**Before referral to this service please consider the following: -**

Lymphoedema is a chronic inflammatory condition in which part of the lymphatic drainage system fails to work effectively.

Swelling can affect one or more limbs, head & neck, mid-line and genital areas.

Swelling that lasts more than 3 months, that does not reduce with elevation(overnight), should be considered as lymphoedema.

Acute swelling related to trauma or DVT should not be classed as lymphoedema and should be treated using the appropriate treatment modality.

People who have a high body mass index (over 40) should be first referred to specialist weight management and be actively losing weight over a sustained period of time (6 months) before considering referral to the lymphoedema service.

**The referral criteria we have in place regarding BMI>40 patients engaging with the Specialist Weight Management Service, is for several reasons:**

* **Obesity** is the major contributing factor towards chronic lower leg oedema and compression alone will not be sufficient in treating this. This issue must be addressed first and foremost. Research shows that any oedema that has reduced will return swiftly if improved lifestyle changes are not made.
* **Specialist Weight Management Services** are a multi-disciplinary team consisting of clinical and health psychologists, dieticians, physiotherapists assistant practitioners and occupational therapists. They also have Consultant Endocrinologists who can assist medically complex patients and follow bariatric pathways. The service offers telephone and home visits.
* Patients who have a high BMI often find it difficult to bend down to their feet to apply any compression garments. Compression applicators are usually not large enough to accommodate the size of the limb.
* Most patients are not able to fit into any adjustable compression wraps due to sizing and custom-made stockings are not suitable due to skin folds and difficulty applying them.
* The effectiveness of compression is minimal. As lymphoedema compression garments have short-stretch properties, they exert a very high working pressure and a low resting pressure, to be fully effective it requires patients to be active. Reduced mobility is often an issue for obese patients.

**Yes**

**No** **Yes**

Refer to Lymphoedema Service

Refer to Lymphoedema Service

Refer to Lymphoedema Service

**Has the patients swelling been present  Is the BMI < 40**

**for over 3 months?**

**** No 

Refer to Specialist Weight Management Refer to Lymph service

****

**UNABLE TO ACCEPT REFERRAL. Swelling present**

**for less than 3 months is considered acute oedema**

and not Lymphoedema. Acute oedema may be

**caused by change in medication, trauma, infection**

**or reduced mobility. This does not require intervention**

**from a Specialist Service but possible treatment and**

**advice from a General Practitioner, Practice Nurse or Pharmacist**

**Is the patients BMI <40**

**Yes**

**No**

**Does the patient have a cancer diagnosis or past medical history of cancer?**

**Is the patient under Specialist Weight Management, and been consistently losing weight for 6 months?**

**Yes**

**No**

Refer to Specialist Weight Management Team

**No**

**Is the patient free from wounds, leaking legs, ulcers?**

**No**

**Yes**

Refer to Community Nursing Team

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick the boxes to show patient fits the following criteria, to demonstrate their suitability for our service. If you are unable to tick all the boxes, please refer to alternative teams as indicated on page 1.**  Swelling present for more than 3 months (unless recent cancer related surgery / chemo / radiotherapy)  BMI less than 40   Difficulty adapting to decline in function   No wounds / ulcers   No leaking legs | | | | |
| **Current Location of Patient / Service User:**  **Telephone Number(s):** | | Consent given to referral? **YES**  **NO**  Informed consent given to share  information with all agencies, as **YES**  **NO**  required to provide care?  If no, state with whom information must not be shared: | | |
| **Patient / Service User Details**  Surname: Title:  Forename:  Address:  DoB: Age: | | **NHS Number:** | | |
| Gender: | | |
| Known Allergies: | | |
| Religion: | | |
| Ethnicity: | | |
| Language: | | |
| Interpreter Required?  **YES**  **NO** | | |
| Current or past occupation: *(please indicate if current/ retired service personnel)* | | |
|  | **Name** | | **Address** | **Contact No.** |
| Next of Kin |  | |  |  |
| General Practitioner |  | | *If not a Wigan GP, they must have a Wigan Council address.* |  |
| Referrer |  | |  |  |

|  |
| --- |
| Lives alone? **YES**  **NO**  If no, lives with:  Accommodation, specify type: e.g. house, bungalow, etc.  Owner occupied  Rented Nursing Home / Residential Home / Sheltered Accommodation  Access and any risk issues identified? **YES**  **NO**  *(please detail in final box below)* |

|  |  |
| --- | --- |
| **History of present condition and medical diagnosis** | |
| **Relevant Past Medical History**  **• Hypertension/ Hypotension YES**  **NO**  **• Diabetes YES**  **NO**  **• Cellulitis YES**  **NO**  **• Hyperthyroidism/ Hypothyroidism YES**  **NO**  **• Previous surgery YES**  **NO**  **• Previous DVT or trauma to limb YES**  **NO**  **• Unstable renal failure YES**  **NO**  **• Unstable heart failure YES**  **NO**  **• Previous malignancy YES**  **NO**  ***If yes, has recurrence been excluded?***  **• Receiving cancer treatment**  **If yes, what?**  **• Other** | **Current Weight:**  **Current Height:**  **BMI:** |
| **Previous therapy intervention and client’s response:** (e.g. Compression, multi-layer compression bandaging, manual lymphatic drainage (MLD) | |
| **Any further relevant information** | |

Please send to: Wigan Lymphoedema Service [wwl-tr.wiganlymph@nhs.net](mailto:wwl-tr.wiganlymph@nhs.net) Tel: 01942 482230

Signed:

Date:

Role: