

Lymphoedema Management



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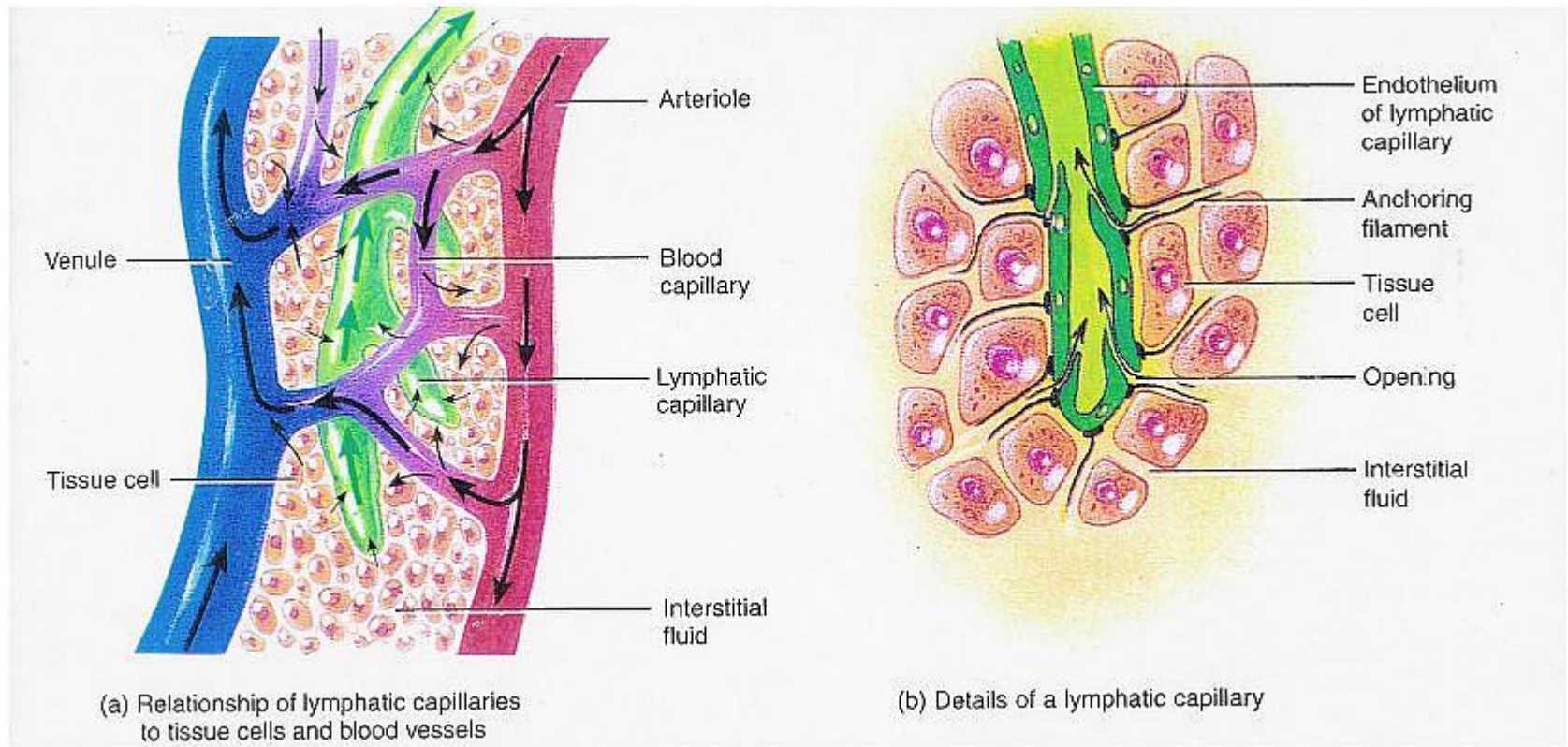


