**Please consider the following prior to referral to the service:**

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 only be referred if there is evidence of consistent weight loss over the last 6-month period.

Patients must be 16 years and over.

**Please note service criteria regarding BMI>40 is for the following 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.
* 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 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.

**Please see below checklist to assess if the patient is appropriate for the service and meets service criteria:**

Refer to Lymphoedema Service

Is the BMI <40 **YES**

**NO**

Has the patient’s swelling been present for over 3 months?  **YES**

**NO**

**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 specialist Lymphoedema Service input. However, this may require treatment and advice from a General Practitioner, Practice Nurse or Pharmacist.

 **YES**

Does the patient have a cancer diagnosis or past medical history of cancer linked to the Lymphoedema?

 **NO**

Patient must follow lifestyle guidance and achieve consistent 6- month weight loss

We are unable to see patients with mild swelling associated with venous hypertension/ eczema/ ulceration who require assessment for hosiery.

Please note we do not see patients with wounds, ulcers or Lymphorrhoea (leaking legs). Consider referral to Community Nursing.

The service sees patients who are 16 years and above.

|  |
| --- |
| **Please tick the boxes below to demonstrate patient meets service criteria** |
| Swelling present for over 3 months (unless recent cancer related surgery / chemo / radiotherapy) **YES** ☐ **NO** ☐ BMI less than 40 **YES** ☐ / if >40 patient must have achieved consistent 6- month weight loss **YES** ☐Wounds / ulcers? **YES** ☐ **NO** ☐ Leaking legs? **YES** ☐ **NO** ☐Does swelling reduce overnight? **YES** ☐ **NO** ☐ |
| Consent given to referral? **YES** ☐ **NO** ☐Informed consent given to shareinformation with all agencies, as **YES** ☐ **NO** ☐ required to provide care? If no, state with whom information must not be shared: |
| **Current Location of Patient/ Service User** | **Telephone number** |
|  |  |
| **Patient / Service User Details** |
| **Surname:**  | **Title:** | **Gender:**  |
| **Forename:** | **Known Allergies:**  |
| **Address and Postcode:** | **Religion:** |
| **Ethnicity:**  |
| **Language:** |
| **DOB** | **Age**  | **Interpreter Required? YES ☐ NO ☐**  |
| **NHS Number:** | **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 |  |  |  |
| **Social History** |
| 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**  |
|  |
| **Medications** |
|  |
| **Relevant Past Medical History** |
| * **Hypertension/ Hypotension YES** ☐ **NO** ☐ **other:**

**• 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?** |
| **Current weight**  |  | **Current Height** |  | **Current BMI** |  |
| **\*Weight 6 months prior** | **\*BMI 6 months prior** | **\* This is required if patient has BMI>40 to demonstrate meeting service criteria\*** |
| **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 Tel: 0300 707 1170

Signed: Role: Date: