THE UNIVERSITY OF MICHIGAN
MEDICAL CENTER

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A letter from a Vascular Specialist To Medicare describing the pump as "the best standard of care."

Richard Coyne
Deputy Director
Health Care Financing Administration
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Coyne:

Thank you for your reply dated June 29, 2000 concerning medicare coverage of pneumatic compression devices (lymphedema pumps). I also appreciate the notice that was on the HCFA website on April 28, 2000 concerning the evidence for the use of lymphedema pumps that you sent me.

I will summarize by stating that use of pneumatic compression devices for the treatment of lymphedema is what I would consider to be the best standard of care. Initially when a patient presents with lymphedema, the patient is treated with pneumatic compression in order to obtain reduction in limb girth size. The use of custom gradient support stockings is then used to maintain the reduction in edema, and we know from experience that stockings do not decrease the amount of edema in the extremity when it is from lymphedema. The stocking manufacturers have never claimed that their stockings compare with pump therapy for lymphedema and the stockings are always used in combination with pneumatic compression devices. Patients who have very minimal lymphedema may be first treated with stockings. However by the time most patients with lymphedema come to my clinic, they have enough tissue fluid (lymphedema) accumulation that stockings are only used in conjunction with pneumatic compression. There is another modality which has been given some support in the literature and that modality is decongestive lymphatic therapy. This includes a complex program of patient initiated massage and wrapping. Although this technique has its proponents and there is some information available suggesting that it is useful, my own experience with the technique is that is very cumbersome and difficult for patients to adapt to their home routine. Patients have to be taught the special techniques and then they must apply the special techniques themselves on a daily basis or have someone in their family learn th special massage techniques. My experience with this is it is hardly ever possible for patients to place this therapy into their daily lives, while pneumatic compression devices are used in the same fashion and can be used by the patient in a fairly independent fashion.

You ask for more definitive information concerning the efficacy of pneumatic compression for the treatment of lymphedema. I am including Chapter 157, Nonoperative Management of Chronic Lymphedema, written by one of the pioneers in lymphedema treatment in this country,

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Peter Glovickzi from the Mayo Clinic. In this chapter from the most recent edition of Rutherford's Textbook of Vascular Surgery, Fifth Edition, 2000, you will see that there is an excellent discussion of compression pumping beginning on page 2147. I would point specifically to an article referenced on page 2148 from Pappas and O'Donnell in which the efficacy of pneumatic compression for lymphedema was shown not only in the short-term but also in longer term follow-up. I hope that the information that I have included here will be helpful to you.

Thus, I believe that there is good evidence in the literature and from my own practice that lymphedema is best treated with pneumatic compression devices when it is at a stage where edema has to be reduced and not just maintained. Again the use of surgical support stockings in order to maintain the edema reduction after the pumping between sessions is also something that I find very useful.

Thank you very much and I appreciate any help that you can give concerning this issue.

Sincerely,

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Professor of Surgery
Section of Vascular Surgery

TWW:sd