

Lymphoedema in the Palliative Care Setting.

Lymphoedema is a chronic swelling caused by the blockage or failure of the lymphatic system. It can be very distressing and uncomfortable for patients with advanced disease and is reported as being the fourth most common symptom in this patient group ahead of nausea and vomiting (Kaye, 1994). Unfortunately palliative lymphoedema patients are often referred once the oedema has become chronic and difficult to achieve any realistic outcome. The swollen limb(s) can become very heavy and uncomfortable, reducing mobility and function. The ability to wear usual clothing and footwear can also be restricted. The sooner a palliative patient is sent for treatment the better the outcome will be.

St Francis Hospice has a team of 4 qualified nurses who provide treatment for patients in the In-patient unit, Hospice Day Care and Outpatient service. All therapists are trained in the Dr Vodder method of Manual Lymph Drainage (MLD). St Francis Hospice also offers an Oncology Lymphoedema service to patients in the remit of the St Francis Hospice catchment area.

The main causes of Lymphoedema in the palliative setting are cancer surgery, radiation therapy, tumour obstruction or a combination of these. Oedema in the palliative setting is often of mixed aetiology and can be a challenge to manage. Many patients suffer from lower body lymphoedema/mixed oedemas that require expert assessment and management. Each patient is treated individually, so a flexible treatment plan is vital to ensure the comfort and effective management for the patient and his/her family.

At the end of life oedema is common and causes a variety of problems for the patient. In order to make an accurate assessment one must consider the patient as a whole person, including his/her physical, social, psychological and spiritual aspects. The Hospice focus is on the quality of life rather than quantity. The aims and goals of palliative care management should be driven by patient needs with a consideration for the needs of family and loved ones. Another consideration is whether the benefit of the treatment outweighs the potential burden on the patient. Central to the assessment is the understanding of the patient's wishes and setting realistic goals with him/her, within the limits of the illness.

Approximately 67% of patients with advanced cancer experience pain due to oedema. Heavy swollen limbs can cause proximal pain, for example hip and back pain with leg oedema. Patients with active malignancy often experience neuropathic pain as a result of nerve compression or destruction. It is important to understand the underlying illness causing the deterioration.

The management of lymphoedema is based on 4 cornerstones of care, collectively known as Combined/Complex Decongestive Therapy (CDT). They are:

Compression

Manual Lymph Drainage

Skin care

Exercise

Compression therapy is used to reduce the volume of the swelling, improve the shape of the limb. It can also improve any changes in the condition of the skin, e.g. lymphorrhoea, the leakage of clear fluid from the skin. If the swelling is mild with few skin changes, hosiery is applied. The measuring and fitting of compression garments requires considerable skill and knowledge in this area and should only be carried out by appropriately trained individuals. Patients and carers require instruction on the application of the garment, which is generally worn throughout the day and removed at night (Linnet and Davies, 2007). More complicated swelling requires compression bandaging, a combination of padding followed by multi-layered bandaging. This bandaging is modified to suit an individual patient's needs and level of tolerance.

Manual Lymph Drainage (MLD) is a specialised form of massage used by lymphoedema specialists to direct the lymphoedema from the swollen area to areas where the lymphatics are draining normally. This therapy can also be very effective analgesic on neuropathic pain. MLD sessions are a welcome extension of compassion, kindness and human contact. The extension of this service is often the most prized aspect of CDT for patients, as the tactile exchange that occurs during MLD forges close bonds between patient and caregiver. In advanced disease, MLD may not be indicated or clinically effective, but SLD (simple lymph drainage) can be applied to give a soothing effect for patients and can help carers feel they are providing some relief. SLD is a simplified version of MLD that can be taught to lay people.

Skin care is important to maintain the integrity of the skin. If there is Lymphorrhoea present, it can cause maceration of the skin, soaking clothing, slippers, furniture and bedding. This can be very cold and upsetting for the patient (Renshaw, 2007). Good skin care also can help prevent the onset of cellulitis (Jeffs, 1993). If the swelling is very soft or the skin is fragile, care must be taken to prevent any breaks occurring. The high protein concentration of the lymphoedema makes it a great medium for bacterial growth. Correct hygiene and moisturizing is essential and care must be taken when applying clothes or compression hosiery. The risk of infection when there is a break in the skin is high in these patients. A course of antibiotic therapy such as penicillin or Flucloxacillin over a two week period is indicated (details of the consensus document on the treatment of cellulitis can be downloaded from Crest guidelines at www.gain-ni.org).

Exercise is encouraged in patients with Lymphoedema to encourage the extrinsic force of the muscular contraction on the lymphatics which propels the lymph onwards through the vessels. In patients with advanced disease movement may be restricted. Swollen limbs should be elevated when possible ensuring that the area behind the knee is well supported to avoid strain on the hamstrings or ensuring a swollen arm does not dangle. Care should be taken to ensure that the patient's body is not lying on a swollen limb while in bed.

From a medical point of view, the volume reductions are easily measured and often can amount to many litres in one or more limbs creating very noticeable improvement. The significant reduction of volume also significantly reduces the weight of a limb.

On the human side, the resultant return to mobility and noticeable improvement in appearance is very much appreciated by patients. People who have received this treatment have said.

” I was able to cook dinner for my children last night,” and

“Without this treatment I would not have been able to even walk around my house”

In Ireland we have a significant demand for Lymphoedema services to both Palliative and Oncology patients, but there are an inadequate number of therapists and centres, consequently waiting lists can be long.

St Francis Hospice has a dedicated Lymphoedema team in its Walmer Villa Out Patients Department. In this peaceful setting we endeavour to enhance the final months or weeks of life for our palliative patients.

The Lymphoedema team, St Francis Hospice, Raheny.

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