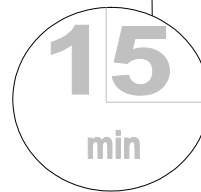


CLIP

15 minute Worksheet



Helping patients with symptoms other than pain

8: Lymphoedema

Advanced level

Produced by
**Coleman Education
 Centre**
St. Oswald's Hospice
 Regent Avenue
 Gosforth
 Newcastle-upon-Tyne
 NE3 1EE

Tel: 0191 285 0063
 Fax: 0191 284 8004

This version written and edited by:
Claud Regnard
 Consultant in Palliative Medicine
 St. Oswald's Hospice, Newcastle
 Hospitals NHS Trust and
 Northgate&Prudhoe NHS Trust

Andrew Hughes,
 Consultant in Palliative Medicine,
 St. Oswald's Hospice and Gateshead
 NHS Trust

Aim of this worksheet

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

How to use this worksheet

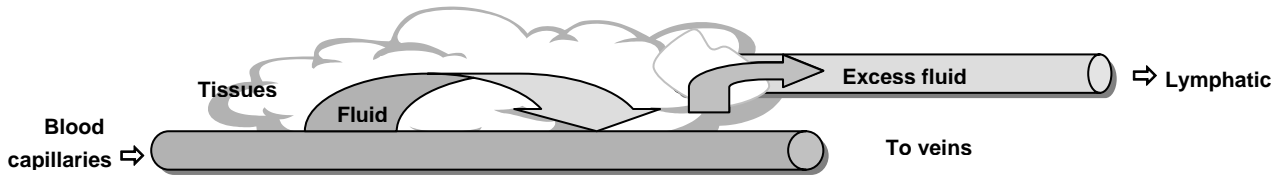
- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Take this learning into your workplace using the activity on the back page.

Case study

John is a 54 year old man who had surgery for a carcinoma of the colon. Despite liver metastases he has been managing well. Two months ago he had a venous thrombosis which caused some swelling in his left leg. The thrombosis was successfully treated but the leg is still swollen and hard and occasionally becomes red and painful. It is preventing him from going out because walking is difficult due to stiffness and he cannot fit a shoe on the left foot.

What is lymphoedema?

It is normal for fluid to leak from the blood capillaries into the tissues. Most of this fluid returns to the capillaries, but the excess is taken away by drainage channels called the lymphatics. The fluid in the lymphatics is called lymph. Lymphoedema is swelling, usually of a leg or arm, caused by the build up of lymph in the tissues because of lymphatics that are damaged, missing or working inefficiently.



Lymphoedema is part of a range of causes of oedema.

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

If other causes of oedema are present for long enough the lymphatics become damaged and lymph builds up in the tissues causing lymphoedema.

Causes of lymphoedema

Damaged or blocked lymphatics: It is the commonest cause. It may be due to any cause of long-term oedema, especially if infection occurs. Other causes are surgery, radiotherapy, cancer and local injury.

Absent, insufficient or poorly functioning lymphatics: If the lymphatics are severely affected the lymphoedema may occur in a baby, but if it is mild there may never be much swelling. This type of lymphoedema is probably inherited.

Identifying lymphoedema

Underlined> features are specific for lymphoedema

Physical problems

Weight of limb, loss of function, difficulty fitting garments, joint and muscle strain, recurrent local infection, reduced venous drainage, lymphangiosarcoma (rare).

Symptoms

Swelling, joint stiffness, reduced function. Lymphoedema itself is not painful, but may cause pain because of infection or the weight of a limb.

Psychosocial problems

Altered body and sexual image, increased anxiety and depression, reduced adjustment to illness, reduced social contacts. In cancer: fear of recurrence or reminder of the disease

Signs

Cool and pale skin, increased volume, hardness, deep skin folds, thickened skin (hyperkeratosis), inability to pinch up a skin fold over the 2nd toe (Stemmer's sign), leakage of lymph through the skin (lymphorrhoea).

