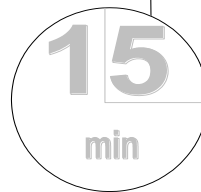


CLiP

15 minute Worksheet



Helping patients with symptoms other than pain

8: Lymphoedema

(We recommend that you complete worksheet 7: Oedema before this worksheet.)

Advanced level

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With thanks to Rosemary Brownlow for
proof reading

Aim of this worksheet

To review the features of lymphoedema and to consider how to help

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor. An interactive online version is also available on www.helpthehospices.org.uk/clip
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Use the activity on the back page and take this learning into your workplace.

Case study

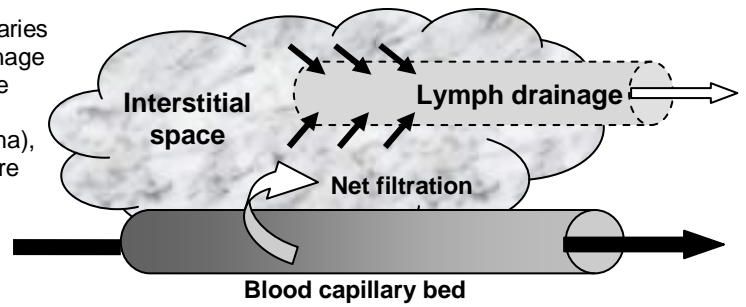
Mary is a 53 year old woman with cervical carcinoma. Treated with total abdominal hysterectomy, pelvic node dissection and adjuvant radiotherapy (node positive).

Approximately 6 months after treatment she noticed increasing swelling of her left leg coming on gradually over about 6 weeks.

v13

What is lymphoedema?

In normal conditions, there is a net filtration of fluid out of capillaries into the tissues. Some of the excess fluid is removed by a drainage system called the lymphatics. The build up of excess fluid in the tissues (oedema) occurs whenever the filtration rate exceeds lymphatic drainage. In Lymphoedema (a specific type of oedema), the build up of fluid (lymph) is because the lymphatic vessels are damaged, missing or working inefficiently.



See CLiP Worksheet on *Oedema* for a summary of the mechanisms and causes of oedema.

Causes of lymphoedema

Primary lymphoedema: Absent, insufficient or poorly functioning lymphatics. Many of these are inherited.

They are classified according to the age of onset of the swelling: Congenital (birth to 3 months), Praecox (3 months to 35 years) and Tarda (over 35 years). The Tarda type probably indicates a different underlying cause.

Secondary lymphoedema: Damaged or blocked lymphatics are the commonest cause of lymphoedema.

If any cause of oedema is present for long enough, the lymphatics become damaged leading to secondary lymphoedema. This will happen particularly if infection (cellulitis) has been a problem.

Other important causes are cancer (affecting lymph nodes and vessels), treatments e.g. surgery and radiotherapy, local trauma / tissue damage, venous problems, immobility and dependency.

Identifying lymphoedema

Clinical Features of Lymphoedema

- Gradual increase in size of limb
- Non pitting oedema in the later stages. (In early stages oedema may be softer and pit easily on digital pressure)
- Normal or paler skin colour
- Thickened skin / Deepened skin folds
- Positive stemmers sign (inability to pick a fold of tissue at the base of the 2nd toe)
- Mounds of swelling to dorsum feet/hands

In severe advancing stages

- Fibrosis (hardening and thickening of skin and subcutaneous tissues)
- Papillomatosis (cobblestone like projections representing dilated skin lymphatics surrounded by fibrosed tissue)
- Lymphangiectasia (also known as Lymphangiomas) (soft fluid filled projections caused by dilatation of lymphatic vessels)
- Lymphorrhoea (leakage of lymph through the skin)
- Hyperkeratosis (build up of horny scales of keratin on the surface of the skin)

Associated potential problems

- Lymphoedema can impair function and mobility
- Pain – “tightness” or “bursting” from tissue tension, “aching” from joint and muscle strain. Remember other causes of pain
- Increased risk of cellulitis (inflammation and infection involving the skin and subcutaneous tissues)
- Psychosocial problems e.g. altered body and sexual image, low mood and social isolation
- Difficulty in finding suitable clothing and footwear

