

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

The WUTH Lymphoedema Service accepts patients with oedema (swelling) 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.

If the patient has been previously diagnosed with a malignancy, possible recurrence **must** be ruled out prior to referral

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.

The referral criteria for acceptance to WUTH Lymphoedema service:

- Non-housebound Adults over age 18
- A duplex scan of the limb should be performed, and results available.
- BMI is needed
- Patients wish to attend and are keen to have treatment including compression
- Primary Lymphoedema
- Secondary Lymphoedema
- Chronic oedema
- Lymphorrhea (leaking legs)
- Patients with a history of repeated cellulitis
- Patients with a BMI of 60 or less
- Patients with a wound **should also be referred** to community leg ulcer clinics
- Patients with diabetes and a foot wound **should also be referred** to the specialist diabetic MDT team
- Patients with a BMI of 30 or more 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 team
- Referrals are accepted via NHS E-referral to Vascular team initially
- Referrals are also accepted from Vascular Team
- 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

The lymphoedema service is open Monday-Thursday 08:30-17:00, and Friday 8:30-15:00. Outside of these hours, an answer machine is in operation. We endeavour to respond to messages within 24 hours.

Contact information:

Lymphoedema team 0151 482 7688

Vascular secretaries 0151 678 5111, Ext 2219/8444

What is Lymphoedema?

Lymphoedema is a chronic (long term) condition which results in swelling (oedema). It can become debilitating and a progressive condition without treatment. Unfortunately, there is currently no cure. However, with early recognition, it can be managed, preventing complications.

The International Society of Lymphology defines the condition as 'the accumulation of fluid and protein in the tissue spaces, due to an imbalance between interstitial fluid production and transport, due to failure of the lymphatic system'. As a result of this imbalance, lymphoedema can occur in any part of the body, although it most commonly presents in upper and lower limbs (Lymphoedema Support Network, (LSN) British Lymphology society (BLS).

Lymphoedema is classified as:

Primary lymphoedema: thought to be due to genetic abnormality, leading to a lymphatic system which struggles to drain fluid. This can be present from birth or can occur later in life following an event such as pregnancy or injury, but sometimes no trigger is found.

Secondary lymphoedema: occurs when a person is born with normal functioning lymphatics, however, swelling occurs due to damage or obstruction of the lymphatics, which can be caused by cancer, radiotherapy, surgery, infection, trauma, immobility, venous insufficiency, heart failure, DVT, and obesity. (Lymphoedema Framework, 2006).

Lipalgia syndrome (previously known as lipoeedema): is a separate 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. 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.

What are the complications of Lymphoedema?

Cellulitis

Individuals with lymphoedema and those with obesity are at increased risk of developing cellulitis; a bacterial infection of skin and subcutaneous tissues, causing redness, heat, pain and swelling. This can cause further damage to the lymphatics, so it is important that patients are advised regarding skin care and infection prevention management to avoid recurrent cellulitis (BLS and LSN). Cellulitis places a significant burden on the NHS accounting for 400,000 bed days (2011–12 data) costing up to £254 million pounds in that year alone (Commissioning Guidance for Lymphoedema Services for Adults in the United Kingdom, 2019).

Chronic wounds

Chronic wounds are more complex in the presence of oedema, as it can affect wound healing. Foot ulcers related to diabetes may also be associated with oedema, leading to difficult to heal wounds which are known to affect quality of life. Early referral and review by a specialist practitioner can allow timely treatment and improved treatment outcomes.

Physical, psychological, social impact

Lymphoedema may cause physical symptoms such as swelling, heaviness, discomfort, reduced function, impaired mobility, lymphorrhea (leaking) as well as cellulitis. It can also have a massive psychological impact, as it is a long-term condition that affects body image and inability to wear certain clothing and footwear, which can lead to depression, isolation, long term disability and increased difficulties continuing with, or obtaining work.

Rare complications

Rarely, it can cause angiosarcomas, the Stewart-Treves syndrome, an aggressive malignant tumour which requires amputation of the involved limb, and unfortunately carries a very poor prognosis. Other neoplasms identified in areas of chronic lymphoedema are squamous cell carcinoma, Kaposi sarcoma, B-cell lymphoma and malignant fibrous histiocytoma.

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.

Lead Specialist Nurse: Jenny Williamson

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

Internal Extension: 5122

Direct dial: 0151 482 7688

Email: wuth.lymphoedemateam@nhs.net

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/>

Pocket Medic for information and videos about lymphoedema

www.pocketmedic.org/lymph-patients/

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