

Oedema is a term for soft tissue swelling, which can be caused by a number of issues. Most cases are medically treated oedema relating to cardiac, kidney or liver disease. However, there are many people living with chronic oedema relating to venous disease (e.g. varicose veins, venous leg ulcers, post deep vein thrombosis), or lymphoedema (impaired lymphatic system). In both of these cases, medicines will not help and a conservative course of treatment to correct the congestion under the skin should begin. This course includes using the correct type of compression for limb shape, skincare, movement, exercise and diet, as well as elevation of the limb at rest. Chronic oedema/lymphoedema doesn't always cause pain but can often impact the quality of life of those living with it. Treatment should be focussed on the individual, and starting compression therapy as early as possible will bring long-term benefits. The terms 'chronic oedema' and 'lymphoedema' are often used interchangeably, yet it is important to diagnose the cause of the oedema to ensure the correct treatment is commenced. This pathway focuses on the management of both these types of oedema.



### ASSESSMENT

#### Questions to ask to assess the behaviour of the swelling:

- Does the swelling change throughout the day? Is the swelling absent when getting out of bed in the morning but gets worse as the day progresses?
- Does the swelling get worse if standing or sitting still for long periods of time?
- Is the swelling present from morning to night and is it firm to touch?
- Are there obvious signs of varicose veins under the skin?
- Does the person have a history of trauma near the swelling site?
- Does the person have a history of surgery or other interventions to lymph nodes in their groin or armpit?

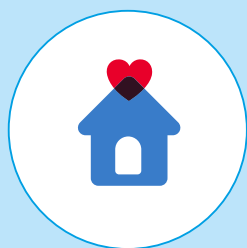
#### Skin symptoms such as those below can indicate the presence of chronic oedema/lymphoedema:

- Skin folds and creases, causing a distortion to the usual leg shape
- Fibrosis or firmness of the skin when pushing a thumb into it
- Recurrent infection (BLS, 2016)
- Lymphorrhoea (leaky, wet legs with no definite ulceration)
- Maceration of skin due to lymphorrhoea (Beldon, 2012).

#### Physical assessment of the limb should also be carried out to review:

- Skin
  - Is it dry, moist or wet due to lymphorrhoea?
  - Are there signs of infection or inflammation? (Note that infection will make the patient feel systemically unwell and affect only one leg, whereas inflammation will be present on both)
  - Is the skin warm or hot?
  - Is there evidence of a fungal infection between the toes or skin folds?
  - Are there signs of injury or ulceration?
- Toenails
  - Are the nails healthy or dry and cracked?
  - Are the nails ingrowing?
  - Is there any evidence of a fungal infection?
- Size of limb
  - Is the chronic oedema unilateral or bilateral?
  - Is the whole leg affected or the lower leg only?
- Shape of limb
  - Are there skin folds or an abnormal shape?

Accurate and prompt assessment is necessary to obtain the differential diagnosis of chronic oedema or lymphoedema, and to allow early compression therapy and skincare treatment. The patient's medical history and lifestyle should be considered and referral made if necessary.



### PLAN

A treatment plan should be agreed in collaboration with the patient to include:

- Using compression therapy to reduce the size and improve the shape of the limb
- Movement, exercise and gentle elevation of the limb at rest
- Skincare to improve and/or maintain the condition of the skin

- Advice and support to understand long-term management
- Treatment of any underlying medical conditions.

Treatment should be planned in collaboration with the patient, listening to their perspective at every stage so that a truly tailored plan can be created based on individual needs, condition and lifestyle.



### TREATMENT

Compression therapy is a vital treatment for all chronic oedema/lymphoedema patients, and once a differential diagnosis has been made it should be commenced immediately. It is not always possible to get an ankle brachial pressure index (ABPI) reading if the limb is very large and the British Lymphology Society (BLS) has published a position paper to support the application of compression in the absence of ABPI testing in patients with lymphoedema (BLS, 2018).

There are two compression therapy treatment phases when managing patients with chronic oedema/lymphoedema:

- Initial decongestion phase
- Maintenance phase.

The initial decongestion phase addresses the size and shape of the limb and then progresses to maintaining the improved shape and size once achieved, using compression hosiery that is more conducive to daily wear. The maintenance phase should continue to promote healthy skin, limb size management and reduction in risk of infection, leading to improvements in quality of life for the patient.

It is important to consider the patient's preference and capacity when selecting treatment. Not all patients will need the decongestion phase and, the sooner treatment is started, the more straightforward the plan will be.



### PATIENT ENGAGEMENT

For those people living with chronic oedema/lymphoedema, compression therapy is a lifelong treatment and it is essential patients are educated about the benefits of the treatment and how to get the best from it to improve their overall quality of life.

Patients should be reviewed regularly from both a clinical and quality of life perspective. Limbs should be

re-measured every 4-6 months and a discussion held with the patient about ongoing treatment options as well as new compression garments prescribed as appropriate. Patients should be kept informed about product choices and the best options that suit their condition and lifestyle (see PRODUCT INFO below).



### MAIN OUTCOMES

The primary aim of compression therapy when treating chronic oedema/lymphoedema is to reduce swelling, improve limb shape and maintain these results. Treatment should help to improve the patient's mobility and quality of life and, along with skincare, help preserve skin integrity, helping to reduce

risk of complications such as infection and wound development (e.g. leg ulcers).

Patients receiving compression therapy for chronic oedema/lymphoedema should be advised that it is a lifelong treatment and receive information and advice about the compression therapy options available to them at each stage of treatment.

## PRODUCT INFO

medi UK offers compression therapy options for all chronic oedema/lymphoedema patients:

- **juxtafit® adjustable wraps** are suitable for the reduction or maintenance of limb volume in chronic oedema/lymphoedema with or without a wet leg or wound
- **mediven® cosy** is made-to-measure flat knit suitable for chronic oedema/lymphoedema to International Society of Lymphology (ISL) stage 3 due to the high wall stability. It is also useful for lipoedema and patients with deepened skin folds.

**juxtafit® range** of adjustable wraps offers light to firm compression, which can be accurately set due to the unique Built-in Pressure System (BPS) card. This reassures that the prescribed dose of compression is achieved. Available as a lower legging, as well upper leg with knee additions, it is easy to fit and the interlocking wrap means it can be single-strap adjusted.

**mediven® cosy** is made-to-measure flat knit suitable for chronic oedema/lymphoedema to ISL stage 3 due to the high wall stability. The soft material moulds itself to the limb, making it comfortable to wear and supporting patient concordance. Available on prescription in a wide range of colours and patterns.



Beldon P (2012) The causes, presentation and management of chronic oedema. *Wound Essentials* 2: 41-5  
 British Lymphology Society (2018) Position paper for ankle brachial pressure index (ABPI): Informing decision making prior to the application of compression therapy  
 British Lymphology Society (2016) Consensus Document on the Management of Cellulitis in Lymphoedema. Revised Cellulitis Guidelines