

Pathway for lymphorrhoea and chronic oedema related erosions

Easy steps to manage wet legs FAST!

STEP 1 - Assessment, patient history

- ✔ Conduct a full medical history
- ✔ Identify potential risk factors for peripheral arterial disease (PAD) eg claudication or dependent rubor
- ✔ Identify the underlying cause of the oedema or factors that significantly contribute such as medication, known heart failure, extended periods of leg dependency, not going to bed
- ✔ Establish the duration of lymphorrhoea or wet erosions
- ✔ Assess and address the patient's pain

STEP 2 - Skin care, elevation and exercise

- ✔ Wash legs, dry thoroughly, especially between the toes and moisturise lower limb at each nursing visit
- ✔ Explain the importance of elevation as treatment. Draining the legs will help the erosions to resolve faster and reduce pain and discomfort
- ✔ Ask your patient to complete simple exercises to support the circulatory system, eg ankle flex, rotations, wiggling of toes and mobilise throughout the day where possible

STEP 3 - Exudate and wound management

- ✔ Remove eczematous scales with gauze or forceps
- ✔ Apply Steroid for eczema such as Betnovate 0.1% ointment
- ✔ Use absorbent pad as required
- ✔ Apply emollient
- ✔ Apply Viscopaste toe to knee
- ✔ K-Soft or similar toes to knee

Yes

STEP 4 - Can you safely treat with compression therapy without an ABPI?
Do they have intact sensation and no signs of peripheral arterial disease (PAD)?

Yes

STEP 5 - Start mild compression

Assessment above indicates it is safe to apply compression to your patient without ABPI

STEP 6 - Compression therapy

- ✔ Start single layer short stretch bandage or wrap compression system
- ✔ For swelling in the toes, consider toe caps / bandages
- ✔ Nursing visits should be a minimum of 3 times a week for 2-4 weeks
- ✔ Educate the patient on what to expect from his/her compression

STEP 7 - Patient information

- ✔ Ensure the patient and family are aware of the cause of these erosions and the role of uncontrolled swelling.
- ✔ Are they clear on what they have to do to help this resolve swiftly?
- ✔ Are they clear on what to expect from you?

STEP 9 - Long term management

- Measure your patient for flat-knit hosiery or a wrap compression system
- ✔ Discuss with your patient which option would be most appropriate
 - ✔ Provide information on the importance of long-term management with compression hosiery and skin care
 - ✔ Provide a hosiery aid if required
 - ✔ Patients need to have new hosiery every 6 months and a vascular assessment annually

No

STEP 5 - Urgent referral

In the presence of lymphorrhoea this requires an URGENT referral to Accelerate Lymphoedema team.

- ✔ Investigate arterial status by establishing ABPI
 - ✔ If >0.8, they are safe to receive compression therapy
- Please seek advice

STEP 6 - Temporary treatment plan if ABPI a concern and/or waiting for specialist review

- ✔ Use double firm K Lite bandaging
- ✔ Daily dressings are likely until compression therapy can be used - K Lite will not apply therapeutic levels of compression so may not have a significant impact on exudate or levels of pain
- ✔ Establishing whether compression is safe to use is critical
- ✔ This patient MUST be referred to the Lymphoedema Team [acceleratecic.com/referrals](https://www.acceleratecic.com/referrals)

STEP 8 - Evaluation of therapy

- ✔ After 2-4 weeks, re-measure the affected limb
- ✔ Has the limb reduced in size and the shape of the limb improved?
- ✔ Leakage should now have stopped. If not refer to the Lymphoedema Team for full assessment and strong compression

STEP 10 - Long term management programme

- Chronic oedema needs a long term management programme. If not controlled with hosiery and exercise, the lymphorrhoea will return creating unnecessary suffering.
- ✔ Make sure the patient is clear on the facts and seek support from the Accelerate Specialist Team for long-term prevention
 - ✔ Go to [acceleratecic.com](https://www.acceleratecic.com) for patient and clinical resources and videos