

Lymphoedema Services

Date:	June 2019	Date of Last Review:	January 2017
Policy:	<p>Treatment of patients with lymphoedema should be carried out through local lymphoedema services where a comprehensive care plan is provided. The aim of services should be to support patients to self-manage their condition and may include short term intensive treatments. The following are not routinely funded for the treatment of lymphoedema:</p> <ul style="list-style-type: none"> • Treatment in private sector. • Inpatient treatment. • Ongoing intensive treatment outside the comprehensive care plan with for example, manual lymphatic drainage or pneumatic compression. • Surgery, including liposuction. <p>To request funding outside of these criteria, clinicians need to apply to the exceptional cases panel for approval of funding - click here to access the form.</p>		

Background to the condition and treatment:

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. Conservative treatments include skin care, manual lymphatic drainage (massage that aims to drain the area adjacent to the affected area first, before massaging the affected area), compression in the form of bandaging and/or garments and exercise. Pneumatic pump/ compression therapy has also been developed which uses single or multiple chambered pumps that envelop the limb, inflating and deflating at different cycles and pressures to encourage fluid drainage.

Rationale behind policy decision:

Manual lymphatic drainage and pneumatic compression

Randomised controlled trials show no advantage of manual lymphatic drainage (MLD) compared with standard treatments (compression bandages, skin care and exercise)¹⁻⁵ and trials of pneumatic compression compared with standard therapy (in most cases compression bandages, skin care and MLD) show no combined advantage of pneumatic compression⁶⁻¹². Since these treatments do not appear to give additional benefit over standard treatments, they are not routinely funded outside of a patient's comprehensive care plan.

Surgery

There is only inconsistent case series evidence for the use of reconstructive surgical techniques (lymph node transfer, lymphatico-lymphatic bypass and lymphatico-venous anastomoses) for the management of lymphoedema^{13,14}. There is some evidence to suggest that liposuction may reduce limb volume¹⁵⁻¹⁸, but it is of poor quality and NICE Interventional Procedure Guidance 251 states that "the evidence on efficacy is limited in quantity. Therefore, this procedure should be used with special arrangements for clinical governance, consent, and audit or research"¹⁹. Surgery is undertaken primarily for cosmetic reasons and, given this and the uncertain effectiveness of surgical interventions, they are not routinely funded.

GLOSSARY:

Intermittent pneumatic compression:	Device used to apply gradual pressure gradients on lymph vessels to facilitate lymph flow.
Manual lymphatic drainage:	Type of gentle massage which is intended to encourage the natural drainage of the lymph.

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