



St Oswald's Hospice Lymphoedema and Lipoedema Referral Form

Referral Date: NHS No:	Person Taking referral:
Name: Mr Mrs Miss Address: Postcode: Tel No. D.O.B.	Referrer: Contact Details: GP (if different from above) Address: Tel No:
Living Details (ring) Alone spouse son Daughter friend other relative dep children	Professional Support Name Place Type: Con McM DN
Site of Swelling	
Cancer related swelling: Yes/No Diagnosis: Is the disease active <input type="checkbox"/> or inactive <input type="checkbox"/> Current Treatment:	Non Cancer related swelling: Yes/No Diagnosis/ significant triggers
Details of onset – if sudden onset, see overleaf History of cellulitis – If any Has any other treatment been offered in the past e.g. skincare, compression, exercise, simple lymphatic drainage, surgery, medication etc. If so with what effect? Was patient able to concord?	
Relevant medical problems: please comment Venous disease/thrombosis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Lung Failure <input type="checkbox"/> Renal disease <input type="checkbox"/> Endocrine Disorders <input type="checkbox"/> Vascular disease <input type="checkbox"/> Neurological disorders <input type="checkbox"/> Chronic skin disorders <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Pain <input type="checkbox"/> Immobility <input type="checkbox"/> Obesity <input type="checkbox"/>	Medication: Allergies
Any other relevant medical/social history? Are there any factors that could have implications on the oedema management? Please see overleaf.	



Referral Criteria For Lymphoedema and Lipoedema Service

Lymphoedema is a chronic swelling due to a failure of the lymphatic system. It can affect any part of the body and is classified as either Primary Lymphoedema, where there is a congenital lymphatic abnormality or Secondary Lymphoedema, where the lymphatic system is damaged by an extrinsic process such as trauma, disease or infection.

Lipoedema is a chronic incurable condition involving a pathological build-up of adipose tissue (Allen & Hines, 1940). It typically affects the thighs, buttocks and lower legs, and sometimes the arms, and may, although not always, cause considerable tissue enlargement, swelling and pain. It may significantly impair mobility, ability to perform activities of daily living, and psychosocial wellbeing.

Lymphoedema and lipoedema are often coexistent.

Risk factors for the development of lymphoedema:

- Genetic predisposition/ family history of chronic swelling
- Malignancy +/- radiotherapy or surgery in the lymph node area
- Chronic venous insufficiency
- Limited mobility or reduced limb function
- Trauma to lymph nodes/ pathways
- Chronic skin disorders
- Recurrent soft tissue infections in the same site such as cellulitis and chronic inflammatory changes
- Vascular or vein grafting surgery
- Lymphadenopathy
- Obesity or morbid obesity
- Filariasis

Consider:

- If onset of swelling is sudden, exclude presence of thrombosis or recurrent/advancing disease and initiate appropriate action.
- Patients diagnosed with thrombosis will be assessed and management modified as appropriate based on assessment.
- Patients who currently have an acute cellulitis. Please refer to www.thebls.com/documents-library/hcp-postcards
- Presence of arterial disease. If known or suspected, please refer to vascular specialist for further advice and/or consent regarding future lymphoedema management.

Contraindications:

- Recent surgery and resulting oedema. This can last up to 8 weeks. Monitor as may resolve spontaneously.
- ABPI < 0.6(consider referral for vascular assessment).
- Unstable cardiac/renal failure.

Pathway for patients referral

- Palliative patients will be seen within 2 - 4 weeks and will be given priority.
- Patients who have complex Lymphoedema may need an extended course of intensive decongestive lymphatic treatment. This may include multilayer lymphoedema bandaging (MLLB), skin care, simple lymphatic drainage and movement and exercise on a daily basis. Extended courses of treatment will be shared between the community nursing team and specialist lymphoedema services. All referrals should be discussed with the patient to ensure they understand the reason for referral.

Please email this form to necne.referrals@nhs.net

For any enquiries please contact 0191 246 9050/285 0063