



The 2nd All Ireland Lymphoedema Conference



Wednesday 13th November
2019

An Grianán, Termonfeckin,
County Louth





Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE

LYMPHOEDEMA/LIPOEDEMA SERVICES

Kay Morris, MISCP, MSc HCM

Project Manager

Background

- A multi-disciplinary cross divisional HSE Lymphoedema Working Group was established in January 2016 to develop a model of care for lymphoedema services and national standards in relation to the provision of Lymphoedema garments based on best practice guidelines.

Work so far

- The Model of Care has been signed off by the HSE
- The guideline for provision of compression garments is still in progress and in the final stages
- The tender process for compression garments is on going and will hopefully start in 2020

National Lymphoedema Oversight Team

- The initial implementation of the model of care is being led by the National Lymphoedema Oversight Team which includes representation from primary care strategy and planning, primary care operations, National Cancer Control programme and acute services.
- A National Clinical Lead position is currently being interviewed for and should be in post by the end of the year.

Summary of the MOC

- Service provision for lymphoedema/lipoedema is inadequate with significant gaps across the country and inequity of access for non-oncology related lymphoedema.
- Inconsistency in the prescribing and provision of compression garments
- Very limited lymphoedema/lipoedema education in healthcare-related undergraduate courses.

Outline of the model of care

- The model of care for lymphoedema and lipoedema treatment recommends an integrated service between acute care and community care
- Acute services will provide screening and early detection of lymphoedema
- Primary care services will provide treatment services for all patients with lymphoedema regardless of what type of lymphoedema

Primary Care

- On full implementation of the Model of Care each CHO will have a fulltime Lymphoedema Specialist Clinic (LSC) for assessment and intensive treatment.
- Maintenance will be provided in local community services for maintenance treatment and support with direct access back to the LSC

- Each clinic to have access/links to support services e.g. obesity clinics, vascular consultants, dermatology, psychology/counselling, genetics
- There will be one clinic with a speciality in paediatrics and follow up treatment will be available in the local clinics.

Acute services

- Oncology services and other high risk areas will provide every patient with information and education on the risk of lymphoedema,
- There will be screening, early detection and treatment pathways

Staffing

- Using calculated service demand there is a need for 56.2 WTEs nationally to provide a comprehensive service.
- There are currently 11.1 WTEs this would involve the recruitment of 45.1 additional staff, plus support staff.

Current projects

- There is approval for;
 - One proof of concept Specialist Lymphoedema Clinic in Primary Care
 - One proof of concept early detection service in the Mater hospital
 - Development of Clinical Guidelines

Early Detection- Mater Hospital

- Detection of subclinical lymphoedema
- Early intervention and monitoring during oncology treatment
- Education of risk and risk reduction
- Services to start in December 2019

Outcome to reduce the incidence of lymphoedema in oncology patients

Primary Care project- Laois/Offaly

- A Specialist Lymphoedema Clinic requiring 2 full time lymphoedema therapists and 0.5 multitask attendant to treat all lymphoedema patients in that LHO area.
- Clinic to open in 2020

Outcomes; Improved quality of life, reduced cellulitis/acute admissions/antibiotics/GP visits

Clinical guidelines

- In conjunction with the HSE NMPDU, HSCP and LNNI a clinical guideline development team is being established.
- The guidelines will inform the education plan for all aspects of lymphoedema management.
- There are UK clinical guidelines for Lipoedema 2018

Next steps

- There is a 3 year plan for the overall implementation of the Model of Care for which a funding request will be submitted in the 2020 Estimates process

Information

- Model of Care for lymphoedema and lipoedema
 - www.hse.ie/publications
- Lipoedema Guidelines
 - www.wounds-uk.com

Connecting via Yammer

November 2019

What is Yammer?

Yammer is an internal communications tool connecting staff across the HSE



Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt

How can I use Yammer?

1. Collaboration

Join and create groups

2. Information sharing

Ask & answer questions

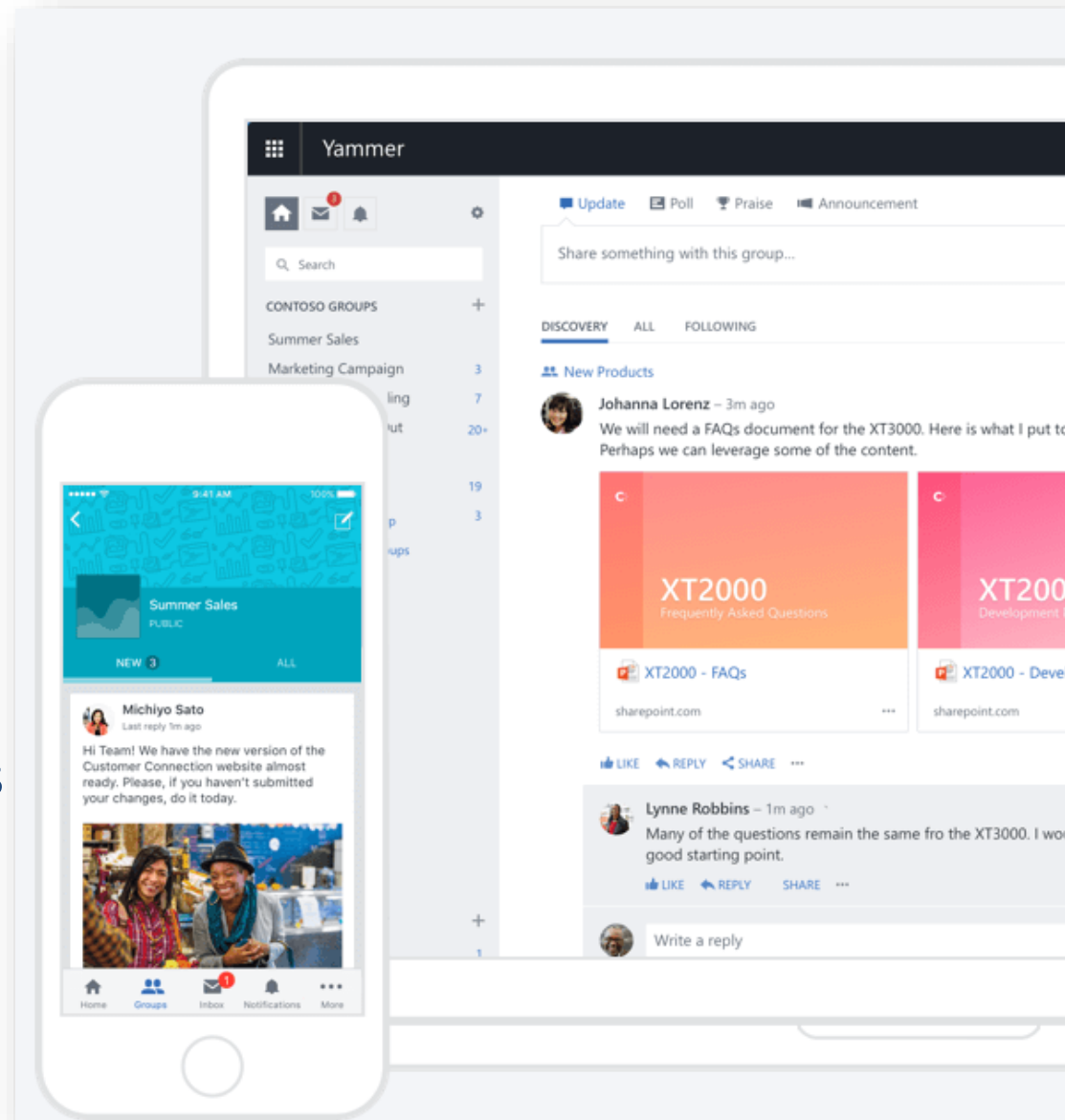
3. Keep up to date

Post and read updates

4. Share and search

Add docs, photos and files

5. Showcase great work & achievements



*Collaborate in a
community to
share ideas,
and solve
problems in half
the time.*



Building a
Better Health
Service

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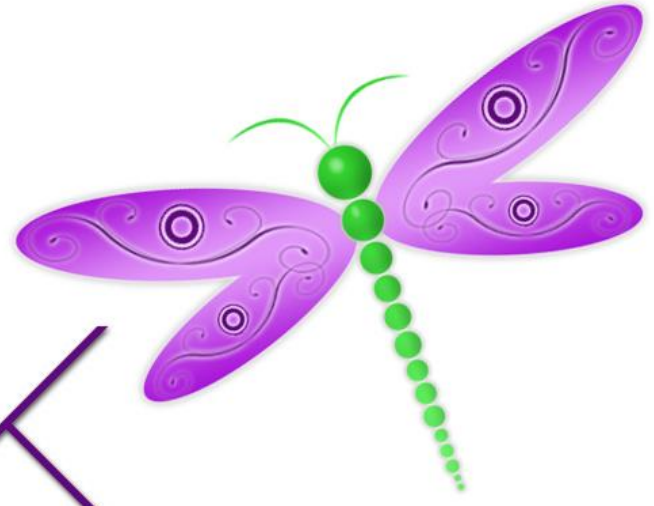
Lymphoedema Network

- To Join Yammer go to the Yammer web page and search HSE.
- Enter you HSE email address and you will be asked to verify
- New group Lymphoedema Network



THANK

YOU . . .





