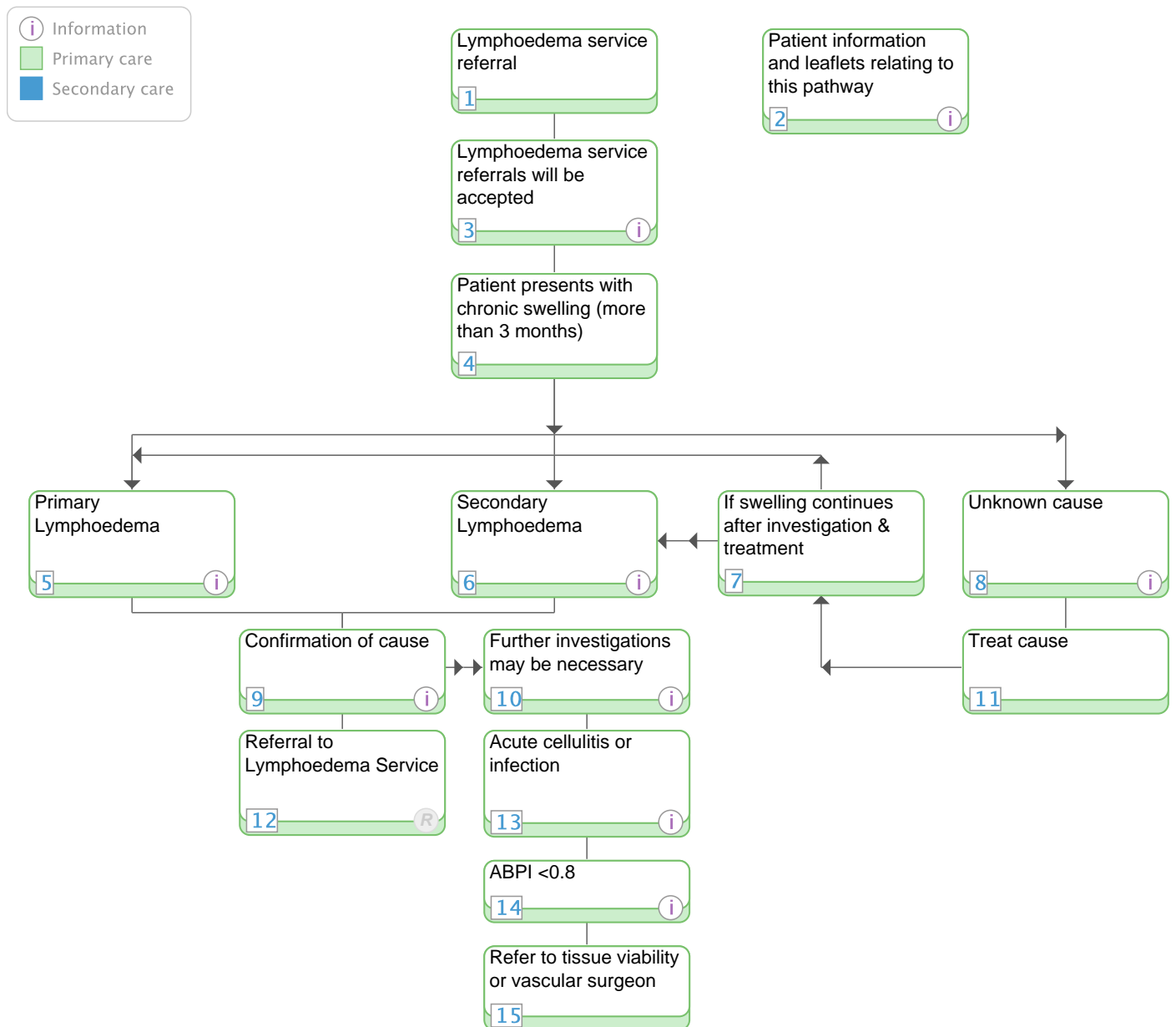


Lymphoedema service referrals

North Devon Development Zone > General Surgery > Lymphoedema service referrals



Lymphoedema service referrals

North Devon Development Zone > General Surgery > Lymphoedema service referrals

2 Patient information and leaflets relating to this pathway

Quick info:

Please see local information node

3 Lymphoedema service referrals will be accepted

Quick info:

Lymphoedema service referrals will be accepted from:

- Any healthcare professionals on the understanding they have undertaken the appropriate investigations listed below prior to referral (the referrer must also ensure the GP is informed of the referral).
- Self referrals will be directed to the GP for investigations to be undertaken.

Patients are unlikely to benefit from Lymphoedema treatment if they have:

- BMI >40 and who are unwilling to see a dietitian or follow a weight management programme
- Likelihood of non-compliance e.g. dementia
- Unwilling to wear compression hosiery

5 Primary Lymphoedema

Quick info:

Primary Lymphoedema:

Develops at birth or shortly after puberty and is caused by faulty genes.

- Primary lymphoedema is usually diagnosed after exclusion of secondary lymphoedema.
- Genetic screening may be required if there is a suspected familial link.
- Lymphoscintigraphy can be used to confirm the diagnosis where the cause of the swelling is still unclear. (Refer to Dept of Nuclear Medicine).

6 Secondary Lymphoedema

Quick info:

Secondary Lymphoedema

- Caused by damage to the lymphatic system as a result of an infection, injury, trauma or cancer

Main causes:

- Trauma & tissue damage
- Malignant disease
- Venous disease
- Infection
- Inflammation
- Endocrine disease
- Immobility and dependence
- Lipoedema

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Lymphoedema service referrals

North Devon Development Zone > General Surgery > Lymphoedema service referrals

8 Unknown cause

Quick info:

Instigate appropriate investigations for:

- Latrogenic – (steroids, NSAIDS, calcium antagonists)
- Anaemia
- Presence/recurrence of tumour
- Congestive heart failure
- Vena caval obstruction
- Deep vein thrombosis
- Renal failure
- Liver failure
- Hypothyroidism
- Hypoproteinaemia
- Dependency oedema

9 Confirmation of cause

Quick info:

- When cause is confirmed refer to Lymphoedema service for assessment. (See next for exclusion criteria.)

10 Further investigations may be necessary

Quick info:

Patients may require further investigation if they suffer from:

- Severe/unstable cardiac or renal failure
- Recurrence of malignant tumour
- Vena Caval Obstruction

13 Acute cellulitis or infection

Quick info:

Please see local info tab for information **on the British Lymphology Guidelines on the Management of Cellulitis in Lymphoedema 2010 and local guidelines**

14 ABPI <0.8

Quick info:

- Patients with evidence of arterial insufficiency (ABPI<0.8)
- Advanced peripheral neuropathy

Lymphoedema service referrals

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Key Dates

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Evidence summary for Lymphoedema service referrals

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