“Lymphoedema is a chronic and persistent swelling which is caused by failure of the lymphatic system itself” International Lymphoedema Framework

- ▶ **Dynamic oedemas** – imbalance of fluid load (kidney disease or heart failure)
- ▶ **Long standing oedemas** – damage to the lymphatic system
- ▶ **Chronic oedema** – any oedema present for longer than 3 months
- ▶ **Lymphatic element to all oedemas**
- ▶ **Lymphoedema is irreversible**
- ▶ **Initially free fluid – fibrosis follows, then fatty deposition**

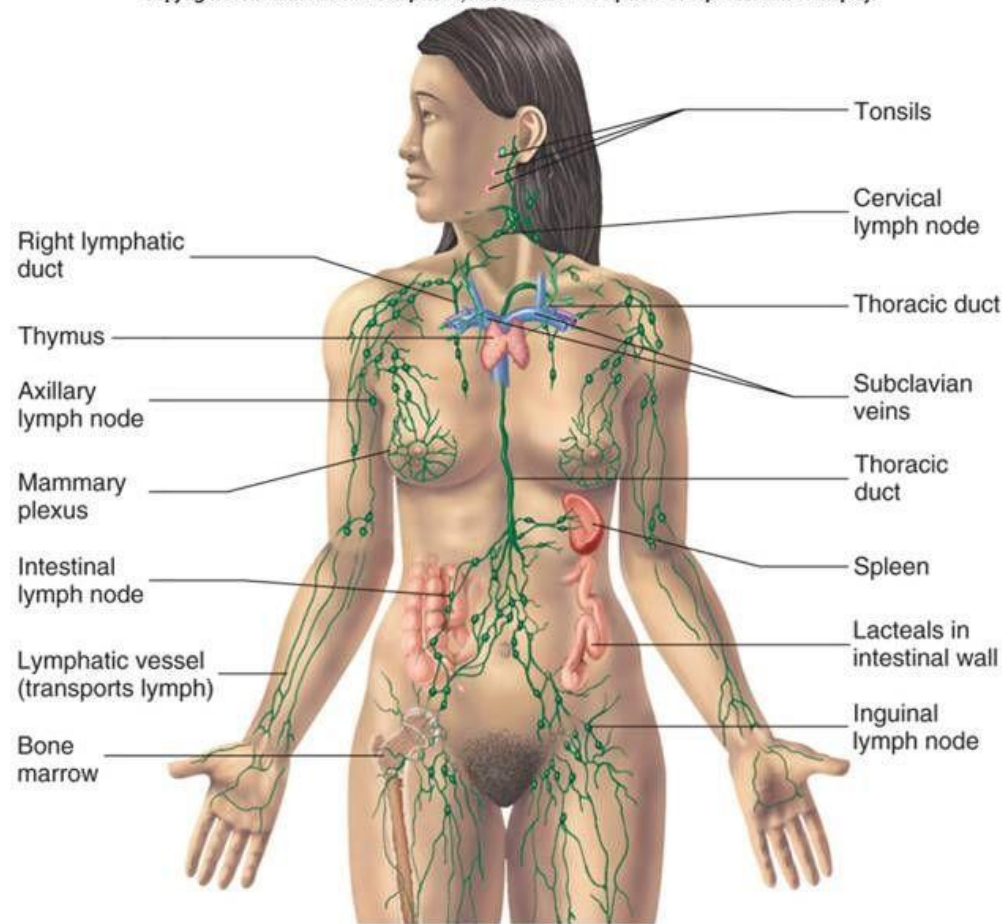


Initial lymphatics



Lymphatic pathways

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Lymphoedema

Primary (idiopathic)



Familial Milroys

Lymphoedema distichiasis
syndrome

Presents at any age



Secondary Lymphoedema



First World

- ▶ Surgery and radiotherapy for the treatment of breast cancer – any time
- ▶ 12 to 40% will develop swelling but all patients who have had nodal clearance remain at risk



Third World



Terence J Ryan, ALA Conference, Darwin 2016

- ▶ Filariasis
- ▶ 17 million cases in India alone!