Obesity related chronic lymphoedema like swelling – overview & research

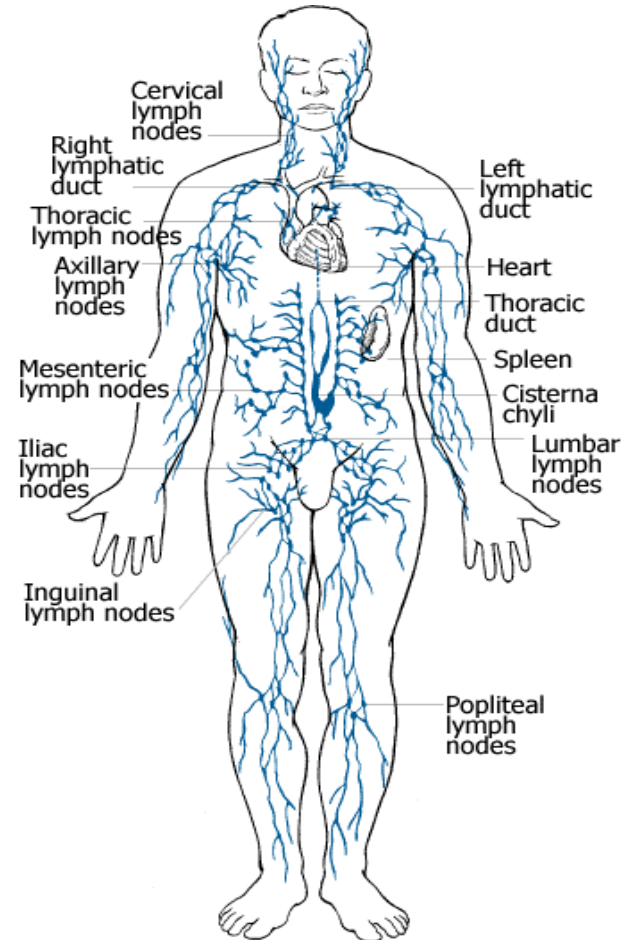


13th November 2019
Emer O' Malley
Senior Physiotherapist
Weight Management Service
St. Columcille's Hospital
Loughlinstown, Co. Dublin

Outline



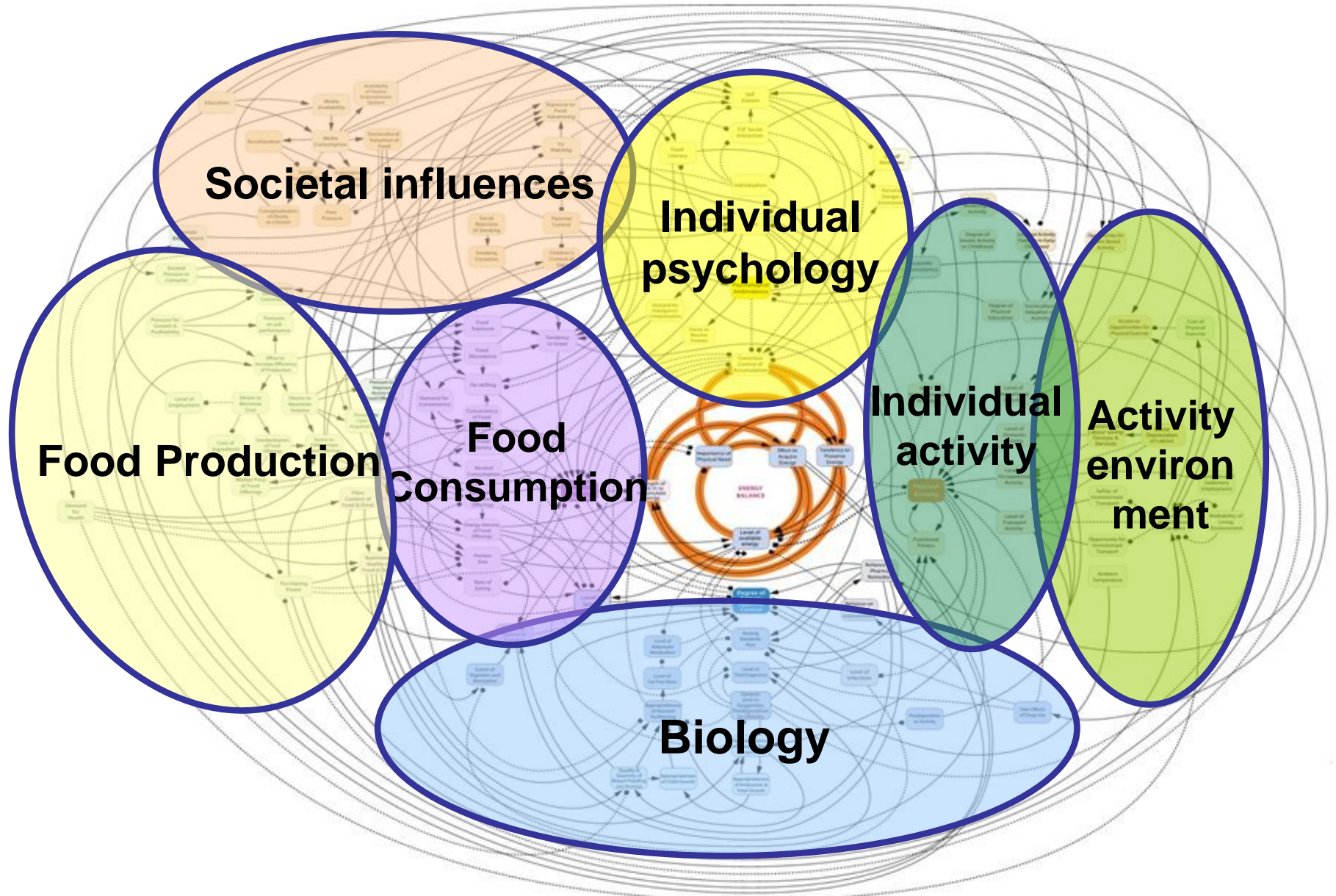
- Obesity - Background
- Lymphoedema and obesity
- Cause, Prevalence & Impact
- WMS - Our journey
- Assessment
- Referral options
- ORCLS treatment & pathway
- Case studies: Trial and error
- Research & our learning
- Weight Management Strategies
- The 5As approach
- Conclusion & References



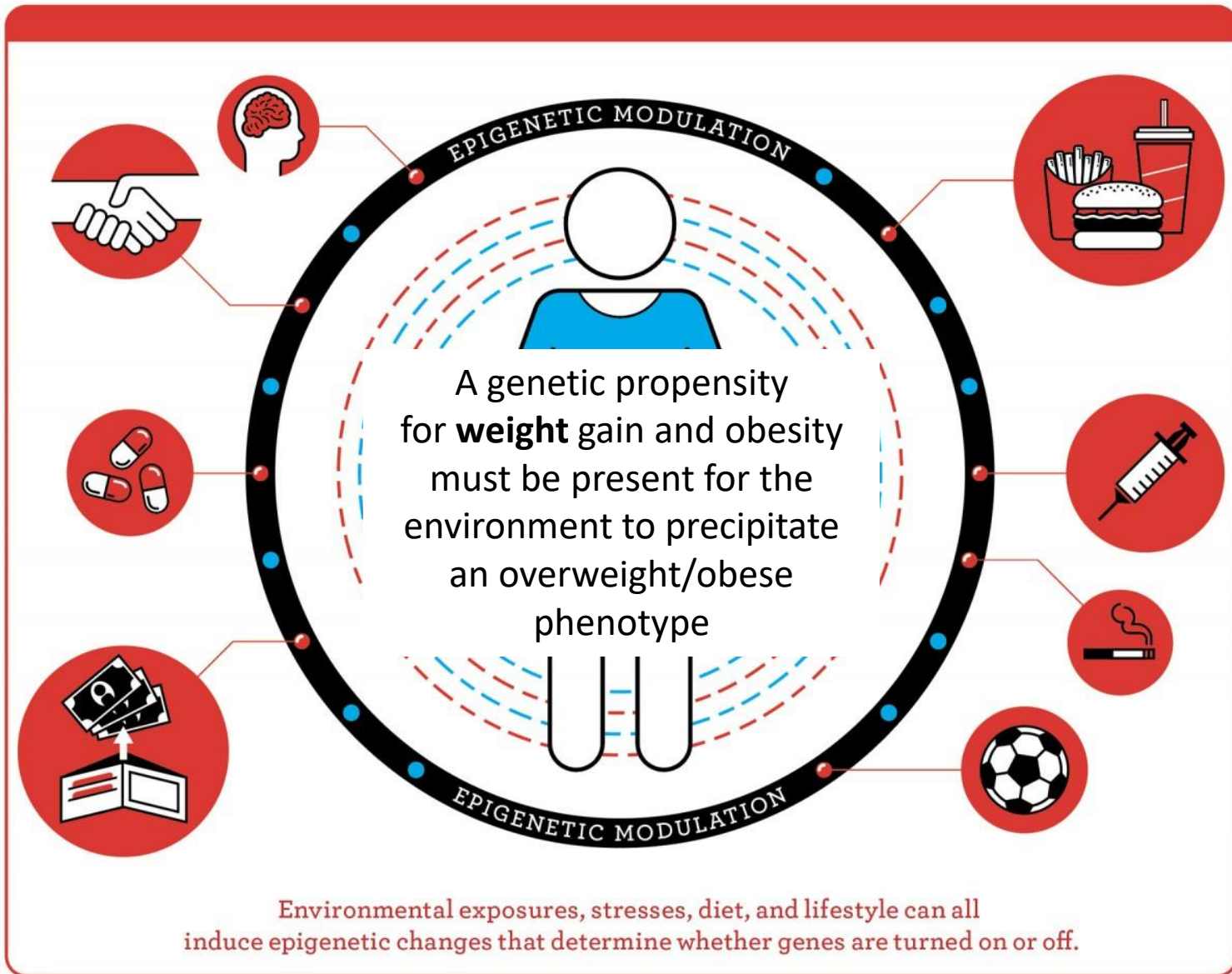
Background

- “6 out of 10 Irish adults are OW or obese”
(NANS, 2011)
- BMI > 40 kg/m² = 1.9% of Irish adults (Flynn, 2011)
- Highest average BMI in Europe – OW (Lancet 2016)
- €1.1 billion in healthcare cost (Perry, 2012)
- 85% ↑ in mortality, 8x ↑ risk of poor physical function, reduced QOL (Adams 2006, Alley 2007, Carlin 2006)

