

Leg Club update

The challenges of managing chronic oedema in the community

Chronic oedema is a common problem in the community setting, with more than 100,000 cases in the UK alone. It is also poorly recognised by healthcare professionals (Moffatt et al, 2003).

The author's local area of Mablethorpe and Sutton on Sea has one of the highest densities of people aged over 60 and a high proportion of these have leg problems and long-term debilitating illnesses. This prompted the author's team to change its practice in order to meet the needs of these patients.

The Lindsay Leg Club model helped the team to change the focus of its practice, from being a provider of leg ulcer treatment in a clinical environment to providing treatment, health promotion, education and ongoing care for people with leg-related problems in a non-clinical, social environment.

The Mablethorpe and Sutton on Sea Leg Club has been running for nearly three years and caters for a socially deprived area. The club has more than 500 members and, on average, is used by between 40–50 members every week. Not all of these people have leg ulcers — the club operates an integrated well-leg regimen, where any member who perceives that they have a problem can drop in for advice.

While implementing this radical approach to wound care delivery, members of the team have experienced a steep learning curve. Chronic oedema of the lower limb and lymphoedema have been more prevalent in the Leg Club over the past year, and the team has encountered an increase in members attending frequently. It was felt the team needed to embrace this new problem and a need for further education was identified.

Skills needed in this area include identifying chronic oedema and

lymphoedema using Stemmer's signs which involves pinching the skin folds on the upper surface of the second toe or finger. A positive test results when this skin cannot be lifted and can indicate the presence of lymphoedema, although a negative Stemmer's sign does not exclude lymphoedema.

The challenges of treating patients with chronic oedema and lymphoedema have also inspired the author to undertake further specialist training with Glasgow University. It is hoped that the knowledge and skills gained during this course will enable the Leg Club team to provide an improved evidence-based service to the local community.

All members who attend Leg Club receive a full holistic and vascular assessment and members with active leg ulcers have their vascular status reassessed every three months. Regular reviews of 'well-legs' are also undertaken once treatment has been completed and annual vascular assessments also take place, ensuring there is no relapse in the members' conditions. Concordance is maintained throughout members' care as they have open access to the Leg Club and can be seen without appointment.

In the case of members with chronic oedema and lymphoedema, the aim of the team is to promote self-management and long-term control of their condition with support, education, training and supervision from the multidisciplinary team (Lymphoedema Framework, 2006).

The Leg Club ethos encourages this by fostering a unique partnership between nursing staff, club members and the local community, in which patients are empowered, through a sense of ownership to become stakeholders in their own treatment.

Leg Clubs across the country also complete three-monthly audits on their own care provision. These

are mandatory and the team collate information on the overall costs of treatment for each patient — the aim is to make district nursing teams aware of cost-effectiveness and wastage.

Many patients presenting with chronic oedema can be successfully managed in community settings by the district nursing service, providing at-risk patients are identified through a comprehensive assessment. Once treatment has commenced, a regular re-assessment of the patient should take place, with a regular re-evaluation of any treatment plan in response to the patient's condition. Healthcare professionals who undertake the treatment of patients with chronic oedema of the lower limbs should always liaise with the multidisciplinary team and not delay in seeking the opinions of other specialist practitioners as required. The author's team has shown that the concept of the Leg Club can be a valuable addition to any location's oedema services.

The Mablethorpe and Sutton on Sea Leg Club team's commitment to the management of chronic oedema, lymphoedema and leg ulcers within our socially deprived area illustrates the energy, imagination and innovation needed to drive positive change forward — change that can benefit local communities.

Carol Brailsford, Leg Club Lead for Mablethorpe and Sutton on Sea, and Chair of the Leg Club Forum

Lymphoedema Framework (2006) *Best Practice for the Management of Lymphoedema International Consensus*. MEP Ltd, London

Moffatt CJ, Franks PJ, Doherty DC et al (2003) Lymphoedema: an underestimated health problem. *Qual J Med* 96(10): 731–8

Erratum

In Lindsay E (2008) The Leg Club® Model: promoting the health of patients' lower limbs through collaborative working. *Wounds UK* 4(2): 49–60, Figure 1 was repeated in place of Figure 4. For a corrected version of the article go to www.wounds-uk.com.