

# Lymphoedema – a gap in local services

Angela Wilson, Leg Ulcer Specialist Nurse, East Lincolnshire Primary Care Trust, Spalding, Lincolnshire.

## Introduction

I joined the Tissue Viability Department as Leg Ulcer Specialist Nurse for East Lincolnshire PCT in January 2006. Part of the role is to further assess leg ulcer patients for district nurses, practice nurses, residential and nursing homes. A large number of the referrals are for advice regarding patients with uncontrolled bilateral leg oedema or 'leaky legs' with an increasing number presenting with chronic lymphoedema or lymphovenous problems. (Green and Mason 2006. A large number of community referrals)

## Background to the problem

Currently In Lincolnshire we do not have a Lymphoedema Service or Clinical Nurse Specialist and have to refer patients to services at Derby Royal Infirmary or Peterborough Edith Cavell. This has meant long distance travel for patients, elongated waiting lists for appointments and little local support for nurses or GPs. The lack of provision has been recognised, and there is a Countywide Lymphoedema Steering Group. Nurses have had little or no training to help them identify problems or, the knowledge to treat lymphoedema. Those nurses who have attended the Nottingham University accredited leg ulcer or tissue viability course, will have had a lecture on lymphoedema from the Sheffield and Nottingham tissue viability nurses.

## Management in the community

Patients have either had no treatment as nurses are worried about applying bandages, or lymphorrhoea has been inappropriately maintained with four layer bandaging as leg ulcer management (Williams A, 2003). Hyperkeratosis and papillomaosis have developed through disease progression (Board, Harlow 2002) For some, their condition has deteriorated and become more difficult to manage, this often results in patients becoming more immobile and depressed (Board, Harlow 2002). There is also the school of thought among doctors and nurses that the condition is not curable and there is nothing that can be done for these patients, (Doherty D 2006) and for many there is not even an official diagnosis. As a practitioner, my knowledge of lymphoedema was quite general, with an awareness of the treatments required, and this has meant embarking on a steep learning curve. It is now well recognised that the best practice for the management of this condition is the use of inelastic compression bandaging (Földi, Jünger and Partsch, 2005).

As a tissue viability team we are currently trying to address these problems. Those patients who are referred to the service are being placed on a lymphoedema register. We are also working closely with the company who supplies the bandages and they have been supporting us with regards to the use and application of short stretch bandages and also measuring for ActiLymph® hosiery, which is now available on FP10 making this treatment more accessible in the community.

## Development of a service

Tissue viability department referrals are received from district nurses, practice nurses and nursing home staff for patients with non-healing wounds; that are usually static or deteriorating. The form consists of a wound assessment, details of the problem and the wound type. We then contact the person who referred the patient to arrange a joint visit, and to clarify details, which often do not state lymphoedema.

The patient is then seen for assessment and this is where we have found that some have lymphoedema or lymphovenous problems rather than oedema. A full wound and leg ulcer assessment is carried out and where possible we obtain an ABPI



Photos above reproduced by kind permission of Wendy Mason



and/or arterial toe pressure with wave sound analysis to establish whether there is possible arterial insufficiency. If the patient has lymph problems and has not already been seen by a lymphoedema clinical nurse specialist, a referral is offered and a copy of the letter is sent to the GP. The patient and nurses are given an overview of the problem and advice regarding skin care, within my sphere of knowledge. If appropriate and the bandages are available at that time, the nurse is shown how to apply them appropriately. Presently East Lincs PCT formulary uses Actico® short stretch bandages, with the appropriate company-assisted training for the nurses to ensure that measuring and application are correct. The nurses follow treatment regimes advised by the clinical nurse specialists, with follow-up reassessment visits by the tissue viability department if necessary, and the patient is added to the register.

## Results

As this project is in the early stages and is an ongoing process, measuring outcomes this early is difficult. However, patient care is improving as people are being referred to the appropriate clinicians, and there is a greater understanding among nurses and patients. There is also more integration between the services; people are working together to provide care for this debilitating problem. Gradual awareness of the problem is coming to the forefront and a small number of referrals have come through as information is being disseminated within the Trust. Several sites within the Trust evaluate new products and technologies that may improve patient care, and this is already proving successful in implementing change.

## Discussion

The tissue viability department are embracing change to address the needs of patients with lymphoedema and lymphovenous problems by obtaining a more accurate diagnosis and access to the appropriate treatment. This has been achieved by working with members of industry and other organisations to improve the knowledge and skills within the service. However, there is a continued need to provide training programmes for nurses to give them the knowledge to fulfil treatment regimes with regards to massage for manual lymph drainage and bandaging.

## Conclusion

Although these measures are presently only scratching the surface, they have helped to give nurses the confidence to follow through with the treatment advised by the Lymphoedema Clinical Nurse Specialists. The need for a Lymphoedema Service in Lincolnshire has already been highlighted, with the formation of the Lymphoedema Steering Group.

## References

- Board J, Harlow W (2002) Lymphoedema2: classification, signs, symptoms and diagnosis. BJN; Vol.11, No.6: 389-95
- Doherty D (2006) Lymphoedema diagnosis and management. Wound Essentials Vol.1: 156-162
- Földi E, Jünger M and Partsch H (2005), The science of lymphoedema bandaging. Lymphoedema bandaging in practice, EWMA focus document 2005.
- Green T, Mason W (2006), Chronic oedemas: identification and referral pathways. The lymphoedema supplement, BJCN, April 2006: S8-S16.
- Williams A (2003) The management of lymphoedema of the lower limbs. JCN, Vol.17; Iss.8: 34-44