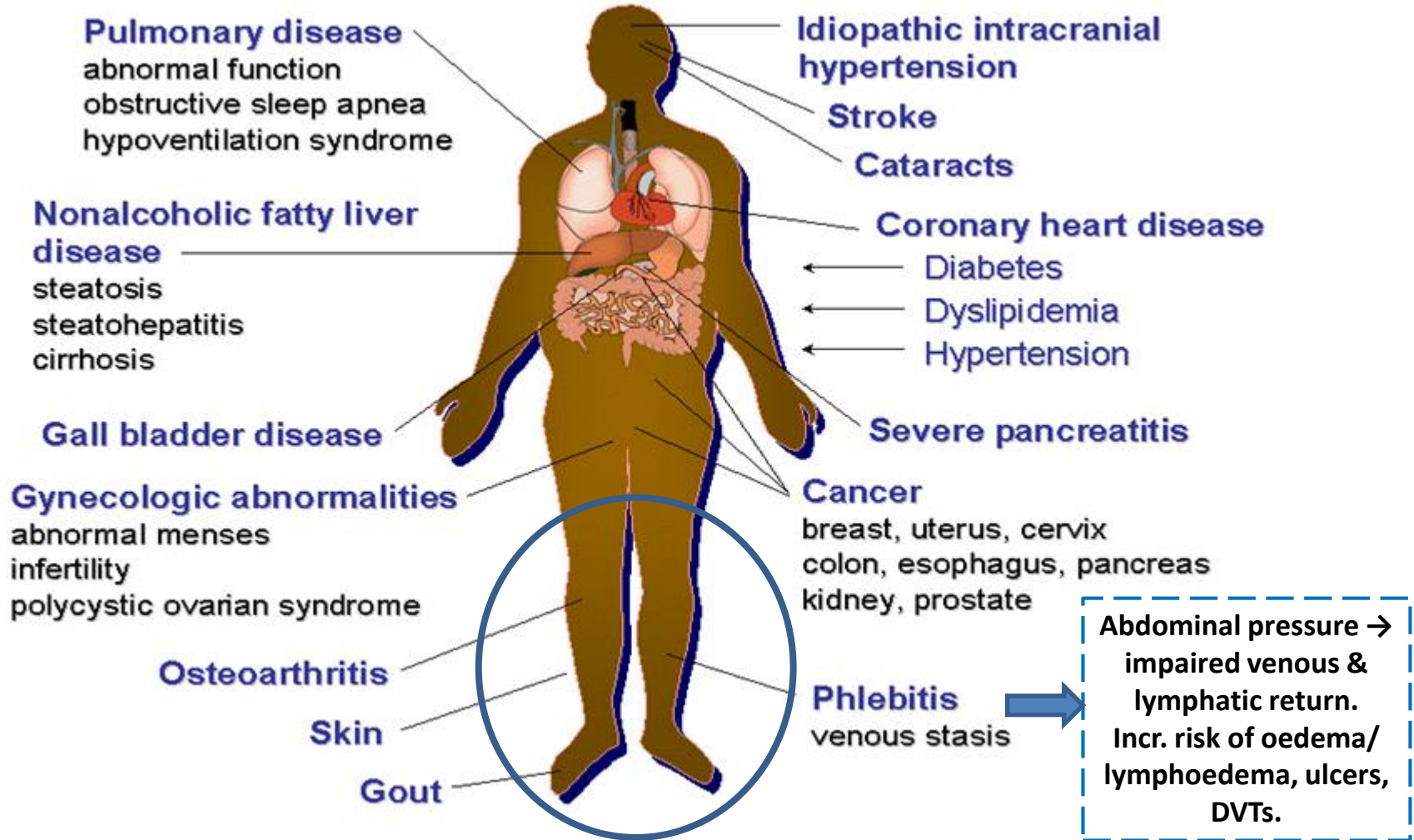
Drivers of the obesity epidemic



Epigenetics & Environment



Obesity related complications



Lymphoedema and obesity: Is there a link?

- Risk factor: Obesity & post-op weight gain
- **Severe obesity** can lead to impaired lymphatic function **without Sx** or **injury**
- BMI threshold for LL lymphatic dysfunction
- Many have **normal lymphoscintigraphy**
- **Cause:** Multifactorial, ? Overwhelmed lymphatic system, external compression of lymphatics by adipose tissues or direct injury to the lymphatic endothelium.

Lymphoedema Prevalence

- 5 million Americans UL/LLs, 200million worldwide (Mehrra and Greene, 2014)
- ~15,000 people in Ireland
- Challenge of diagnosis
- Incidence: 74% in severe obesity (Fife & Carter et al, 2008)

“Epidemic in plain sight”

- 1 in 3 weight management patients suffer with swollen legs (O’ Malley et al, 2015)



Impact of swelling & skin changes

- Reduced mobility & pain
- Increased risk of cellulitis
- Irregular skin folds
- Lymphorrhoea
- Hyperkeratosis/Papillomatosis



- Isolation & reduced QoL
- Physical activity & increase challenge of weight management



(Obesity Canada image bank)

Our journey...

- Identifying a problem
- Review of referral options
- Rx: A lot of trial and error!
- Research attempts
- Patient access, challenges and consultation



Q J Med 2015; 108:183–187
doi:10.1093/qjmed/hcu155 Advance Access Publication 1 August 2014

Obesity-related chronic lymphoedema-like swelling and physical function

E. O'MALLEY¹, T. AHERN^{1,2,3}, C. DUNLEVY¹, C. LEHANE², B. KIRBY³ and D. O'SHEA^{1,2}

From the ¹Weight Management Service, St Columcille's Hospital, Loughlinstown, County Dublin, ²Obesity Research Group and ³Dermatology Research Group, St Vincent's University Hospital, Elm Park, Dublin 4, Ireland

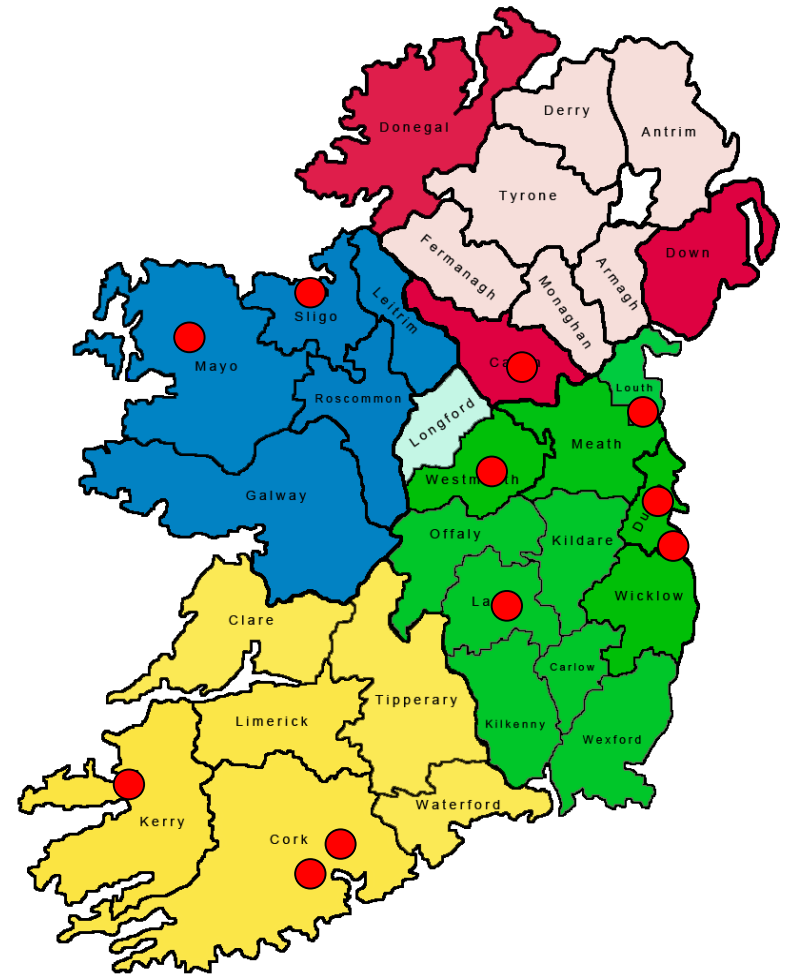


Physiotherapy Assessment




PHYSIOTHERAPY WEIGHT MANAGEMENT PROGRAMME								PHYSIOTHERAPY WEIGHT MANAGEMENT PROGRAMME																																	
Initial assessment date: / / 2017				Patient ID Sticker				Patient ID Sticker																																	
Referral Hx:								Musculoskeletal:																																	
Surgical Preference: Surgical Preference								Low back pain: Knee Pain: Other:																																	
Weight History:								Hx & Duration:																																	
Previous Exercise	Freq	Inten	Time/day	Start Date	Stopped	Reason Stopped	Total Mins/Week	Type:	Musculoskeletal Ax																																
Currently Type (2)								Initial																																	
								Frequency																																	
Exercise Equip at Home? Y/N Type								Repeat																																	
Readiness to								Frequency																																	
Past medical Hx:								Aggr:																																	
Type 2 DM Y/N CVD Resp. Dx Y/N Tsm								Enfer:																																	
Cigs:								Have you Swollen Legs?: Y / N Duration: _____ Increased Girth in PM: Y / N Y / N Skin Changes: Y / N Y / N Ulcer/Cellulitis: Y / N Y / N																																	
Surgical Hx/Invest								<table border="1"> <thead> <tr> <th colspan="2">OBJECTIVE MEASURES</th> <th colspan="2">Initial assessment</th> <th colspan="4">Repeat assessment</th> </tr> </thead> <tbody> <tr> <td>Max HR (75%)</td> <td>BPM</td> <td>/</td> <td>/ 2019</td> <td colspan="4">/ /</td> </tr> <tr> <td>Ankle Circ. 10cm super medial malleolus</td> <td></td> <td>Left:</td> <td>cm</td> <td>Right:</td> <td>cm</td> <td>Left:</td> <td>cm</td> <td>Right:</td> <td>cm</td> </tr> </tbody> </table>								OBJECTIVE MEASURES		Initial assessment		Repeat assessment				Max HR (75%)	BPM	/	/ 2019	/ /				Ankle Circ. 10cm super medial malleolus		Left:	cm	Right:	cm	Left:	cm	Right:	cm
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Ankle Circ. 10cm super medial malleolus		Left:	cm	Right:	cm	Left:	cm	Right:	cm																																
Social Hx:								Sleep & OSA: ESS & STOPBang																																	
Marital Status:								Cardiorespiratory health, Balance, Strength & function - TUAG, 90 sec step test, 6MWT																																	
Empl Occu Com								Screen Time																																	
Longest sedentary time:								QOL, Falls, ADLs																																	
Screen Time:								PARQ																																	
Work: (hrs/wk)								Goal Planning, SM strategies																																	
Leisure: (hrs/wk)																																									
In Bed: (hrs/wk)																																									
Outside Hrs: (hrs/wk)																																									
Days:																																									
QoL (0 Poor - 10 Excellent)																																									
Continence: Urin Fae																																									
Self Care Problem																																									
ADL Other:																																									
Trips or Falls (Last year):																																									
1: Heart Hx: Y/N																																									
2: CP PA: Y/N																																									
3: CP No PA (1/month): Y/N																																									
4: Balance & Dizzy: Y/N																																									
Exercise Testing: Y/N																																									
Max rate (6/10): Y/N																																									
Consent: Y/N																																									