Treating lymphoedema

Lymphoedema is a progressive condition that does not resolve by itself, produces physical and psychosocial morbidity and becomes more difficult to treat the longer it is left untreated. Treatment is therefore important.

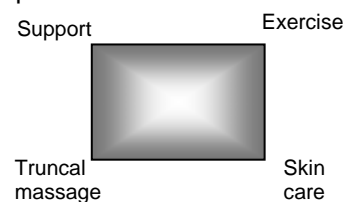
The key to treatment is a patient-centred, not a therapist-centred approach. There are four cornerstone treatments:

Support: this limits the reaccumulation of fluid and provides resistance to muscle contraction. The bandaging or hosiery must be graduated, high pressure, well fitting and comfortable.

Exercise and movement: this stimulates lymphatic drainage and should be part of normal activity, gentle, done whilst wearing support and active (rather than just passive movement)

Truncal massage: this stimulates lymphatic drainage and encourages removal of large molecules such as protein in the lymph. It needs to be started at a site furthest away from the oedema. Firm, gentle, stroking movements are used on bare, dry skin (no talc or oil). The patient can do this by hand or with an electrical massager. Specialist massage (Manual Lymph Drainage- MLD) is helpful in severe lymphoedema.

Skin care: this prevents infection, and keeps skin supple and healthy. Usually moisturising oil or cream is rubbed into the skin every day. Any infection needs to be treated promptly.



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

Write

Ring the features which separate lymphoedema from other causes of oedema

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

Reflect

Think about ways you know of using the following treatments for lymphoedema

Treatment	How could this be done?
Support to the tissues	
Exercise	
Massage	
Skin care	

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.
- Bernas MJ. Witte CL. Witte MH. International Society of Lymphology Executive Committee. The diagnosis and treatment of peripheral lymphedema: draft revision of the 1995 Consensus Document of the International Society of Lymphology Executive Committee for discussion at the September 3-7, 2001, XVIII International Congress of Lymphology in Genoa, Italy. *Lymphology*. 2001; 34(2): 84-91.
- 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.
- Hofman D. Oedema and the management of venous ulcers. *Journal of Wound Care*. 1998; 7(7): 345-8.
- Jeffs E. Management of chronic oedema. *Journal of Wound Care*. 1998; 7(9 Suppl): 1-4.
- Leung AK. Robson WL. Oedema in childhood. *Journal of the Royal Society of Health*. 2000; 120(4): 212-9.
- MacLaren JA. Lymphoedema. *Professional Nurse*. 2001; 17(2): 93-4.
- Mason M. Bandaging and subsequent elastic hosiery is more effective than elastic hosiery alone in reducing lymphoedema. *Australian Journal of Physiotherapy*. 2001; 47(2): 153.
- Mortimer PS. Swollen lower limb-2: lymphoedema. *British Medical Journal*. 2000; 320(7248): 1527-9.
- Mortimer PS. The pathophysiology of lymphedema. *Cancer*. 1998; 83(12 Suppl American): 2798-802.
- 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.
- 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.
- 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

- Lymphoedema. Jenks K, Todd J, Twycross RG. Abingdon : Radcliffe Medical Press. 2000. 377p, ISBN 1857753771.
- Lymphoedema: advice for patients. Regnard C, Badger C, Mortimer P. Beaconsfield: Beaconsfield Publishers, 1994.
- A Guide to Symptom Relief in Palliative Care*, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004
- Oxford Textbook of Palliative Medicine* 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.
- PCF2- Palliative Care Formulary*, 2nd ed. Twycross RG, Wilcock A, Charlesworth S. Abingdon: Radcliffe Medical Press, 2003.
- Also on www.palliativedrugs.com
- Symptom Management in Advanced Cancer*, 3rd edition. 2001. Twycross RG, Wilcock A. Abingdon: Radcliffe Medical Press.
- British Lymphology Society. www.lymphoedema.org/bls

CLIP

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

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

© 2004

Helping the Patient with Advanced Disease: a Workbook. Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com