Lymphoedema

- ▶ Distressing, debilitating, chronic and incurable
- ▶ Causes physical and psychological problems
- ▶ Requires lifelong management
- ▶ Identifying those at risk is essential – not doing so, can be devastating for patients
- ▶ Early intervention maximises efficacy of treatment



Palliative care setting

- ▶ Educating
- ▶ Empowering
- ▶ Holistic patient-centred approach
- ▶ 4th most common symptom in palliative care
- ▶ Early referral
- ▶ Set realistic goals
- ▶ Can be distressing and add to the work load
- ▶ Skin care, movement and support.



Causes of swelling



- ▶ Reduced mobility
- ▶ Lower limb dependency
- ▶ Venous and lymphatic obstruction
- ▶ Disease modifying treatments (steroids and NSAIDs)
- ▶ Co-morbidities liver, cardiac and renal failure
- ▶ Physical pressure



Traditional cornerstones of treatment

- ▶ Education
- ▶ Skin care
- ▶ Exercise
- ▶ Massage–manual lymphatic drainage (MLD)
- ▶ Compression therapy



Skin care



Epidermis breakdown
initiates repair process
which will overload the
already compromised
lymphatic system

Moisturise and protect

Terence J Ryan

Jenny Collett



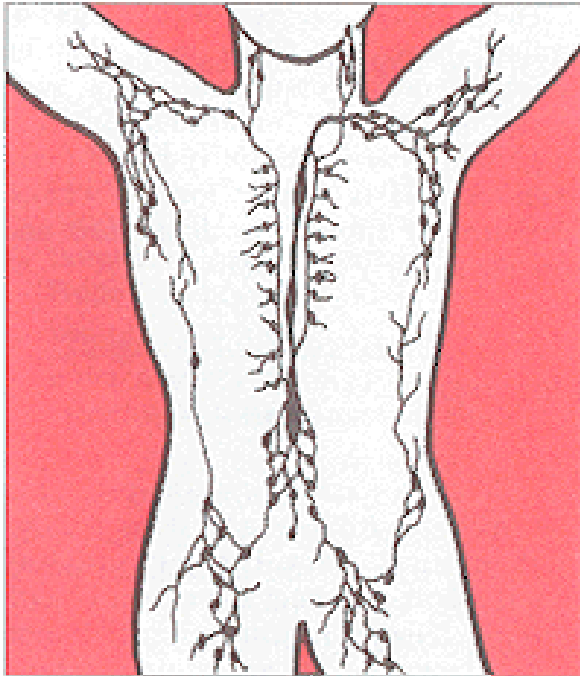
Exercise



- ▶ Stimulates uptake by initial lymphatics
- ▶ Muscle contraction stimulates venous & lymphatic pump
- ▶ Prevents further stiffness and immobility
- ▶ Diaphragmatic breathing
- ▶ Assisted exercise if needed
- ▶ Positioning and elevation



MLD and SLD



- ▶ Move fluid from congested area
- ▶ Teach patient, family and carers
- ▶ Opportunity for physical closeness
- ▶ Empowerment
- ▶ Can be helpful for pain relief