Student Study – Services (2011)

- HSE hospitals
(93% response rate)
- PCCC (35% response rate)
- Lymphoedema service
± Patients with obesity
- SJH: Vascular Clinic:
Mary-Paula Colgan & Jean
Marc Monseux (Senior
Physiotherapist)



Treatment options

- Monitored exercise programmes can decrease the severity of lymphoedema  (Kwan et al, 2011)
- Weight management programmes including dietetic support & bariatric surgery may decrease the rates or severity of lymphoedema 
(Mehrrara and Greene, 2014)
- Best practice for the management of Lymphoedema (2004): Ax, Skin care, MLD, Multilayer bandaging, Exercise & Elevation, Garments 



Slow beginnings & challenges

- Identifying the problem
- Discussing the problem
- Practical application
- Training & resources
- Products
 - Length
 - Cost (Bandages only)
- Physical challenges
 - LL weight
 - Patient access (all Ireland)
- Compression garments



ORCLLS pathway

Subjective Assessment:

1: Swollen legs/Incr. girth in pm **2:** Skin changes **3:** Cellulitis/Ulcers

Objective Assessment:

1: Ankle circumference measurement, **2:** Skin Integrity, **3:** Distal pulses

No signs of ORCLLS

Mild: ACM <35cm, absence of other S&S

Moderate: ACM <35cm presence of other S&S or ≥35cm

Severe: ACM >40cm, +/- other S&S

Clinical decision making

Education (All)

Compression Tx:
Suitability,
Readiness, Funding

Referral:
Above Knee,
Vascular service

Education & resources



Swollen Legs



 1 in 3 weight management patients suffer with swollen legs. It can cause pain, make moving harder, and lead to skin infections.

Can my leg swelling be treated?

4 Steps to better management:

Skin care	Moisturise daily to keep skin supple
Exercise	Move regularly, take lots of little walks
Elevation	At night-time raise your feet up on pillows
Compression	Wearing flat knit compression can really help

 Off the shelf

 Made to measure

 FarrowWrap

← →



Lymphoedema IRELAND

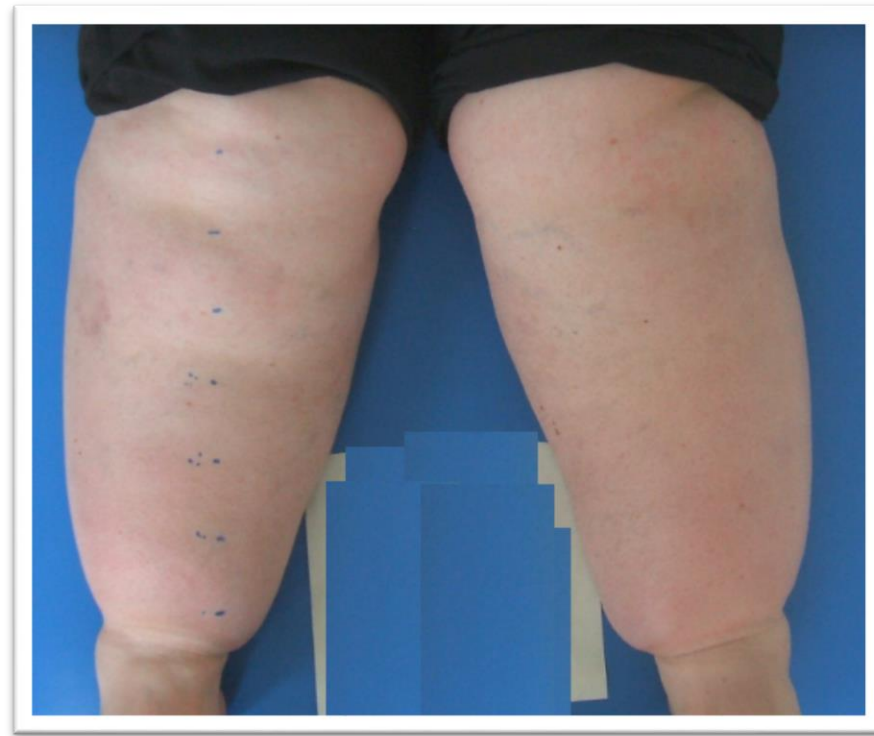
Free phone helpline:
1800 200 700
www.lymphireland.com

manual lymph drainage



MLO IRELAND

Common presentation & Case Studies:



Increased LL volume
 Primarily below knee
 Reverse shouldering
 Colour changes
 Hx of cellulitis
 Mobility difficulty/Decr. PALs



Education
 Bandaging
 +/- 1-2days/wk
 Dry weight
 Measure

Measurement & Compression

Name:				
Date: / / 20				
	No.	Left:		Right:
Dorsal Pedis Pulse		Y / N		Y / N
Posterior Tibialis Pulse		Y / N		Y / N
Dorsum		Dorsum		
4 cm	1	4 cm	1	
8 cm	2	8 cm	2	
12 cm	3	12 cm	3	
16 cm	4	16 cm	4	
20 cm	5	20 cm	5	
24 cm	6	24 cm	6	
28 cm	7	28 cm	7	
32 cm	8	32 cm	8	
36 cm	9	36 cm	9	
40 cm	10	40 cm	10	

JOBST® Elvarex® Custom-Fit Lower Limb Order Form FAX

ORDER TO CUSTOMER SERVICES ON: 01 885 5558

JOBST Elvarex

Compression Class	Quantity	Left	Right	Body Bandage
COL1 (18-21mmHg)				
COL2 (23-30mmHg)				
COL3 (34-40mmHg)				
COL4 (41-49mmHg)				
COL5 (50-60mmHg)				

Options:
 Body bandage
 Adjustable webband
 Fly for men
 Subst for men
 Open palm
 No infrapat pad
 Silicone
 Silicone band
 Tissue
 Top
 Silicone patch
 No silicone band
 Zipper with strap
 Silk patch
 Tissue patch
 No horizontal seam
 No vertical seam

Style:
 AC knee high
 AC thigh high
 AC1 Waist attachment left
 AC1 Waist attachment right
 AC1 Waist attachment pair
 AT thigh
 AT thigh leg
 AT thigh leg

Foot Styles:
 Open toe
 Closed toe
 Slant foot
 Straight foot

Foot Length: For open toe _____ Length medial _____
 For closed toe _____ Length lateral _____

JOBST Elvarex Soft

Compression Class:
 COL1 (18-21mmHg)
 COL2 (23-30mmHg)
 COL3 (34-40mmHg)

Style:
 Large
 Small
 AC knee high
 AC thigh high (with slip form)
 AC1 Waist attachment left
 AC1 Waist attachment right
 AC1 Waist attachment pair
 AT thigh (with slip form)

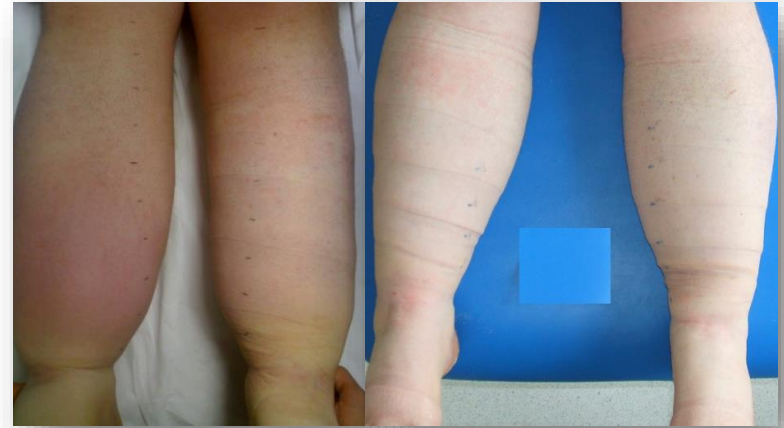
Quantity:
 Left _____ Right _____
 AT thigh _____

Options:
 Adjustable webband
 Open palm
 Silicone patch
 2.5cm on top (A-D only)
 5.0cm on top
 Silk Patch
 Tissue

Remarks:

