**GP Advice**

**Supporting long-term self-management following assessment by Lymphoedema Service**

**Compression**

* The type, make and grade of pressure of any garments prescribed by the specialist service together with the relevant PIP code should be noted, where available. This should not be altered or substituted without reference to the original prescriber.
* Patients should be provided with a minimum of two sets of garments every six months to allow them to wear one whilst washing the other. Those with heavy manual jobs that may lead to heavier wear may need more garments.
* Garments should be worn from rising to retiring, including periods of exercise.
* By their nature, compression garments are designed to be firm fitting yet comfortable. This may make them difficult to apply. Patients may need aids to assist in their application/removal – a variety of such aids are available on prescription. Some people may need assistance with application/removal.
* Once in place, garments may feel firm, but should fit well and feel supportive, not painful or create other problems (such as sores on the skin)
* Patients often resent having to wear their garments so it is vital to reinforce their effectiveness in the treatment and management of the condition. Without them, the condition will regress very quickly.

**Skin care regime/risk of infection**

* Patients will have been advised to keep their skin clean and well moisturised – many will use over the counter products but some may have been prescribed such by their specialist.
* Patients with chronic oedema/lymphoedema are at high risk of developing cellulitis in their affected limb. Any breakages to the skin barrier are to be avoided where at all possible; this includes injections and venepuncture in the affected limb (s).
* It is important to treat any fungal infections such as athlete’s foot etc., promptly and vigilantly and to refer to the relevant specialists should verrucae or other such develop in the affected limb.
* **Patients and their families, as well as their medical practitioners, should be advised to seek and provide help immediately if they suspect they are developing cellulitis – symptoms such as fever, nausea, flu-like symptoms, skin redness and heat should be acted on promptly even if outside normal practice hours.**
* It is recommended that patients who have had an attack of cellulitis in the past should either carry a two-week supply of antibiotics with them, or a prescription for the same.

**Guidance on the management and treatment of cellulitis in lymphoedema can be accessed** [**here**](https://www.lymphoedema.org/Menu3/Cellulitis%20Consensus.pdf) **and on the LSN website.** [**www.lymphoedema.org**](www.lymphoedema.org) **However, also refer to** [**BNSSG Antimicrobial Guidelines**](https://remedy.bnssgccg.nhs.uk/formulary-adult/local-guidelines/5-infections-guidelines/)**.**

**Exercise/movement and weight management**

* Movement is a vital component in the management of chronic oedema/lymphoedema. Any movement that stimulates the muscles may be helpful and should be encouraged; exercise in water can be particularly beneficial. It may be possible to support your patient by referring to a gym if such a scheme exists in your area.
* Maintaining a healthy weight is an important factor in optimising lymphoedema maintenance. If needed, your patient may need the support of a local weight-loss club or a dietetic team.

**Limb positioning**

* Alongside movement/exercise, elevation of the affected limb(s) (at rest) can help reduce oedema. To be effective, the affected limb needs to be well supported and at the same level as the heart, such as bed rest or resting with arms elevated on cushions.

**Manual Lymphatic Drainage**

* MLD is a specific massage technique that encourages fluid away from swollen areas. The efficacy of the therapy outside of an intensive treatment period is not proven and as such most patients who seek this treatment on an on-going basis will have to fund it themselves. It is important that anyone seeking your advice on such be advised to ensure that they seek the care of a suitably qualified practitioner. The best way to do this is to source a provider through MLDUK (link).
* Patients can carry out a modified self-administered form of MLD called Simple Lymphatic Drainage (SLD). Their specialist team may have shown them the technique, or alternatively, the LSN have a DVD of the technique that can be purchased from them.

**Emotional/social support**

* Chronic oedema/lymphoedema is a disfiguring medical condition and carries a heavy emotional burden. Whilst many patients cope with this element others may need professional assistance necessitating referral.
* Chronic oedema/lymphoedema and its treatment can have an effect on the individual’s ability to gain or continue in their chosen field of employment. Such changes may necessitate your input, both in a supportive and assessment capacity.

**When to refer back to specialist services**

There may be times or situations that necessitate your seeking advice from or referring back to the specialist services. These may include:

* a change in the amount of swelling or the dimensions of the limb.
* a change to the patient’s ability to comply with the previously prescribed treatment regime – such as increased arthritis making application of garments impossible
* alteration in general or specific vascular health