BRITISH LYMPHOLOGY SOCIETY

www.thebls.com

LSN THE LYMPHOEDEMA SUPPORT NETWORK
because lymphoedema matters

www.lymphoedema.org

Lymphoedema Awareness, 'Sock It' Campaign - Information for Health Care Professionals

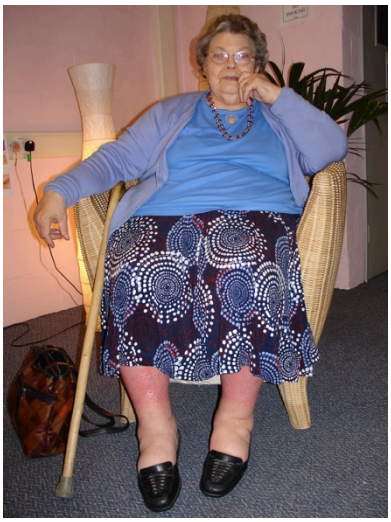
What is lymphoedema/chronic oedema?
Lymphoedema is due to failure or incompetence of the lymphatic system, resulting in swelling, skin and tissue changes and predisposition to infection. It most commonly affects the lower or upper limbs, but may also affect other areas including the head and neck, trunk, breast or genitalia. Chronic oedema is often used interchangeably with the term 'Lymphoedema'. It is important to note that ALL chronic oedema is, in part, a failure of lymphatic drainage.

There are over 200,000 individuals living with the condition in the UK, although many go undiagnosed for years. Failure to recognise and treat this progressive condition early makes it more complex and costly to manage and increases the likelihood of harm through complications, reduced mobility and physical and emotional distress.

Primary Lymphoedema – Is an intrinsic genetic abnormality of the lymphatic system that may be inherited.

Secondary Lymphoedema – Is where lymphatic failure is a result of damage to an otherwise normal lymphatic system. Causative factors include venous insufficiency/hypertension, immobility, obesity, cancers and their treatments, trauma/injury/surgery or wounds, especially if healing is delayed.

Has my patient got lymphoedema?
When lymphoedema initially develops, the swelling is usually soft and easy to 'pit'. However, over time, the subcutaneous tissues become firmer due to the deposition of fat and fibrosis and the swelling is less easy to 'pit'. Assessment considerations should include duration, site, pain (often described as a tightness, heaviness), comorbidities, temporal variation, family history and examination and exclusion of more generalised causes of oedema, e.g. heart failure, liver disease, renal disease. Some drugs may cause peripheral oedema or exacerbate existing chronic oedema. These include calcium channel antagonists; corticosteroids; nonsteroidal anti-inflammatories (NSAIDs); alpha-blockers and sex hormones.



What can I do to help my patient?
Once an assessment has been carried out and a diagnosis of lymphoedema/chronic oedema has been made the patient should be referred for specialist treatment as soon as possible to prevent further complications such as skin damage, lymphorrhoea (skin leakage) and cellulitis. To find out where your local specialist is, contact the LSN or visit the BLS website.

What are the treatments?
Skin care – daily inspection, washing and moisturising of the skin; Exercise and maintenance of mobility; Compression garments/multi-layer lymphoedema bandaging – to reduce overall swelling, improve shape and help prevent further build-up of fluid and Simple/Manual Lymphatic Drainage – massage techniques aimed at moving fluid out of the affected area; Healthy weight.

- **Further information including the Consensus Document on Cellulitis can be found on both the LSN and BLS websites.**
- **As a Health Care Professional you can become a 'friend" or member' of the BLS and access resources.**
- **Encourage your patients to join the LSN**
- **Please wear odd socks between the 4-10th March 2018 and upload your pictures to social media to help us raise #LymphoedemaAwareness and help us #Sockit to Lymphoedema!**
- **To donate go to www.lymphoedema.org or text LSNS18 followed by your donation amount to 70070**