SHIP8 Clinical Commissioning Groups' Priorities Committee

Policy Recommendation 004: Treatments for patients with lymphoedema

Date of issue: June 2015

The Priorities Committee recommends that assessment and treatment (particularly skincare, compression, remedial exercise, and self-management education) should be available for patients with lymphoedema within existing NHS services, for all patients who have lymphoedema irrespective of the cause. Patients, who receive treatment which may cause lymphoedema in the short or medium term, should be properly informed about the risk of lymphoedema (through consent arrangements) and educated in its management.

Supporting information:

- Lymphoedema presents as persistent tissue swelling caused by impairment of the lymphatic system. It is a chronic, progressive condition that is sometimes painful, causes psychological distress, impairs mobility and joint movement, adversely affects the ability to undertake activities of daily living and lowers quality of life.

- Lymphoedema most commonly results from iatrogenic damage or problems with the movement and drainage of fluid in the lymphatic system, often due to treatments for cancer, including surgery and radiation therapy. Other causes include decreased mobility related to obesity and age.

- Complex decongestive therapy (CDT) usually has three main components:
    - **compression bandages and garments** – to move fluid out of the affected limb and minimise further build-up
    - **skin care** – to keep the skin in good condition and reduce the chances of infection
    - **exercises** – to use muscles in the affected limb to improve lymph drainage

  Also sometimes used are specialised massage techniques – known as manual lymphatic drainage (MLD) – to stimulate the flow of fluid in the lymphatic system and reduce swelling.

  CDT usually begins with an intensive phase of therapy to help reduce the volume of the affected limb. This is followed by the maintenance phase, when patients are encouraged to take over their care by wearing compression garments, continuing to exercise and carrying out simple self-massage techniques in order to maintain the reduced size of the affected limb.

NOTES:
Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

This policy may be reviewed in the light of new evidence or guidance from NICE.

Clinical and cost effectiveness of CDT

- Compared to no treatment at all, there is weak evidence that CDT reduces excess limb volume in the short term, but outcomes such as pain, function and quality of life are inadequately reported. The studies that were identified did not adequately describe the CDT maintenance regime, or follow up patients long enough, to be able to draw conclusions about the effectiveness of CDT longer term.
- There is evidence from two RCT's that the addition of manual lymphatic drainage (MLD) to compression does not significantly decrease limb volume over skincare and compression alone.
- There is inadequate and in some cases conflicting evidence about the effectiveness of CDT, when compared to compression bandaging/compression garments, skin care and self-help alone.
- There is inadequate evidence to determine the most effective CDT regime.
- There is limited evidence from one small observational study that significant reduction in limb volume has a positive effect on physical and mental wellbeing.
- SPH found no studies which focused on the management of primary lymphoedema using CDT.
- SPH found no published studies about the cost effectiveness of CDT for lymphoedema. Given the poor quality of the evidence of effectiveness, the cost effectiveness remains unproven.

NOTES:
Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

This policy may be reviewed in the light of new evidence or guidance from NICE.