

Summarising the Effect of Management Strategies in Pedal Oedema: A Systematic Review

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ABSTRACT

Pedal oedema, sometimes referred to as peripheral oedema, is a common ailment that causes swelling in the tissues of the feet and ankles due to a buildup of extra fluid. Gravitational pressure, lymphatic blockage, cardiovascular illness, and renal failure are some of the causes of this disorder. Untreated pedal oedema can cause pain, discomfort, and reduced mobility, all of which can have a major negative influence on a person's quality of life. Moreover, chronic oedema can lead to infection, delayed wound healing, and skin deterioration, which highlights the significance of timely interventions. Therefore, in order to reduce symptoms, avoid problems, and enhance general health, pedal oedema management is essential. The aim of the review was to determine the most effective management strategies for the pedal oedema in middle-aged office employees. A literature search was conducted from PubMed, The Cochrane Library, and Google Scholar database from December 2000 to December 2024. The search utilised

terms such as "Pedal oedema", "Treatment outcome", "Peripheral oedema", "Swelling reduction" and "Quality of life" employing Boolean operators (AND, OR). Articles in which treatment outcome was measured add were included in this summary, non-english articles were excluded. A total of 1236 articles add were found from different database out of which only 6 met the inclusive criteria. The majority of the adults having pedal oedema had shown significant reduction in pedal oedema through Buerger Allen exercise. Also, diuretics showed some effectiveness in case of pedal oedema and intermittent pneumatic pedal compression also helped to reduce signs and symptoms. In addition, kinesiology tape was found to be an effective method for reducing pedal oedema. Overall findings suggest that kinesiology tape was found to be the most effective method for reducing pedal oedema.

Keywords: Lymphatic disease, Peripheral oedema, Quality of Life, Treatment outcomes.