

**Wirral University Teaching Hospital (WUTH) NHS Foundation Trust
Lymphoedema Service (based at Clatterbridge Hospital)**

Referral Guidelines:

Lymphoedema is a chronic, debilitating, progressive condition for which there is currently no cure. With early recognition, it can be managed, preventing complications, such as infection, cellulitis and leg ulceration, which could result in hospital admission and antibiotic use. Reportedly it affects over 200,000 people in the UK alone (NHS, 2016), but is often unreported and misdiagnosed. It can affect any part of the body, but most commonly affects the arms or legs. It is categorised as Primary Lymphoedema or secondary lymphoedema:

Primary lymphoedema:

Primary lymphoedema is thought to occur due to an abnormality to the lymphatics which results in an ineffective lymphatic drainage system. It generally begins in puberty or later in life.

Secondary lymphoedema:

Secondary lymphoedema occurs following damage to the lymphatics, for example, due to infection, cancer and its treatments, surgery, trauma, obesity, deep vein thrombosis

Lipoedema:

Lipoedema is a separate chronic condition which can be confused with obesity. It is characterised by abnormal, symmetrical fatty deposits in the legs, often the feet are spared and it can affect the arms and trunks. Pain may be present and the person may bruise easily. If left untreated, it can progress to further swelling, known as lipolymphoedema. The cause is unknown, but is thought to involve genetics and hormonal factors. It mainly affects women, but a few cases have been reported in men.

Treatment plans:

Treatment plans will be individually devised and may consist of either:

- Maintenance therapy: skin care, exercise, risk reduction/cellulitis advice, compression garments and simple lymphatic therapy

Or

- Decongestive lymphatic therapy, which may involve skin care, exercise, intermittent pneumatic compression, compression with bandages or garments, risk reduction/cellulitis advice/ kinesio tape

Treatment depends on the severity, staging and the patient's psychosocial function.

Long term success will depend on the patient/carer's ability to understand and be concordant with proposed treatment plan. The importance of self-management will be emphasised at the first appointment.

The WUTH Lymphoedema Service accepts patients with oedema that has been present for more than 3 months and is NOT related to cancer.

For Wirral and West Cheshire patients with lymphoedema as a direct result of cancer or it's treatments, without vascular disease, referrals should be made to the Clatterbridge Cancer Centre, Lymphoedema Service, Clatterbridge.

For patients who do not meet their referral criteria, the referring professional can access the British Lymphology society website directory or the Lymphodema Support Network for details of services closer to them. See end page.

The referral criteria for acceptance to WUTH Lymphoedema service:

- Non-housebound Adults over age 18
- Patients wish to attend and are keen to have treatment including compression
- Primary Lymphoedema
- Secondary Lymphoedema
- Lipoedema
- Chronic oedema
- Lymphorrhea (leaking legs)
- Patients with a history of repeated cellulitis
- Patients with a wound should be referred to community leg ulcer clinics
- Patients with diabetes and a foot wound should be referred to the specialist diabetic MDT team
- Patients with a BMI over 30 should be referred to a weight management programme **prior** to referral to lymphoedema. Clinical evidence provides a strong link between obesity and chronic oedema and unless obesity is addressed, treatment is likely to be ineffective
- Patients with a BMI over 40 should be considered for bariatric surgery as per BLS guidelines/ NICE guidance.
- Patients with a BMI >60 will not be reviewed until their BMI falls <60
- For patients with a BMI <60, we will review and offer management plan

Please state patient's Past medical history, current medications, smoking status, allergies, social/psychological factors, mobility status, previous treatment, history of cellulitis, BMI and if there are any risk management concerns on referral.

We request that all patients attending by ambulance have a mid-morning appointment where possible.

We are also able to perform a virtual review if necessary.

Referral:

- Referral is initially to the Vascular Consultants, and there will usually be a joint review with the Lymphoedema Specialist nurse on the same day.
- A duplex scan of the limb is usually performed.
- Referrals are accepted from GP's and Vascular Consultants and Wirral Community Tissue viability team.
- Referral is accepted via NHS E-referral.
- Referrals will be triaged. We aim to see patients with recurrent cellulitis or wounds more urgently.
- Patients referred from out of area Vascular teams **must** have an arterial scan performed as minimum investigation and the results must be available prior to referral. Referral must include duplex report, GP referral letter and letter from consultant.

Absolute contraindications:

- Patients with pulmonary hypertension/unstable cardiac failure
- Obesity, when patients are unwilling to be referred to a weight reduction programme or are unwilling to accept advice
- BMI >60

Relative contraindications:

- Acute DVT
- Patients with post-operative swelling which has been present for less 3 months
- Patients who are unable to apply compression and don't have family/carer that can assist them in applying compression
- If the patient has been previously diagnosed with a malignancy, possible recurrence **must** be ruled out prior to referral

The lymphoedema service is open weekdays 08:30-17:00. Outside of these hours, an answer machine is in operation. We endeavour to respond to messages within 24 hours.

Contact information:

Lymphoedema Lead Vascular Consultant: Mr Gareth Harrison Ext 2219

Lead Specialist Nurse: Jenny Williamson

Lymphoedema Specialist Nurses: Jane Roles/Heather Pidcock (Known as Lol)

Clinical Support Worker: Sharon Murphy

Administrative support: Christine Ryan
Internal Extension: 5122
Direct dial: 0151 482 7688

Discharge Protocol:

- Lymphoedema resolved
- Patients with mild or stable oedema (Limb volume difference <10% if oedema unilateral, or total volumes if bilateral swelling), who are self-managing and the appropriate hosiery available on prescription
- Patients for whom there is a safety issue in attending clinic, i.e., immobile, dementia
- Patients who are non-concordant with plan of care or treatment not accepted
- Patients whose needs are met by another provide, i.e., TVN, community nurses
- If a patient does not attend appointment, a letter will be sent to the patient requesting them to contact the service within 14 days. They will be discharged if no contact is made after this time.

Further guidance:

The British lymphology Society
<https://www.thebls.com/>
Lymphoedema Support Network
<https://www.lymphoedema.org/>
NHS website
<https://www.nhs.uk/conditions/lymphoedema/>

Author: Sister Jenny Williamson, Lead Lymphoedema nurse specialist
Review Date: March 2022