Treating lymphoedema

Lymphoedema is a chronic condition that currently cannot be cured but can be controlled and improved with appropriate treatment. Management is aimed at reducing and controlling the lymphoedema and preventing associated complications. 2 phase approach to treatment. The intensive phase comprises skin care, Manual Lymphatic Drainage (MLD), Multi Layer Lymphoedema Bandaging (MLLB) and exercise. This treatment is therapist led and normally lasts for 2-4 weeks depending on the severity of the oedema. The long term management phase comprises of a daily regime of self care and comprises skin care, Simple Lymphatic Drainage (SLD), compression hosiery and specific exercises. The precise form of management is determined by the site, stage, severity and complexity of the lymphoedema as well as psychosocial factors. **A holistic multidisciplinary approach which includes the following four corner stones of treatment is considered the gold standard.**

- **Skincare** – Meticulous hygiene and daily application of non perfumed emollient to prevent or treat the skin changes that can occur with lymphoedema and to prevent potential complications such as cellulitis.
- **Lymphatic drainage**- aimed at stimulating lymph drainage and reducing congestion at the root of limb and trunk.
 - Manual lymphatic drainage (MLD). Can only be carried out by a trained therapist
 - Simple lymphatic drainage (SLD). A simplified form of massage which can be taught to patients and their carers.
- **Compression** – Encourages venous and lymphatic drainage by providing support to muscles. Compression can be either in the form of multi-layer lymphoedema bandaging(MLLB) or compression hosiery. It is important that the application of both is undertaken by a competent, trained practitioner.
- **Exercise** – Promotes lymphatic and venous drainage, improves and maintains range of movement and function. Patients should be advised to wear their compression hosiery or bandages when exercising.

Where to get advice and treatment

For moderate to severe lymphoedema, specialist clinics are now available in most areas in the UK. Many are attached to hospices, but others are based in NHS hospitals. Contact the British Lymphology Society for more information (see back page). Local palliative care teams often know the site of local lymphoedema clinics (see www.hospiceinformation.info for the location and contact numbers for all UK palliative care teams).

Reflect

Lymphatics are channels that drain fluid from tissues.
 Think about ways that lymphatics might not be able to do their job
 Remember that there may be other causes of oedema too. (See worksheet 7)

Choose

Ring the features which would help you make a clinical diagnosis of lymphoedema

- | | | |
|----------------------------|-------------------------|------------------------------------|
| Difficulty fitting clothes | Increase in limb volume | Thickened skin |
| Hard tissues | Anxiety | Infection |
| Joint stiffness | Deep skin folds | Difficulty pinching up a skin fold |

Choose

Ring the mechanisms by which these treatments help in the management of lymphoedema

Treatment	How might this help?		
Skin care	↓ skin changes ↑ venous drainage ↓ swelling/volume	Prevent infection ↑ lymphatic drainage	↓ lymphatic congestion Maintain function
Lymphatic Drainage Massage	↓ skin changes ↑ venous drainage ↓ swelling/volume	Prevent infection ↑ lymphatic drainage	↓ lymphatic congestion Maintain function
Compression bandaging / hosiery	↓ skin changes ↑ venous drainage ↓ swelling/volume	Prevent infection ↑ lymphatic drainage	↓ lymphatic congestion Maintain function
Exercise	↓ skin changes ↑ venous drainage ↓ swelling/volume	Prevent infection ↑ lymphatic drainage	↓ lymphatic congestion Maintain function

Reflect

Do you know where to get advice on lymphoedema?

FURTHER ACTIVITY: Lymphoedema

Find out where your nearest lymphoedema clinic is based.

