

<b>Policy statement:</b>	<b>Lymphoedema Services</b>
<b>Status:</b>	<b>Group Prior Approval</b>

M&SECCGs commission lymphoedema services on a restricted basis. M&SECCGs do not fund intensive acute hospital inpatient therapy or treatment in specialist units outside local CCG community commissioned pathways.

Treatment of lymphoedema by specialist units **will only be funded in exceptional clinical circumstances.**

### Definition:

Lymphoedema is swelling due to excess accumulation of fluid in the tissues caused by inadequate lymphatic drainage. It can affect any part of the body, but most commonly affects the arms and legs. There is no agreement on the quantitative definition of Lymphoedema.

Lymphoedema can be classified as primary or secondary. Primary lymphoedema is due to abnormality intrinsic to the lymphatic system. Secondary Lymphoedema is due to damage/obstruction of the lymphatic system. This can be caused by cancer or cancer treatment, but there are a variety of other, non-cancer causes. Historically, lymphoedema services have often developed in relation to cancer services and have extended their scope to treat other types of lymphoedema.

Lymphoedema is essentially incurable as it represents end-stage failure of lymph drainage and will invariably progress unless controlled. Skin infections occur which can necessitate hospital admissions and there is increasing lack of mobility if patients are untreated.

Symptoms include the weight and discomfort of the affected limb, recurrent inflammation and infection, and the psychological distress caused by the appearance on the limb.

Once correct diagnosis has been established, the patient should be referred on to a local CCG commissioned lymphoedema service.

### Criteria for referral:

As lymphoedema is only one cause of oedema, the GP should ensure

- the correct diagnosis -remembering that most causes of peripheral oedema are cardiac, renal, hepatic or venous in origin, rather than lymphoedema.
- the oedema is persistent or greater than 3 months duration; or
- Patient is at known risk of lymphoedema.
- Patient must have tried and failed all available conservative management options before referral to a community based lymphoedema service.

GPs must include evidence of meeting these requirements and confirm before referral to a community based lymphoedema service.

Where children or younger adults present with limb swelling, the GP may wish to refer to the appropriate specialist to exclude diagnosis such as malignant or vascular causes, dependant on the exact clinical picture. If lymphoedema is diagnosed following investigation, these patients should be regarded as high priority by local lymphoedema services, to prevent avoidable deterioration.

Patients who are restricted from having treatment for an unrelated condition that is usually available on the NHS, and has the effect of increasing life-expectancy or quality life years as a direct result of the lymphoedema will be offered treatment for their lymphoedema.

Funding for patients not meeting the above criteria will only be made available in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.