Lymphoedema: Not just ‘swell’ care
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What is Lymphoedema?
Lymphoedema is a chronic inflammatory disease where lymphatic load is greater than transport capacity. In addition to skin changes, immunity is reduced in the affected area. Lymphoedema can be idiopathic (primary) or due to a ‘trigger’ which damages the function of the lymphatic system (secondary). Within Australia, the most likely cause is due to cancer treatment, especially after lymph node surgery and/or radiation therapy.

Cellulitis
There is a strong relationship between cellulitis and oedema. A greater problem can arise in the lower limbs where leg oedema may remain unresolved and a series of recurrent episodes of cellulitis ensue.

Within Australia, admissions for patients with cellulitis have reached over 40,000 episodes per year. The average cost per patient separation for cellulitis is between $3,260 and $4,546.

If oedema, regardless of the cause, is allowed to develop and remain unresolved, it can lead to an inflammatory response and skin changes which, if left untreated, will ultimately lead to chronic oedema.

Reducing Oedema after Lower Leg Cellulitis - a pilot study

Table 1: Oedema pre intervention

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<tr>
<th>Affected Leg</th>
<th>Unaffected Leg</th>
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<tr>
<td>n=20 (%)</td>
<td>n=20 (%)</td>
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<td>20 (100)</td>
<td>15 (75)</td>
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Table 1. A randomised control pilot study aimed at investigating the effects of skin care and gentle exercise on post cellulitis oedema discovered unreported oedema on the non-cellulitis leg in 75% of participants.

Table 2. No statistically significant differences were found between the control and intervention groups’ circumferential leg measurements. A trend was detected with the median decrease in circumferential limb measurements for the intervention group being -4.7cm (25th - 75th IQR, -7.9cm - +3.7cm) compared to the control group median of -2.1cm (25th - 75th IQR, -3.5cm - +1.7cm).

The Eastern Health Service
The Lymphoedema service has adopted a ‘hub and spoke’ model or care. The Yarra Ranges Health clinic is the hub of the service where specialist interdisciplin ary assessment is offered.

Lymphoedema therapists with nursing, and physiotherapy backgrounds, a social worker and doctor work in collaboration with the client who is encouraged to be ‘in charge’ of their own healthcare.

The social worker provides clients with the knowledge that their emotional and psychological health is also important when managing a chronic condition.

The amount of interventions provided is dictated by the patient’s ability or desire to engage in management.

Community health funded satellite clinics provide follow up care as the spokes of the service. Monthly education sessions are held for clients, families and health professionals to learn more about lymphoedema and its management.

Since its establishment in 2010
The clinic has treated lymphoedema post cancer therapy in addition to chronic oedema resulting from recurrent cellulitis, venous leg disease, obesity and dependency. There is an average of 15 new referrals per month (2014).

Clients have reported improved quality of life and increased empowerment to manage this chronic condition.

The Take Home Message is…
no matter the cause of peripheral oedema, any improvement to lymphatic drainage and lymph transport will be beneficial to ALL aspects of client care!

References

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