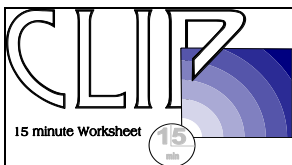
FURTHER READING: Lymphoedema

Journal articles

- Badger CM, Peacock JL, Mortimer PS. A randomized, controlled, parallel-group clinical trial comparing multilayer bandaging followed by hosiery versus hosiery alone in the treatment of patients with lymphedema of the limb. *Cancer*. 2000; 88(12):2832-7.
- Board J, Harlow W. Lymphoedema 1: components and function of the lymphatic system. *British Journal of Nursing*. 2002; 11(5): 304-9.
- Board J, Harlow W. Lymphoedema 2: classification, signs, symptoms and diagnosis. *British Journal of Nursing*. 2002; 11(6): 389.
- Board J, Harlow W. Lymphoedema 3: the available treatments for lymphoedema. *British Journal of Nursing*. 2002; 11(7): 438-50.
- Heiney SP, McWayne J, Cunningham JE, Hazlett LJ, Parrish RS, Bryant LH, Vitoc C, Jansen K. Quality of life and lymphedema following breast cancer. *Lymphology*. 2007; 40(4): 177-84. (OS-122)
- Lee B. et al. International Union of Phlebology. Diagnosis and treatment of primary lymphedema. Consensus document of the International Union of Phlebology (IUP)-2009. *International Angiology*. 2010; 29(5): 454-70.
- Leung AK, Robson WL. Oedema in childhood. *Journal of the Royal Society of Health*. 2000; 120(4): 212-9.
- Moffat CJ, Franks PJ, Doherty DC, Williams AFW, Badger C, Jeffs E, Bosanquet N & Mortimer P. 2003; Lymphoedema: an underestimated health problem. *QJ Medicine* 96(10) p731-8
- Mortimer PS. Swollen lower limb-2: lymphoedema. *British Medical Journal*. 2000; 320(7248): 1527-9.
- Mulvenna P, Gillham L, Regnard CFB. Lymphangiosarcoma- experience in a lymphoedema clinic. *Palliative Medicine*, 1995; 9: 55-59.
- Regnard C, Allport S, Stephenson L. ABC of palliative care. Mouth care, skin care, and lymphoedema. *British Medical Journal*. 1997; 315(7114): 1002-5.
- Sitzia J, Harlow W. Lymphoedema 4: research priorities in lymphoedema care. *British Journal of Nursing*. 2002; 11(8): 531-41.
- Sitzia J, Woods M, Hine P, Williams A, Eaton K, Green G. Characteristics of new referrals to twenty-seven lymphoedema treatment units. *European Journal of Cancer Care*. 1998; 7(4): 255-62.
- Stanton AW, Levick JR, Mortimer PS. Current puzzles presented by postmastectomy oedema (breast cancer related lymphoedema). *Vascular Medicine*. 1996; 1(3): 213-25.
- Topham EJ, Mortimer PS. Chronic lower limb oedema. *Clinical Medicine*. 2002; 2(1):28-31.
- Warren AG, Brorson H, Borud LJ, Slavin SA. Lymphedema: a comprehensive review. *Annals of Plastic Surgery*. 2007; 59(4): 464-72
- Williams A. Lymphoedema. *Professional Nurse*. 1997; 12(9): 645-8.
- Williams A, Venables J. Skin care in patients with uncomplicated lymphoedema. *Journal of Wound Care*. 1996; 5(5): 223-6.
- Williams A, Voolgama A, Franks P.J., Mortimer PS A Randomized Controlled Crossover Study of Manual Lymphatic Drainage Therapy in Women with breast cancer related lymphoedema. *European Journal of Cancer Care* 11, 254 - 261
- Woo PC, Lum PN, Wong SS, Cheng VC, Yuen KY. Cellulitis complicating lymphoedema. *European Journal of Clinical Microbiology & Infectious Diseases*. 2000; 19(4): 294-7.

Resource books and websites

- A Guide to Symptom Relief in Palliative Care*, 6th ed. Regnard C, Dean M. Oxford: Radcliffe Medical Press, 2010
- Oxford Textbook of Palliative Medicine* 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Prtenoy RK. eds. Oxford : Oxford University Press, 2010.
- PCF3- Palliative Care Formulary*, 3rd ed. Twycross RG, Wilcock A. Oxford: Radcliffe Press, 2008. Also on www.palliatiivedrugs.com
- Twycross, R, Jenks, K, Todd, J (eds). Lymphoedema. Radcliffe Medical Press. Oxford, 2000
- Lymphoedema Framework. Best practice for the management of Lymphoedema. International consensus. London: MEP Ltd, 2006.
- Symptom Management in Advanced Cancer*, 4th edition.. Twycross RG, Wilcock A, Stark Toller C. Oxford: Radcliffe Press, 2009
- British Lymphology Society. <http://www.thebls.com>



Current Learning in Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Shared decision making
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on
www.helptheospices.org.uk/clip