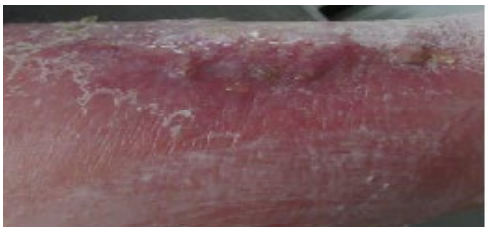
Pathway for Lower Limb Lymphoedema
(including Lymphorrhea - weeping/wet leg)

Lymphoedema (pronounced Lim-fo-dee-ma) is a chronic inflammatory condition in which a part of the lymphatic drainage system fails to work effectively.

Lymphoedema affects all ages. The lymphatic system helps protect us from infection and disease. It is a crucial part of the body's immune system. It keeps our body fluids in balance and absorbs and transports helpful vitamins and hormones.

When the lymphatic system fails, fluid and some harmful substances collect in the affected areas. We see swelling which most commonly affects one or more limbs.



Red Flags	Action required
Does the limb have clinical signs of unilateral cellulitis? *Rapid onset red/spreading erythema, Hot/painful oedematous skin, Blisters, Patient systemically unwell (flu-like symptoms).*	Follow the Cellulitis pathways.
Suspected acute deep vein thrombosis.	**Secondary care:** Follow the Venous Thromboembolism (VTE) policy **Primary care:** Refer urgently to the Ambulatory Care Unit
Clinical evidence of acute limb ischaemia (acute pain, pallor, pulseless, perishingly cold, paraesthesia / acute sensory change, paralysis / acute motor dysfunction <2weeks.)	**In addition to the above advice:** Obtain a wound swab and arrange for antibiotics to be commenced. Dress with an antimicrobial dressing, Kliniderm absorbent pad (if required) and safe soft bandaging.
Suspected Skin Cancer	Refer to the Dermatology Department as per the 2 week wait protocol, either via the GP or **dbth.dermatologyteam@nhs.net**

If there is swelling to the lower limb with or without weeping fluid from the skin WITH an Ulcer follow the Leg Ulcer Pathway

Assessment

Swelling to the lower limb for LESS than 3 months with or without weeping fluid from the skin?

Swelling to the lower limb for MORE than 3 months with OR without Lymphorrhoea (weeping fluid from the skin)?

Diagnosis

Early onset or mild Lymphoedema /Oedema
Swelling in the ankles, feet and legs is often caused by a build-up of fluid in these areas. It is usually caused by: standing or sitting in the same position for too long, eating too much salty food, along with the failure of the lymphatic system.

Chronic Lymphoedema / Oedema
An abnormality of the lymphatic system (either primary Lymphoedema from birth or secondary Lymphoedema/ Chronic Oedema following damage to the system with more than 3 months of symptoms) causing presence of swelling from the accumulation of excess fluid within the interstitial space.

Lymphorrhoea
Leaking lymphatic fluid (lymph) though the skin surface due to damage of the lymphatic system that looks like beads of fluid which leak from the affected oedematous area, increasing the risk of cellulitis and skin damage.

Initial Treatment

1. Wash and dry leg
2. Moisturise with suitable emollient
3. If patient has compression garments continue to use these. If not assess for any red or amber flags and follow step 4.

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2. Moisturise with suitable emollient

3A. If patient has no Lymphorrhoea and has compression garments continue to use these. If not assess for any red or amber flags and follow step 4.

3B. If patient has Lymphorrhoea and has compression garments apply a Suprasorb P Sensiflex silicone foam dressing over the weeping areas continue to use these. If not assess for any red or amber flags and follow step 4.

Initial Treatment

4A. Red or Amber Flag present

Follow the actions required in the above Red and Amber Table.

Apply a layer of tubular stockinet based on size of limb and apply wadding/ wool padding (at least 3 layers), ensuring a cylindrical shape is achieved and cover with a final layer of tubular stockinet.

4B. No Red or Amber Flag present – Tier 1, 2, or secondary care

If Lymphorrhoea is present apply atrauman and a Kliniderm super absorbent pad followed by:

If no Lymphorrhoea apply a layer of tubular stockinet based on size of limb and apply wadding/ wool padding (at least 3 layers), ensuring a cylindrical shape is achieved and cover with a final layer of tubular stockinet.

4B. No Red or Amber Flag present – Tier 3 or District Nurse

If Lymphorrhoea is present apply atrauman and a Kliniderm super absorbent pad followed by:

If no Lymphorrhoea apply 20mmHg UrgoKTwo bandage OR a layer of tubular stockinet based on size of limb and apply wadding/ wool padding (at least 3 layers), ensuring a cylindrical shape is achieved and cover with a final layer of tubular stockinet.

Referrals

Secondary Care with Lymphorrhoea complete a wound assessment on NerveCentre /Datix to refer to The Skin Integrity Team who will arrange for a Lower Limb Assessment to be undertaken.

Secondary Care without Lymphorrhoea on discharge use Discharge Communication From B to refer to the community Tissue Viability and Lymphoedema service for an assessment to be undertaken.

T**ier 1 and 2** refer to the community Tissue Viability and Lymphoedema service for a Lymphoedema assessment to be undertaken.

Tier 3 and District Nurses refer to the community Tissue Viability and Lymphoedema service for a Lymphoedema assessment to be undertaken.

Ongoing care

- Encourage leg elevation, ensuring care and offloading to the heel is maintained.
- Encourage movement where possible.
- Change and apply the initial care plan twice a week.
- Document the monitoring of the swelling in your nursing care plan.

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- Encourage movement where possible.
- Document the monitoring of the swelling in your nursing care plan.
- Follow the Treatment plan set by the Tier 4 service - Tissue Viability and Lymphoedema service or the Skin Integrity Team

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document

Lymphoedema Network Wales (2022) The chronic oedema wet leg pathway. Elwell, R (2024) Lower Leg Inflammatory Pathway. Moffat et al (2023) What is Lymphoedema. Lymphoedema Framework (2006) Best Practice for the Management of Lymphoedema. International consensus. London

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