

Lymphoedema Service Referral and Management Pathways



ALL referrals **MUST** be submitted on the Lymphoedema Referral Form (see Annex A)

Lymphoedema Referral Received by Service

Referral triaged and outcome recorded on EMIS

Inappropriate referrals rejected and rejection confirmation sent with reason

Referral Accepted

Incomplete referral forms returned for additional information

Patient prioritised* and appointment sent out within 3 weeks (Annex C)
Service Telephone number provided should Patient have concerns/need to re-arrange

Telephone contact with patient 48 - 72 hours prior to appointment

*Prioritisation will consider

- Life Limiting Conditions
- Extent of swelling
- Area of swelling
- Impact on ADL's
- Impact on Quality of Life

- Reminder of date and time of appointment.
- Infection control information provided (Covid screening).
- Confirmation if patient coming by ambulance or any particular access needs.

- If unable to contact patient and/or patient does not attend, check with GP.
- If still no response DNA letter sent (see Annex 2).
- If no response from patient within 2 weeks, discharge from service.

Minimal Swelling

Assessment of Lymphoedema /Lipoedema Without Treatment

Initial Assessment & Prescription

All patients receive education on self-care, simple lymphatic drainage (where appropriate), skincare, cellulitis and use of compression hosiery



Patient contact service when garment received



Fitting Appointment
For Compression



Three Month Review and Discharge

NB: Patient and GP receive copy of prescription. Patient advised to re-order every 6 months

Re-Referral to Lymphoedema /Lipoedema for Remeasure (Potential To Follow Complex Pathway)

Initial Assessment, Re-measuring & Prescription

All patients receive education on self-care, simple lymphatic drainage (where appropriate), skincare, cellulitis and use of compression hosiery



Three Month Review and Discharge

NB: Patient and GP receive copy of prescription. Patient advised to re-order every 6 months

Assessment of Complex Lymphoedema /Lipoedema with Treatments

Initial Assessment, Re-measuring & Prescription

All patients receive education on self-care, simple lymphatic drainage (where appropriate), skincare, cellulitis and use of compression hosiery

Patient contact service when garment received

Fitting Appointment
For Compression

Six Sessions Of
Treatment*

*Please note patients may require more or less than 6 sessions.

This may be assessed during treatment period and according to patient wishes

Eight Week Interval Progress Review

Poor response to treatment

Good response to treatment

Top Up or Change to Treatment Plan

Eight Week Review

** Please note – patient will only be discharged when appropriate.

If not suitable for discharge they will re-attend clinic for three monthly review.

Three Month Review & Discharge**

NB: Patient and GP receive copy of prescription. Patient advised to re-order every 6 months

PATIENT REFERRAL FORM FOR LYMPHOEDEMA

NB ONLY REFER IF HAD LYMPHOEDEMA FOR MORE THAN THREE MONTHS

We will endeavour to see all referrals within 18 weeks

If you feel there is an URGENT need for our input, please contact the Lymphoedema Team to discuss on 01253 952571.

British Lymphology Society document for management of cellulitis, section 2 relates to recurrent cellulitis

Referral Criteria

- ☐ Re-referral for re-measuring for compression
- ☐ Primary lymphoedema (congenital)
- ☐ Cancer or cancer treatment related
- ☐ Secondary lymphoedema
- ☐ Lipoedema
- ☐ Other (please specify)

Referral Exclusion Criteria

- Unstable heart failure – refer to cardiology.
- Any leg ulceration or leg wounds.
- Weeping legs.
- Arterial insufficiency (Doppler ABPI of <0.8 – refer to vascular).
- Patients unwilling or unable to apply compression hosiery.

NB: BMI –Lymphoedema can be secondary to obesity, therefore weight management will need to be addressed prior to referral. Please provide relevant information below.

All referrals must be typed and received in either PDF or WORD format.

Please ensure that all relevant information has been given to avoid a delay in processing this referral.

Unfortunately, any incomplete forms will be returned to you.

Patient Details

Patient name:

Known as:

Address:

Post Code:

Tel No:

Date of Birth:

NHS No:

Hospital No:

GP and Surgery Details

General Practitioner:

Surgery Address:

Telephone Number:

Diagnosis of Current Problems**Date diagnosed:****Site of oedema:****Duration of oedema:****Does the patient have a life limiting diagnosis?**No ☐ Yes ☐ (please specify):**Mobility status (please state if wheelchair bound or using ambulance transport):****BMI:**If BMI >30 have you referred to weight management services? Yes ☐ No ☐**WEIGHT:****Social circumstances:****Please do not refer if a patient cannot, or will not, safely apply/remove compression hosiery.**Patient can apply ☐Patient has carer who can apply ☐**Summary of treatment to date and future planned treatment:****Any important information regarding disability or communication issues we should be aware of:**

Patient Name: _____

[illegible]

Completed referrals should be emailed to:

Email: trinity.referrals@nhs.net **Telephone:** 01253 952571

Website: www.trinityhospice.co.uk



LYMPHOEDEMA CLINIC

Tel: 01253 952571

Date

Patient's Name and Home Address

Dear

It has been a while since we've heard from you. It may be that Lymphoedema support is no longer required at this time.

I would be grateful if you could contact the clinic on the above number within two weeks of the date of this letter if you feel support might be helpful. If we do not hear from you, we will assume support is not required and we will discharge you from our care.

If, however you feel that our services are required in the future please contact your GP to re-refer you back to our Lymphoedema Clinic.

Yours sincerely

Lymphoedema Clinic



Date

GP Name and Address

Dear GP Name

**Re: Forename Surname
Home Full Address**

DOB:

We wish to inform you that 'Patients Name' has been discharged from the Lymphoedema Clinic.

Patient's name has failed to attend for his/her appointment. If you wish to discuss this matter further, please do not hesitate to contact the Lymphoedema Clinic on telephone number: 01253 952571.

Yours sincerely

LYMPHOEDEMA CLINIC

The Trinity family of services:

In-Patient Unit • Hospice at Home • Day Therapy Unit • Clinical Nurse Specialists • Brian House Children's Hospice
Lymphoedema Service • Complementary Therapy • Support/counselling for grief and loss • Learning and Research Centre





LYMPHOEDEMA CLINIC

Tel: 01253 952571

Date:

Patient's Name and Home Address

Dear

We have received a referral to request an appointment with the Lymphoedema Service. An appointment has been made for you on:

Appointment Start Date Appointment Start Time

Please report to the Palliative Care Centre at Trinity Hospice & Palliative Care Services and ask for the Lymphoedema Clinic.

Please bring with you:

- The completed Information Sheet provided and
- Any compression garments you have already been fitted with previously

If this appointment is not convenient please inform the Lymphoedema Clinic staff as early as possible so that alternative arrangements may be made.

Failure to attend appointments without adequate notice will result in you being discharged from the service.

Yours sincerely

LYMPHOEDEMA SERVICE

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