if the treatment in the decongestion phase (phase 1 of CPDT) is carried out in a consistent, complete and continuous manner, i.e. daily if possible. If it is interrupted, the results and symptoms can worsen.
- Especially if the lymphoedema or lipoedema is advanced, intensive measures may be required to significantly reduce the circumference of the affected areas. Consequently, it can sometimes be necessary for the patient to dedicate a substantial part of the day to their treatment. Outpatient care may not always be possible in such cases.

- Only through daily wearing of the compression bandages during the decongestion phase, or the compression garments during the maintenance phase, will it be possible to achieve visible and lasting results. Motivation can often wane over time, in particular during the maintenance phase of the treatment. An inpatient stay with consistent decongestive therapy, and the reductions in circumference and pain thereby achieved, can provide the necessary impetus to continue to consistently wear the compression garments.
- Inpatient treatment will also include important supporting measures such as skin care, dietary advice, pain management, fitness training, psychological support, and instruction on self-treatment after discharge. A clinic specialising in lymphological disorders can also offer an intensive decongestion phase, and instruction on correct self-treatment, in an outpatient setting.

Liposuction – a further option in lipoedema therapy

The increased adipose tissue can only be removed by means of liposuction, i.e. suctioning off the fat. This should only be performed after conservative therapy has been consistently carried out. Liposuction also offers no guarantee of healing the lipoedema, but it can provide temporary relief and somewhat reduce the symptoms.

Should you be considering liposuction, it is essential that you discuss with one or more specialists the expected outcomes, risks and side effects, the costs that you will incur, and the long-term results of this method. Only in very few cases will the costs of a liposuction be covered by health funds. The costs of compression garments, on the other hand, will be covered in most cases.

Tips

What you can do yourself

If you have oedema, you can support and also significantly influence the outcome of your individualised treatment. Most of the things you can do require minimal effort but can make quite a difference.

A crucial factor is to have a positive view of yourself and your body: accept your oedema. Live **WITH** your oedema, but not **for** your oedema. As a general rule: avoid injuries, overexertion, and excessive heat or cold as far as possible.

Body care and hygiene

Daily body care is enormously important for oedema patients because the skin in the affected areas can be very sensitive and susceptible to inflammation and infections.

- Clean your compression garments on a daily basis to ensure they retain their elastic properties.
- For skin care, use only soaps with a light acid pH value (any value lower than 7). This will maintain the protective acid mantle of your skin.
- Nurture and spoil your skin with a rich moisturising lotion (e. g. Juzo Lymph Lotion). Only put on your compression garments once the skin care lotion has been fully absorbed by your skin.
- Consult a physician immediately if you notice any signs of widespread reddening, sudden fever, spontaneously arising pain and swelling, or a fungal infection (itchy rash, yellow brittle nails, cracking between the toes).
- Take good care of your nails and do not cut into the cuticle.
- Always carry a sanitiser with you so you can respond immediately to any injuries.

Nutrition

A healthy nutrition is always recommended because every excess kilogram puts further strain on your body:

- Provide your body with adequate dietary fibre and reduce your sugar and fat intake.
- Try to reach and maintain your ideal weight.
- If possible, avoid or reduce your consumption of alcohol and nicotine.
- Drink at least 2 litres a day, preferably water or unsweetened beverages.

Sport

In the case of lymphoedema and lipoedema, it is not possible to make general statements about what will be good for you. Listen to your inner self and take note of your body's signals:

- Forms of exercises such as light jogging, walking, swimming, and aqua fitness in not too warm water are especially suitable and will support the treatment measures. Water pressure also acts as a “natural” compression.
- Give preference to endurance sports and physical activities with gentle movements. Wear your compression garments during sporting activities.

Clothing

Due to the larger circumference of the legs and/or arms or other affected body areas, it can be difficult for oedema patients to find suitable clothing and footwear:

- Wear comfortable clothing that does not constrict you.
- Select cuffs or straps that do not press or dig in.
- Give preference to comfortable footwear, ideally with low heels, or even orthopaedically designed shoes.



Lymphology expert

Customised and effective – compression garments for more freedom in motion every day

We are the trusted partner in oedema therapy. No two patients are the same and their needs vary. This drives us to find better solutions for individual needs – every day. Our main focus is to improve lymphatic drainage, as well as the comfort and wellbeing of the patient.



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Presented by:



Further information is available at
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