Lymphoedema: Not Such a Swell Time
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About Lymphoedema

Defined as an external or internal manifestation of lymphatic system insufficiency and deranged transport (International Society of Lymphology, 2009. The Diagnosis and Treatment of Peripheral Lymphoedema – Consensus Document [E-publication only]. Lymphology, 42, 51–60).

Three types –
- Primary (congenital)
- Secondary (acquired)
- Mixed (lympho-venous oedema)

20–47% of breast, genitourinary, gynaecological and melanoma survivors will suffer from secondary lymphoedema. Three stages:
- Zero – subclinical signs, however symptoms reported
- One – reversible but modifiable, oedema reduces overnight and with elevation
- Two – irreversible, pitting oedema present, doesn’t reduce overnight; fibrotic tissue changes may be present
- Three – elephantiasis (modifiable), fibrotic tissue changes present, non-pitting oedema, changes in the skin’s quality

Treatment

Over the last 10 months, 14 patients have consented to complete CLT within our Outpatient Physiotherapy Lymphoedema service. Treatment spanned from two to four weeks, the timeframe of treatment was dependant upon plateau of the patients circumferential measurements, the patients tolerance of bandaging and the patients ability to attend clinic.

Of those that completed CLT, they presented with single, upper or lower limb lymphoedema (50% of each). 71% of the patients presented with lymphoedema secondary to cancer treatment.

Complex Lymphatic Therapy (CLT) consists of two phases. Prior to starting CLT the patient is provided with education about lymphoedema and what the therapy involves, this includes what is expected of them as part of Phase 2 – Self Management. Completing both Phases is considered best practice for lymphoedema care, however requires the patient to attend clinic twice a week.

Process

Patients that consented to complete the full process of CLT were monitored for changes in limb circumference. Following completion of Phase 1, and once the patients were established in Phase 2 of CLT, a questionnaire was sent out to assess whether a change in function and/or pain had occurred. This also provided them with an opportunity to provide feedback on the service.

For those that were unable to commit to CLT (commonly due to the requirement of twice weekly sessions), they were provided with education and ensured they were able to complete Self Management (Phase 2). This was performed by demonstrating Manual Lymphatic Drainage and teaching Self Lymphatic Drainage, and also by providing them with a compression garment.

Conclusion

The time invested by both the therapist and patient to complete CLT provides patients with an opportunity to not only significantly reduce the size of their limb, but to improve their function and ability manage their condition independently. All patients demonstrated a reduction in affected limb total circumference (range 0.1%–15.0%; mean 5.9%).

Thank you: Mark Cranswick (Senior Physiotherapist), & Our Lymphoedema Patients