Compression therapy & MDT approach

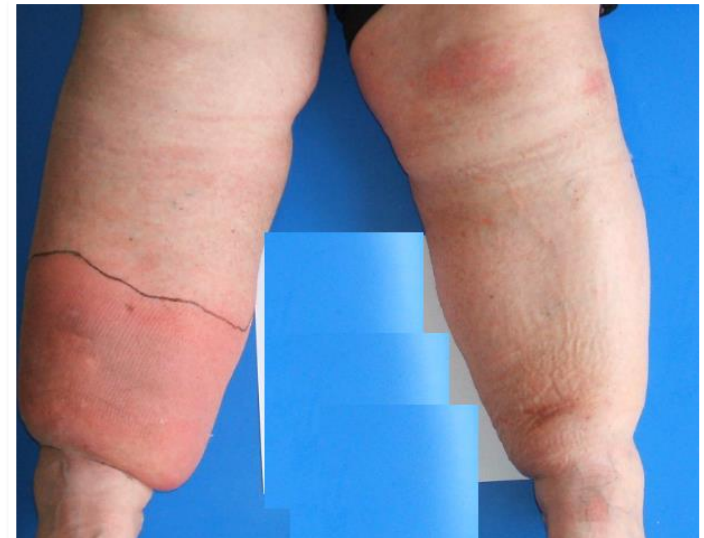
- 36 yr old male
- Increased LL volume
- T2 Diabetes
- Incr. isolation/decr. PALs
- Conservative programme & ORCLLS mgt
- On BSx list x 4yrs
- DM & ORCLLS resolution



Holistic approach:

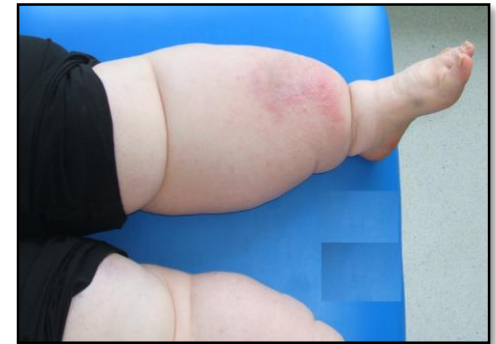
Conservative programme & bariatric Sx

- 46 yr old female
- Psoriasis, dog bite & cellulitis
- Lots of trial & error
- Behaviour change support
- Incr. PALs & had BSx
- No longer requiring garments



Challenges & adaptations

- 52yo ♀, LL swelling & cellulitis hx
- <1000steps/day, SOBOE/pain mobilising
- Access difficulties & weight bias
- Multiple garment failures: OTS/MTM
- Course of bandaging/compression to knee
- Now 4000steps/day, travelling, teaching & presenting at obesity conferences
- Self-managing, occ. re-measurement, purchases own stockings



Wound management

- Referred from diabetes service
- Importance of MDT approach
- Ongoing vascular and nursing support & coordination
- Behaviour change support



Complex case

- 56 yo male, in-patient stay
- Renal failure, sepsis & rhabdomyolysis
- Compression therapy & garments provided
- Declined BSx
- Attended NRH for rehab progression
- Struggled with maintaining lifestyle changes & progressive deterioration

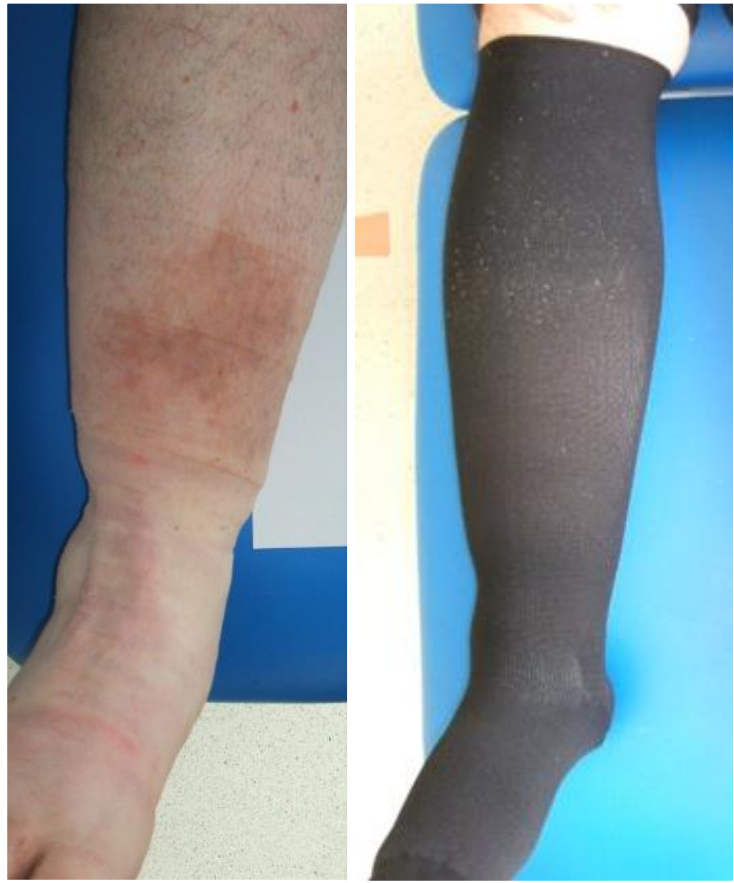


ORCLSS - Post bariatric surgery

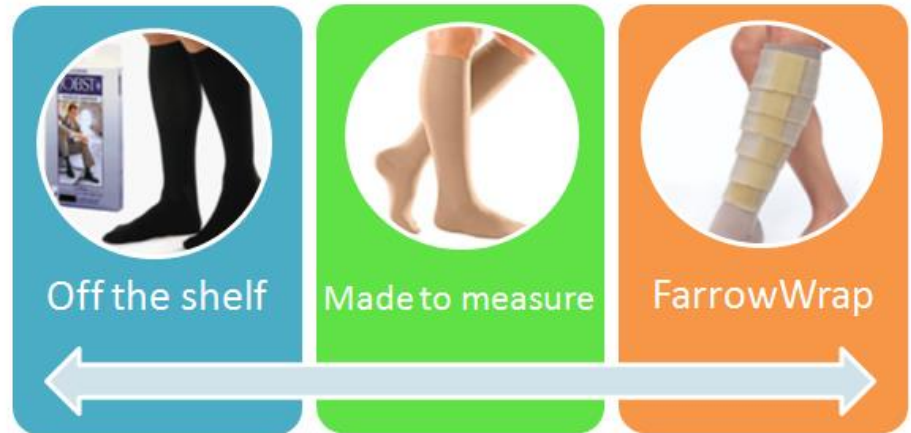
- 44yr old male
- **Initial appt:** 243Kg, BMI: 86Kg/m²
- MDT programme & Roux-en-Y
- **7yrs later:** 130Kg, BMI: 46Kg/m²
- Wound mgt, compression



Compression garments options



Ongoing modifications



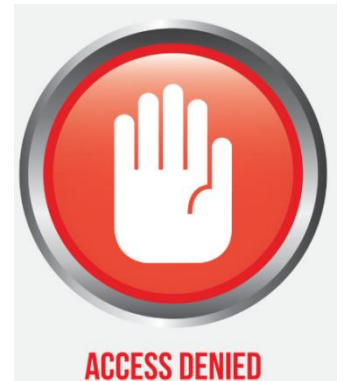
Off the shelf: Ready to wear, flat knit, class 3.
Uniphar, JOBST, Mediven, Seronova, Cost: €60 - 74

Made to measure:
Measured to fit, flat knit, T-heel & silicone band
Compression class 3
Cost: Pair €240 (June '19), Healthcare21 (HC21)

FarrowWrap:
Measured to fit, Velcro straps
Cost: Pair €250 (June '19), HC21
Available in beige, black, dark blue, grey, dark brown

What we have learned

- **Additional access & treatment bias**
- Importance of readiness & MDT support
- Holistic approach – collaborative Ax & Rx planning
- **Practical application:**
 - Feet often unaffected
 - Utilisation of gastrocnemius as a shelf
 - Can be applied weekly
 - Mobility improves very quickly/easier to apply
- **Compression garments**
 - A to D measurements
 - Utilise T-heel & inner silicone band
 - Reduce by 1-2cms
 - Modify & adapt for 2nd pair
 - Guidance with application



Research

Q J Med 2015; **108**:183–187

doi:10.1093/qjmed/hcu155 Advance Access Publication 1 August 2014

Obesity-related chronic lymphoedema-like swelling and physical function

E. O'MALLEY¹, T. AHERN^{1,2,3}, C. DUNLEVY¹, C. LEHANE², B. KIRBY³ and D. O'SHEA^{1,2}

From the ¹Weight Management Service, St Columcille's Hospital, Loughlinstown, County Dublin, ²Obesity Research Group and ³Dermatology Research Group, St Vincent's University Hospital, Elm Park, Dublin 4, Ireland

Aim: To determine the relationship between the presence of lymphoedema-like swelling and physical function in the severely obese.

Methodology & Results

- **Methodology:**

Severe obesity, presence of ORCLLS, ACM, 50 step test, 500m walk

- **Results:**

n=330, 33% ♂, Age: 43.4yrs & BMI of 51.7kg/m².

