

Updated Clinical Priorities Policy - Lymphoedema

Policy Statement: Lymphoedema Services (including treatment for Lymphorrhoea)

Status: Threshold

Background

Lymphoedema is a progressive chronic condition that occurs as a result of an inadequate or compromised lymphatic system. This may be a primary/congenital abnormality or due to trauma such as DVT, cellulitis, cancer or cancer treatments. The provision of treatment aims to reverse complications and provide patients with a maintenance plan of self-care to ensure improvements are achieved.

This policy also covers lymphoedema patients suffering from Lymphorrhoea (wet legs - although this is not commonplace in patients with true lymphoedema), which requires specialist nursing care (specialist bandaging). **NB People suffering from oedema secondary to obesity (not true lymphoedema) are excluded from this policy**

Effective management has been shown to significantly reduce the incidence of cellulitis (acute infection) and the possible need for hospital admission both of which are common problems encountered with lymphoedema. By improving health and independence, effective lymphoedema management can minimise the demands of increasing immobility and discomfort that would otherwise be made on the Health and Social Services.

Contents of this policy

This document clarifies the different policies applied to the following 3 cohorts of patients

Set 1 – Patients with a BMI of less than or equal to 40 who meet the below thresholds

Set 2 – Patients with a BMI between 40 and 60, who meet the below thresholds

Set 3 – Patients with complex conditions who do not meet the criteria in 1 and 2 above

Set 1 - Patients with a BMI of less than or equal to 40 (Thresholds)

The following criteria should be met for direct referral to the Community Lymphoedema Service, to access the full lymphoedema pathway.

(NB. The treatment of Lymphorrhoea for true lymphoedema cases is included in this pathway)

- Clear diagnosis of true Lymphoedema (remembering that most causes of peripheral oedema are cardiac, renal, hepatic or venous in origin, rather than lymphoedema) and
- A review of medication has been performed (some medication is known to cause or exacerbate oedema) and
- A DVT has been ruled out and
- Any active cellulitis has been successfully treated and
- Patient must have maximised all available conservative management options. This should include limb elevation, weight management and exercise.

or

- Patients have cancer related Lymphoedema or
- Patients' BMI is only >40 because they have developed Lymphoedema secondary to cancer or surgery.

Set 2 - Patients with a BMI >40 to 60 (Thresholds) – Alternative Pathway

NB. Referrers are required to apply to the CCG's Clinical Priorities Team for Prior Approval for set 2 patients. The provider will require proof of prior approval from the CCG before commencement of the alternative pathway.

The following criteria should be met for access to the alternative pathway, where treatment is restricted to advice on skin care, exercise, weight management and garments until the patient achieves a BMI of 40 or less. (Reference: British Lymphoedema Society recommended Alternative Treatment Pathway for >40 BMI)

- Clear diagnosis of true Lymphoedema (remembering that most causes of peripheral oedema are cardiac, renal, hepatic or venous in origin, rather than lymphoedema) and
- A review of medication has been performed (some medication is known to cause or exacerbate oedema).
- A DVT has been ruled out.
- Any active cellulitis has been successfully treated
- Patient must have maximised all available conservative management options. This should include limb elevation, weight management and exercise.
- Patients have evidenced a commitment to a significant weight loss regime (referrals should not be made where agreement to concordance cannot be achieved between the referrer and the patient).

Exclusions from the alternative pathway are those patients with cancer related Lymphoedema or those whose BMI is only >40 because they have developed Lymphoedema secondary to cancer or surgery. These patients should be seen under the set 1 arrangements above.

Treatment of Lymphorrhoea in patients with +40 BMI

In addition, referrers seeking treatment for Lymphorrhoea in true Lymphoedema cases with a BMI of over 40 are also required to apply to the CCG's Clinical Priorities Team for a PIN.

Set 3 - Patients with complex conditions, not meeting the criteria in sets 1 and 2 above

Where patients do not meet the criteria above and/or have a condition requiring a complex treatment plan from a specialist provider, the referrer should apply to the Clinical Commissioning Group for exceptional case funding.

Examples of a "set 3" patient:

- Patients with large skin folds at risk of infection
- Patients with a BMI of 60 and above.
- Patients requiring intensive inpatient treatment prior to a surgical debulking procedure.

Intensive inpatient therapy and private sector providers

Treatment of lymphoedema by specialist units in the private sector or by intensive inpatient therapy will only be funded in exceptional circumstances, following approval of an exceptional case application.