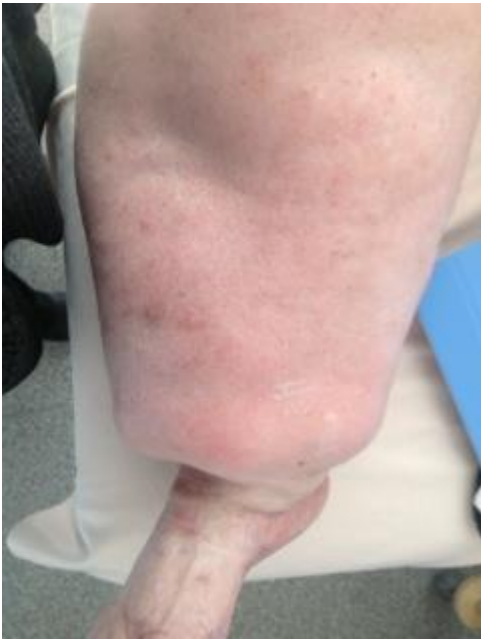


Compression

- ▶ Effects on micro circulation – increases capillary density + blood flow to skin
- ▶ Reduces diameter of veins – reduces inflammatory cytokines
- ▶ Improves calf pump
- ▶ Improves lymphatic return– reduces filtration and enhances re-absorption
- ▶ Reduces capillary filtration
- ▶ Reduces pain
- ▶ Maintains function and mobility
- ▶ Has a massaging effect
- ▶ Improves shape
- ▶ Improves skin quality



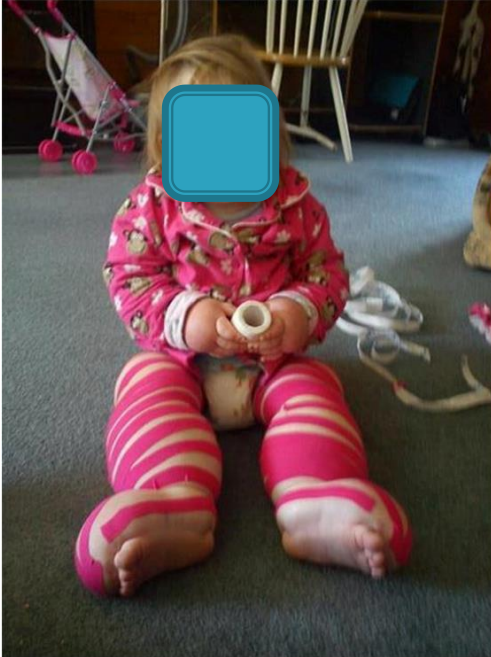
Multilayer bandaging



Successful compression



Kinesio/Wraps/Mobiderm



Lymphorrhoea



- ▶ Spontaneous leaking
- ▶ Distressing
- ▶ Can be reversed by bandaging
- ▶ Barrier cream to prevent maceration
- ▶ Good absorbent padding
- ▶ May modify bandaging



Subcutaneous Needle Drainage



- ▶ “Procedure of last resort: subcutaneous needle drainage for lymphoedema in patients with advanced malignancy”

Amanda Landers,
Canterbury District
Health Board/Nurse
Maude



Christine Moffatt

University of Nottingham

- ▶ LIMPRINT – size and impact of chronic oedema in health services
- ▶ Increasing age, co-morbidities, obesity, cancer survival rates, and decreasing mobility
- ▶ Cellulitis 3rd most costly condition in health care!



Christine's key points on compression



- ▶ Use for treatment of all ulcers
- ▶ Stiffness of bandage NB
- ▶ Bandage as firm as comfortable for patient
- ▶ Chronic oedema + hypertension worsens arterial disease
- ▶ Doppler levels too conservative? Don't compress critical ischaemia



Prof Terrance Ryan

Emeritus Professor of Dermatology Oxford University and Brookes University

- ▶ “A well functioning dermis is the conductor of everything...it is a barrier, thermoregulator, sensory system and communicator. If it breaks down the underlying area goes into repair mode, releasing growth factors and neutrophils which are very destructive...they use more oxygen, increase permeability and delay healing. Inflammatory markers can be switched on by water loss in the skin and so his first commandment is **moisturise the whole leg**, even if only treating a small wound.”



Conclusion

- ▶ Lymphoedema is a life-long condition severely impacting QOL

Thank you for helping reduce the impact by

- ▶ Understanding the condition
- ▶ Early recognition and referral

Information sessions at Addis House

Support groups in Palmerston North and Levin