ORCLLS (n = 108) ~1/3

- Hx of cellulitis & VTE was more common (RR 6.16 & 3.86)
- Higher ACM (35 vs. 32.4cm)
- Slower step speed (0.40 vs. 0.43steps/s)
- Slower walking speed (0.97 vs. 1.08 m/s) P < 0.05

Participant characteristics

Table 1 Participant characteristics

Parameter	N	ORCLLS present (n= 102)	ORCLLS absent (n= 222)	All participants (n= 324)	P-value ^a	P-value ^b	P-value ^c
Age (years)	324	46.4 ± 11.3	41.7 ± 12.8	43.2 ± 12.5	0.002		
BMI (kg/m ²)	324	54.1 ± 9.5	50.4 ± 7.6	51.6 ± 8.4	<0.001		
Male	324	36 (35.3)	69 (31.1)	105 (32.4)	0.452		
Diabetes	314	24 (24.5)	38 (17.6)	62 (19.7)	0.155	0.433	
Chronic illness	324	80 (78.4)	163 (73.4)	243 (75.0)	0.334	0.728	
→ Prior VTE	324	13 (12.7)	8 (3.6)	21 (6.5)	0.002	0.031	0.034
→ Prior cellulitis	319	36 (35.3)	13 (6.0)	49 (15.4)	<0.001	<0.001	<0.001
→ LL symptoms	324	93 (91.2)	113 (50.9)	206 (63.6)	<0.001	<0.001	<0.001
→ SC (cm)	323	35.6 ± 7.1	32.1 ± 4.8	33.2 ± .9	<0.001	<0.001	0.009
→ SC ≥ 35 cm	323	46 (45.5)	57 (25.7)	103 (31.9)	<0.001	0.009	0.009
→ Step speed (step/s)	310	0.38 ± 0.12	0.44 ± 0.10	0.42 ± 0.11	<0.001	0.008	0.023
Fifty steps completed	313	49 (50.0)	154 (71.6)	203 (64.9)	<0.001	0.072	0.074
→ Completer step speed (steps/s)	203	0.44 ± 0.09	0.47 ± 0.09	0.46 ± 0.09	0.019	0.151	0.243
→ Walking speed (m/s)	311	0.89 ± 0.38	1.13 ± 0.30	1.05 ± 0.34	<0.001	0.002	0.003
Able to walk 500 m	316	67 (67.7)	187 (86.2)	254 (80.4)	<0.001	0.157	0.175
→ Completer walking speed (m/s)	254	1.09 ± 0.23	1.20 ± 0.22	1.17 ± 0.22	0.001	0.013	0.035
→ Activity level (min/week)	222	65.9 ± 108.6	120.3 ± 163.8	104.4 ± 151.6	0.015	0.053	0.027

VTE: Venous Thromboembolism, SC: Supramalleolar circumference

Weight Mgt & ORCLLS: Past to the present

“Nurses are committed to developing patient-focussed treatment plans to address chronic oedema, but lack of compliance with exercise and weight reduction is causing frustration and disillusionment” (Todd, 2009)

“Management of the lymphedema requires that the obesity be addressed in a frank and supportive way. Many exhibit a strong element of denial regarding the disease of obesity. Treatment must be linked to the treatment of obesity for long-term success”.

“When the clinician and patient develop a collaborative approach to care, lymphedema in morbidly obese patients can be managed with good results”.

(Fife & Carter, 2008)

Realistic expectations: Weight change

Overall

N=65

Mean \pm SD: $-4.3 \pm 5.2\%$
(-6.3 ± 7.8 kg)

Range: -21.2 to 5.3%
(-37 to 9.1 kg)

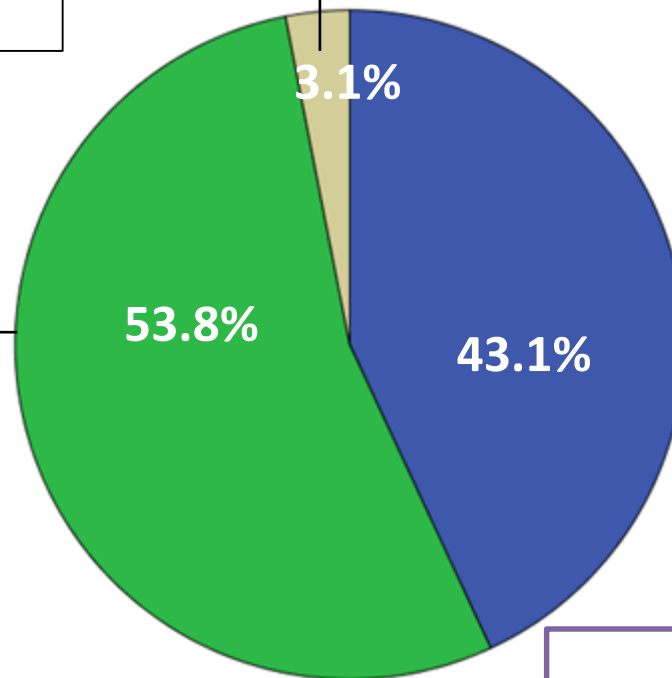
'Weight gainers'

N=2 (3.1%)

$+5.2 \pm 0.3\%$

$+7.6 \pm 2.2$ kg

“Focus on best weight”



'Weight stable'

N=35 (53.8%)

$-1.1 \pm 2.2\%$

-1.8 ± 3.2 kg

'Weight losers'

N=28 (43.1%)

$-9.0 \pm 4.1\%$

-13.1 ± 6.4 kg

Chronic relapsing disease...
Realistic expectations...5-10%

Significant changes:

ACM, PALs, Physical function:
TUAG, Step no, Gait distance & QOL

Key considerations in obesity



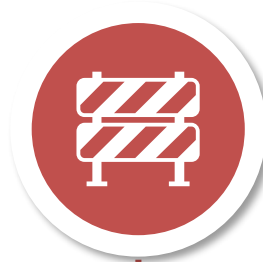
Obesity is a chronic condition

Think sustainable strategies



Management is about improving health & well-being – not just the number on the scales

Modest ↓ in weight = significant ↑ health



Intervention means addressing root causes & removing roadblocks

Explore & support



Success is different for every individual

Weight / physical or mental health gains

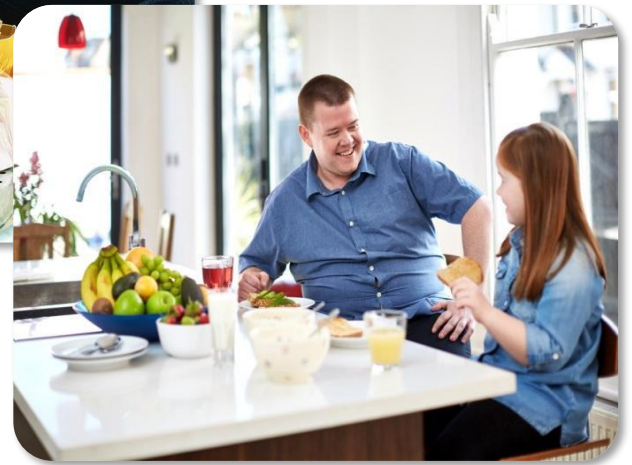


A patient's 'best weight' may never be 'an ideal weight'

Think realistic goals

Building a rapport starts before we even say hello!

- Waiting area / consultation room seating
 - Weight capacity
 - Arms
 - Equipment
- Opportunity to display positive, **non-stigmatising** health messages
- Pace walk to consultation room (gait speed)



The 5 A's approach



Ask for permission to discuss weight. Weight is a sensitive issue. Many people are embarrassed or fear blame and stigma



Assess obesity-related risk and potential 'root causes' of weight gain



Advise on obesity risks and discuss benefits and options



Agree on realistic weight-loss expectations and on a SMART plan to achieve behavioural goals



Assist in addressing drivers and barriers, offer education and resources, refer to provider, and arrange follow-up



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Our journey...what we have learned

- Identifying a problem:
 - Readiness & Support
 - Categorisation
 - Appropriate treatment planning
- A lot of trial and error!
- Positive outcomes & new developments
- Patient access, challenges and need for adequate funding!



EASO COM

EASO Collaborating Centre for Obesity Management

Obesity: Living Well with a Chronic Disease

St Columcille's Hospital Weight Management Service

Annual Study Day

Friday 29th November, 08:30 – 16:00

St Columcille's Hospital, Loughlinstown, Dublin, D18 E365



**Thank you
for listening**



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Improving Prevention and Management of Simple Oedema in Primary Care

Pippa McCabe – Lymphoedema Clinical Lead, SEHSCT

Vivienne Murdoch – Chronic Oedema Liaison Nurse, SEHSCT

Susan Patterson – Pharmacy Advisor, Health and Social Care Board



Project Drivers



Methodology



Results



Service User and GP Feedback



Future Considerations

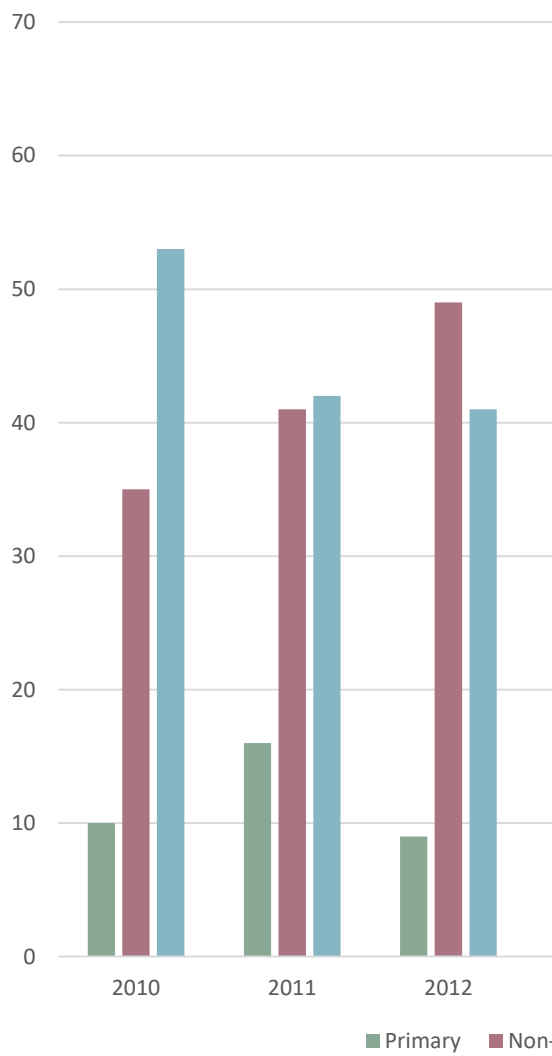
Regional

- 1 in 200 patients over 65 present to the GP with oedema per year
- Prevalence increases with age
- Northern Ireland has highest number of over 85s in UK
- Cost to treat venous leg ulcer £ 5700 per year per patient
- Cost of oedema management approximately £100 per year per patient
- Over 50% of community nursing time is spent treating chronic oedema and leg ulcers (Lymphoedema Network Wales)

Trustwide

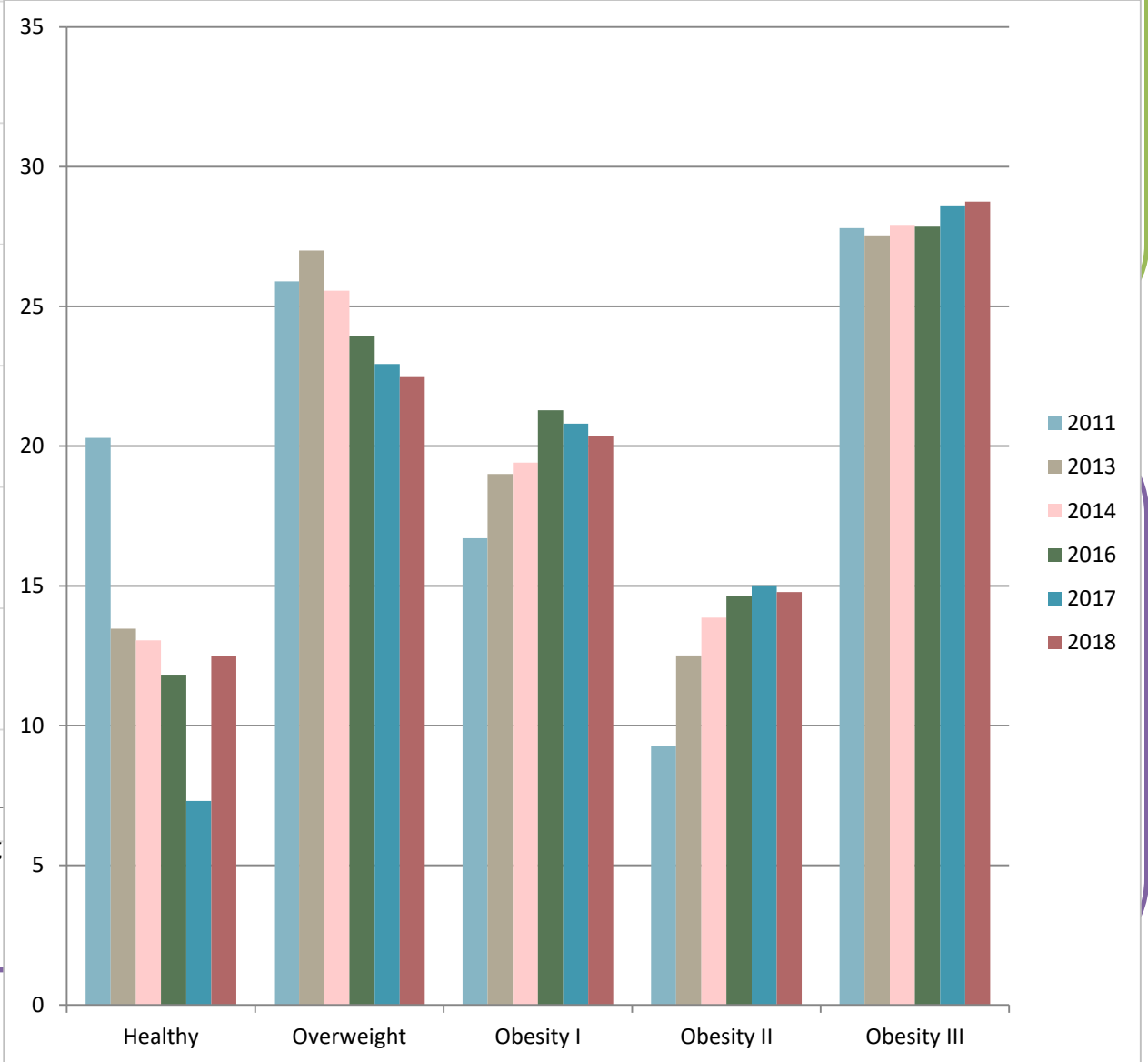
- 17/18 leg/foot cellulitis admissions = 580 patients with 4992 bed days at an estimated cost of £2million
- Short snapshot audit of district nursing caseload showed 35% with chronic oedema, 60% of these untreated.
- Diverse and uncoordinated approach to care remit for patients with oedema

phoedema and reduction in



Primary Non-

presc
use.



2011
2013
2014
2016
2017
2018



GP Practice

Local enhanced service funding offered to all surgeries in the Trust area

How to apply your hosiery

- Turn the garment inside out to the heel
- Pull the stocking all the way onto your foot
- Gradually ease the rest of the stocking over your foot and up your leg a little at a time



- Use household rubber or gardening gloves to help with positioning and to smooth out creases
- Avoid wearing jewellery or digging nails into the knitted fabric
- Avoid over stretching the fabric or folding over the top of the garment
- Sprinkling talc on the limb may help with applying your garment
- A new garment may rub or irritate at the skin and joint creases. Applying petroleum jelly over the area can help ease discomfort. If this does not settle speak to your nurse
- If you have difficulty applying your garment speak to your therapist who will be able to discuss various aids and techniques to help you.

REMEMBER

- Wear your hosiery **EVERY** day
- Wash, dry and moisturise your legs **EVERY** day
- **ELEVATE** your legs when you can
- **EXERCISE** as normally as possible
- **EAT WELL** and keep your weight within normal limits
- Replace your hosiery every **6 MONTHS**, or sooner if worn
- **DISCARD** the old hosiery
- Attend your treatment room **YEARLY** to check your circulation.

Produced by Communications Department

Compression Hosiery

Patient Information Leaflet

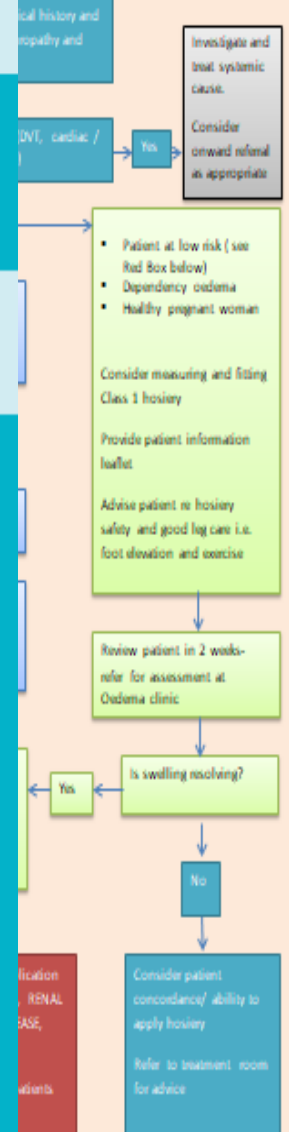


Contact Details

Name: _____

Number: _____

Management of Patient with Leg Oedema



Consider patient concordance/ ability to apply hosiery
Refer to treatment room for advice

Results from the past 15 months

PATIENTS SEEN

255+

patients
have
attended
healthy leg
clinics



PRESCRIBING



51

prescribing
changes made
to optimise
compression
hosiery

EDUCATION



36 GP's

15

Practice Nurses

11

Pharmacists

DEPRESCRIBING

31%

of patients
deprescribed
diuretics



GP PRACTICES



29

Practices
agreed to
take part



Patient Reported Outcome Measures



69%

indicated a reduction in pain and limb tightness

70%

very pleased with the service

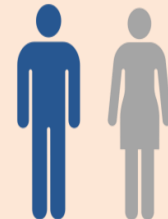


94%

identified provision of information on how to help their condition was the **best aspect of the service**

100%

patients found the negative impact of their swelling was reduced with intervention



Service user and GP feedback

<https://www.youtube.com/watch?v=t1eKdcdvDcQ>



A word cloud featuring various medical and healthcare-related terms. The words are arranged in a dense, overlapping manner. The largest word is 'Lymphoedema' in red. Other prominent words include 'Cellulitis' in dark grey, 'Swelling' in red, 'Physiotherapist' in teal, and 'Tissue Viability' in green. Smaller words include 'Oncology', 'Oedema', 'Nurse', 'Psychology', 'Wound', 'Chronic Oedema', 'Mental Health', 'Activity Coach', 'Pharmacist', 'Podiatrist', 'Health Coach', 'Leg Club', 'Leg Ulcer', and 'Dietician'.

Lymphoedema
Cellulitis
Swelling
Physiotherapist
Tissue Viability
Oncology
Oedema
Nurse
Psychology
Wound
Chronic Oedema
Mental Health
Activity Coach
Pharmacist
Podiatrist
Health Coach
Leg Club
Leg Ulcer
Dietician

Find out more



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@pippa_mccabe
@vivmurdoch15



**BJN Awards 2019:chronic oedema nurse of the year
runner up. Murdoch, V. British Journal of Nursing
2019, Vol 28, No 20; TISSUE VIABILITY SUPPLEMENT**

Questions?





Gillian McConaghie
Catherine McClelland

 Southern Health
and Social Care Trust

Quality Care - for you, with you

Healthy legs- Background

Increased number of referrals to the clinic for chronic oedema patients

Developed as a service improvement project to manage these patients

Focus is on education and exercise

Promotes self management

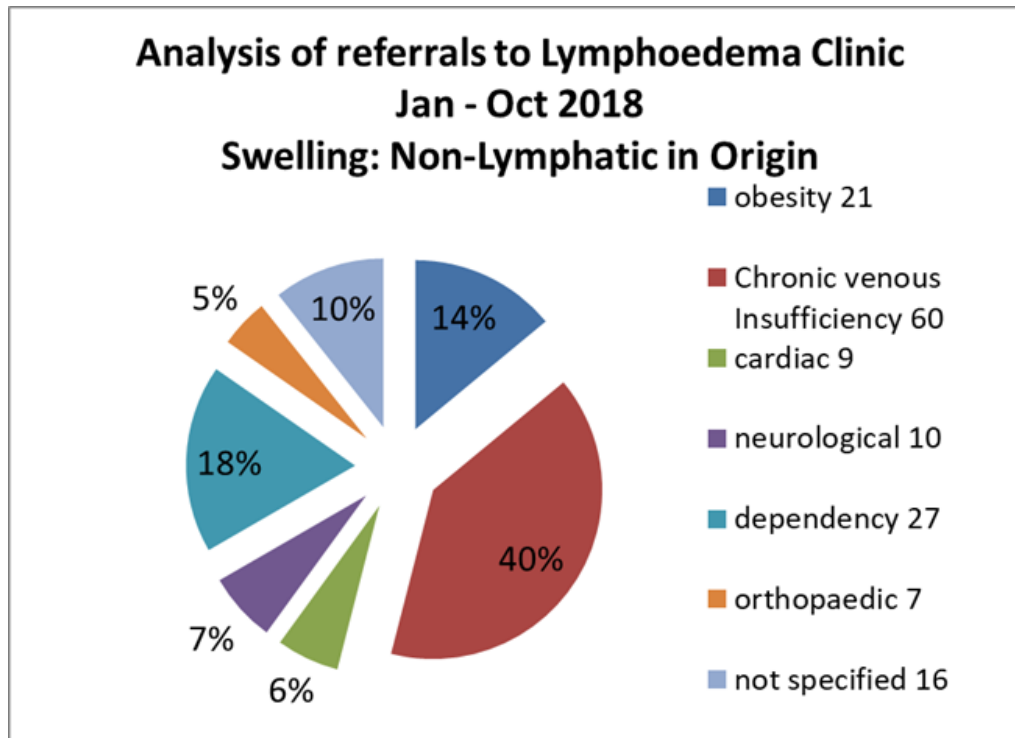
Lymphoedema Referrals

Analysis of Referrals to Lymphoedema Clinic Jan-Oct 2018

Origins of swelling



Non-lymphatic breakdown



Healthy Legs Class Structure

- One to one assessment with lymphoedema specialist physiotherapist
- If suitable patients commence 4 week programme
- Patient reported outcome measures
- Objective measures
- Patient goals and expectations discussed and recorded

Healthy Legs Class Structure



Healthy Legs Class Content			
Week 1	Week 2	Week 3	Week 4
Causes of swelling Signs and symptoms Complications associated with swelling	Self-management Skin care/foot care Positioning Physical activity	Principles of healthy eating Food labelling Weight control Onward referral	Role of compression garments Donning/doffing aids General care advice
EXERCISES	EXERCISES	EXERCISES	EXERCISES

Healthy Legs Class Structure

- Post class questionnaires
- Onward referral
 - Podiatry
 - Dietetics
 - Dermatology
 - Tissue viability



- Referral to ex  **SOUTHERN** s
Cycle For Health



Costs

- Staff band: Senior clinician and support staff
- Equipment (bariatric chairs, small exercise aids)
- Venue Hire

- 1 WTE specialist physiotherapist and 1 WTE physio assistant can deliver 29 Groups with 1 years treatment and follow up

- Based on full capacity classes 290 patients could be managed via the Healthy Legs Class per year.

So far...

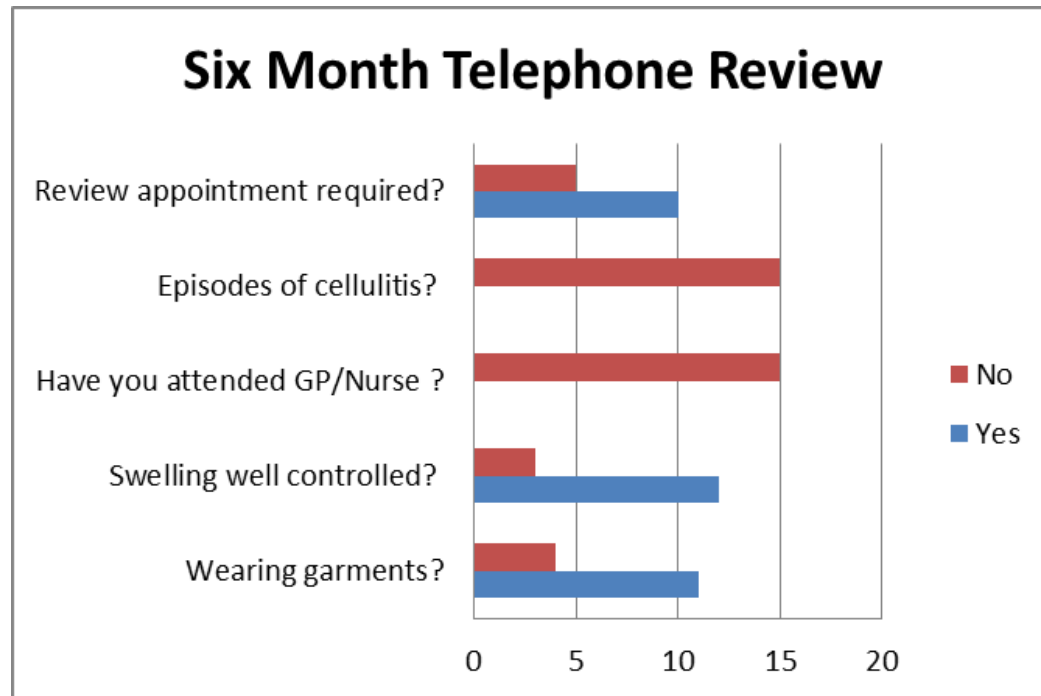
- Running since 2016
- Numbers through service

Time	Total no of referrals	No of HLC referrals	% HLC of total
Oct 17-Mar 18	187	25	13.3
Apr 18-Sept 18	237	48	18.6
Oct18-Mar 19	225	36	16
Apr 19- Sept 19	257	60	23.3

- Complex patient group
- Improved patient concordance
- Attendance rates (Wolff et at., 2019)
- Time savings

Outcomes

- Telephone review



Patient Stories

Patient A (initial assessment)

- 39 year old female
- Family history of CVI
- Sedentary job
- BMI 41.2
- Weight increasing
- Not active at all
- Bilateral leg oedema

Patient A (on telephone review)

- Not wearing garments...
- Exercising three times weekly
- Healthy eating
- 2 stone weight loss
- BMI 34
- Leg oedema resolved

Patient Stories

Patient B (initial assessment)

- 72 year old male
- CVI
- BMI 37
- Inactive lifestyle

Patient B (six month review)

- Completed exercise scheme
- Joined and attending gym
- Wearing garments
- 1 stone weight loss
- BMI 34.5

“The class was very comprehensive. Thoroughly enjoyed the class – Staff made it fun while giving us the tools to look after ourselves and what to look for if further help is needed”

Patient Stories

Patient C

- 48 year old man
- Obesity related leg oedema
- BMI 68 on assessment
- Social isolation
- Long history of recurrent cellulitis and ulceration
- Poorly compliant
- Frequent non attender

Patient C

- Enjoyed social interaction
- No further cellulitis or ulceration
- BMI 64 after 6 months
- More active
- Compliant with skincare and compression therapy
- Empowered to self manage

“the class was the best thing I ever went to...”

Patient feedback

"I learned why my legs are swelling, importance of exercise ...I found the group exercises helpful"

" I now understand the problem with my legs and how to look after them. Enjoyed the class very much and was glad to have been referred to it."

What have you learned from your time at 'Healthy Legs'?

"I have learned to keep exercising and wear my garments and to look out for any signs of infection. I found the classes very informative and enjoyed the exercises I did and will continue to do them"

"Really enjoyed the class especially the exercises & hearing about other people's legs problems & how they manage theirs".

Evidence for Healthy Legs Class

Does the evidence support a different treatment pathway?

Group based patient education for patients with chronic conditions

A literature scoping review identified that participants experienced the programs as beneficial according to less symptom distress and greater awareness of their own health, improved self-management strategies, peer support, learning and hope (Stenberg et al., 2016). Barlett (1995) showed for every dollar spent on patient education, four is saved.

Exercise in the management of venous leg ulcers

Kirsner 2018 produced a meta analysis of 5 small studies, and it suggested exercise offers an additional healing benefit in patients with leg ulcers (61% healed at 12 weeks in comparison to 41%)

Exercise in the management of arterial insufficiency

Cochrane systematic review by Lane et al., 2017 concluded there was high-quality evidence showing that exercise programmes provided important benefit compared with placebo or usual care in improving both pain-free and maximum walking distance in people with leg pain from intermittent claudication who were considered to be fit for exercise intervention.

Telephone reviews

Literature scoping review examined telephone consultations for people with chronic conditions. 47 articles were reviews and found this model can improve health behaviour, self-efficacy and health status. The review found that telephone-based coaching can enhance the management of chronic disease, especially for vulnerable groups. (Dennis et al., 2013)

Cost

For every £1.00 spent on lymphoedema treatments that limit swelling and prevent damage and infection, the NHS saves an estimated £100 in reduced hospital admissions (NCAT, 2013).

Review of recent referrals

- 57 referrals
- 25 referrals noted BM

BMI	Number of Patients
20-24,99	1
25-29.99	6
30-39.99	6
40-49.99	6
50-59.99	4
60+	2

Diagnosis from referral	Number of patients
Lipoedema	2
Cancer related lower limb	6
Cancer related upper limb	12
Chronic oedema	21
Chronic venous insufficiency	11
Dependency	1
Neurological	1
?primary	1
Upper limb MSK	1
total	57

Thoughts?

- Lymphoedema/chronic oedema/obesity related oedema
- How do we develop our service to meet the changing needs of our patients?
- Are we sufficiently addressing the causative and contributing factors?
- Wider benefits to our patients – health promotion, peer group support ?

Thoughts?

- Based on our findings and the evidence could this model be transferred to all our patient groups within lym
- Way forwa



**TRYING DIFFERENT WAYS
OF DOING THINGS IS
WHAT BRINGS INVENTION**

PICTURE QUOTES.COM



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