Chronic oedema management

Chronic oedema is a perennial challenge for community nursing teams. It consumes a large proportion of time and energy, and may seem like a losing battle. With growing numbers of older people with multiple and complex conditions that limit their mobility and obesity on the increase, the prevalence of chronic oedema is predicted to rise. With reports of a current prevalence of 6:1000 (National Lymphoedema Partnership [NLP], 2019), this is a depressing prediction. There are several strong arguments for being proactive and robust in implementing treatment plans for chronic oedema. We know that:

- Mild chronic oedema will only get worse without appropriate treatment
- Chronic oedema, whatever the cause, indicates a failing lymphatic system (lymphoedema), whose job it is to drain fluid from tissue spaces and return it to the circulation for excretion
- Lymphoedema causes changes in the skin and tissues, making individuals vulnerable to cellulitis, wounds or delayed wound healing, worsening of the condition and poorer outcomes

Unfortunately, patients with chronic oedema, with or without wounds, are often referred late to community nurses and the situation can seem daunting, or even hopeless. There is no doubt that the earlier treatment is initiated, the easier it is to treat and achieve a positive outcome. However, improvement to a stage of self-management can be achieved at later stages too. There is no magic bullet and it does need patience, determination, a consistent positive approach from the whole team, of which the patient/informal carers are key members.

The British Lymphology Society (BLS) seeks to support healthcare professionals in achieving the best possible care for people with chronic oedema. It is continually expanding its resources and opportunities to keep up to date with treatment strategies. Much of the care of people with lymphoedema takes place in the community, so many of the resources have a community focus. Key components of chronic oedema management are presented below.

Table 1: Plan, do, study, act (POSA) strategy

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<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
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<tr>
<td>Be proactive — do no harm</td>
<td>Encourage medical and nursing colleagues to be vigilant about oedema from any cause that persists over three months</td>
<td>Delays treatment exposes patients to risk of infection, wounds with delayed healing, worsening of the condition and poorer outcomes</td>
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<td>Be positive</td>
<td>In long-term chronic oedema, patients and professionals may become disheartened or hopeless</td>
<td>Engage patient and carers in setting and monitoring goals that are meaningful and attractive to them</td>
<td>Ensure understanding of what they can do themselves and be positive about what can be achieved with modest improvements, e.g. in diet and activity to improve it/prevent deterioration</td>
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<td>Be specific</td>
<td>Provide clear instructions and explanations on:</td>
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<td>Be brave and safe in applying compression</td>
<td>Skin cleansing, moisturising and protection</td>
<td>Movements and activity to stimulate lymph flow</td>
<td>Positioning</td>
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<td>Recognising and responding to signs of cellulitis as per the British Lymphology Society (BLS)/Lymphoedema Support Network (LSN) cellulitis consensus guidelines (BLS/LSN, 2016)</td>
<td>Compression</td>
<td>Diet/maintaining a healthy body weight</td>
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<td>Be holistic</td>
<td>Initiate appropriate compression as soon as possible. If an ankle brachial pressure index (ABPI) assessment is unavailable, use the BLS vascular assessment guidance (BLS, 2018) with downloadable assessment tool for safe decision-making until it can be undertaken and avoid harmful delays</td>
<td>Address any contributory factors, ensuring optimum management of concurrent conditions</td>
<td>Review medication, seeking alternatives to those known to cause fluid retention, e.g. calcium channel blockers such as amlodipine</td>
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<td>Be consistent</td>
<td>Ensure all the team support the plan and take the same approach</td>
<td>Don’t rely on diuretics — if there is no specific indication for diuretics, e.g. cardiovascular problems, they may further compromise the lymphatic system</td>
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<td>Be reflective and objective</td>
<td>Monitor, record and evaluate effectiveness of strategies at agreed points and be prepared to start a new cycle with changes</td>
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in Table 1, which highlights two resources that may be of particular value in relation to management of cellulitis and vascular assessment to enable prompt application of compression therapy. These, and many other resources, are freely accessible on the website. However, signing up as a Friend of BLS (free) extends access to other resources and regional events. Friends also receive the quarterly newsletter electronically and notification of new resources. Have a look at what is available to support you, including a range of Lymph Fact Sheets, and see our directory of lymphoedema services for local networks.

The BLS contribution to supporting effective practice is strengthened by its collaboration with other organisations and it is an active Legs Matter Campaign Coalition member (www.legsmatter.com). The society is also working with the National Wound Care Strategy Project because wounds, often associated with chronic oedema, cost the NHS over £5 billion a year and the drain on community nursing time is unsustainable (Guest et al, 2015).

**MAKING A DIFFERENCE, SLOWLY BUT SURELY.**

The plan, do, study, act (PDSA) strategy is sound in addressing any clinical problem; each case being planned like a project, with all involved being clear about objectives, roles and expectations, and evaluation that may indicate change for a new cycle. However, it is not just about doing — ‘being’ and being conscious of how we are being is just as important.

Chronic oedema is a challenging clinical problem which will continue to increase and for which most health care professionals receive little formal training. Never be reluctant to seek advice from colleagues or specialists in different fields — we’re all in this together and, remember, early intervention can improve outcomes and, most importantly, lead to a positive patient experience.

**REFERENCES**


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**The Original Pillow With A Hole™**

Your Ear’s Best Friend

If your patient has a persistent ear pressure sore, recommend the Original Pillow with a Hole™.

Heals CNH in a matter of weeks with no need for creams or surgery.

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