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DISPENSING TO PATIENTS WITH LYMPHOEDEMA OR CHRONIC OEDEMA: A GUIDE FOR PHARMACISTS

Throwing Light on the Consequences of Cancer and its Treatment (2013) estimates that up to 63,000 people in the UK are affected by cancer-related lymphoedema from breast, pelvic and head and neck cancers. Written by the Macmillan Lymphoedema Association, this guide is aimed at pharmacists who will dispense prescription items for patients with lymphoedema or chronic oedema. We also aim to support pharmacists to understand more about the management of this chronic condition to deliver quality informed practice.



People with lymphoedema require compression garments to be provided exactly as prescribed

Compression garments are a prescribed treatment just as analgesics are for those in pain. If you have any queries or concerns regarding the prescription, you should discuss these with the patient and prescriber before making a supply, to ensure that the patient received the correct garment.

Compression garments have different standards, known as classes. These vary according to the level of compression needed to treat the patient. (Please refer to the table below.)

- You should not supply a British standard garment in place of a French or German standard or the compression prescribed will be different from that dispensed. If there is no indication of standard on the prescription this should be referred back to the prescriber for clarification.

Comparison of compression standards	British Standard BS 66112:1985	French Standard ASQUAL	German Standard RAL-GZ 387:2000
Testing Method	HATRA	IFTH	HOSY
Class 1	14-17mmHg	10-15mmHg	18-21mmHg
Class 2	18-24mmHg	15-20mmHg	23-32mmHg
Class 3	25-35mmHg	20-36mmHg	34-46mmHg
Class 4	Not reported	>36mmHg	>49mmHg

The prescription should only be dispensed if it contains the following information:

- The usual patient demographics.
- Signature of the prescriber.
- Name of the specific manufacturer of the garment.
- Compression class or mmHg of compression.
- Flat or round knit. This relates to the construction of the garment. Generally flat knit garments are more robust and therefore prescribed to meet patient needs in terms of the treatment goal. If unsure, contact the prescriber for clarification. Flat knit garments are often made to measure whereas round knit are 'off the shelf'.
- Ready to wear size or an attached made to measure chart.
- Type of garments i.e. below knee, arm sleeve, glove.
- Colour.
- If drug tariff codes are available (some manufacturers produce a form with option to select the required garments which indicate the DT code) then it may be useful to quote them when contacting the manufacturer.



TIP

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Compression bandaging for people with lymphoedema or chronic oedema needs to be dispensed exactly as prescribed

Compression bandaging equipment is a prescribed treatment just as analgesics are for those in pain. If you have any queries or concerns regarding the prescription, you should discuss these with the patient and prescriber before making a supply, to ensure that the patient receives the correct items.

- Specific bandaging equipment exerts a specific compression largely determined by the material they are constructed from, which can also affect the bandages ability to stretch.
- The size of the bandage has a direct effect on the compression it exerts although this can also be influenced by how it is applied.
- You should contact the prescriber to ask for a new prescription if you have questions or concerns with any of the following:
 - The manufacturer.
 - The size.
 - The quantity.
 - Are not able to fulfil the full prescription as directed.



Ensure timely provision of prescriptions for people with lymphoedema or chronic oedema

Patients with lymphoedema or chronic oedema require their compression garments daily and will only seek a repeat prescription when their older garments are starting to become worn.

These patients are treated with compression bandages as part of intensive treatment with an aim to reduce swelling to a level that they then can control with compression garments.

- When considering the needs of people with lymphoedema or chronic oedema we advise establishing a strategy with your provider so that delays can be avoided where possible. If necessary you should consider contacting the manufacturer directly (it's free to set up an account with the manufacturer and MLA have been assured that manufacturers are happy to set up such accounts no matter the size of the organisation the pharmacy is part off.) The main difficulty patients experience obtaining their garments via prescription is the long delay in receiving them, sometimes up to four weeks. We know that sometimes this can be due to manufacturing delays, but the garments are an important element of the patient's treatment, if delays are likely you should consider raising this with the prescriber.
- If made to measure garments are incorrectly supplied the garment becomes unusable.
- Most manufacturers will accept an unworn garment still in its original packaging returned for replacement. This will not be the case for made to measure garments.
- Contact the manufacturers or prescriber if you have any questions.

When considering the timely supply of compression bandages it's best to check with the patient when their intensive treatment is planned. A delay in compression bandages could result in the cancellation of intensive treatment and a long wait until it can be rearranged which will ultimately affect the patient's condition and overall quality of life.

TIP

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Compression garments need to be renewed according to the manufacturers guidelines (usually every six months)

People with lymphoedema or chronic oedema who receive their garment on a repeat prescription may need to be measured to ensure they are still receiving the correct size.

- If the patient is being seen by a trained lymphoedema health care practitioner, then this will have been considered prior to a new prescription being given. However, it is always worth asking the patient when they were last measured.
- If you are considering being able to re-measure a patient, then you will need to access appropriate training as the measurements and techniques differ from those for measuring compression hosiery for other conditions. Visit www.macmillan-lymphoedema-association.org.uk for information about training opportunities.
- If in any doubt, contact the manufacturer for advice.

TIP

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Be aware of the British Lymphology Society consensus guidelines for antibiotic therapy for lymphoedema or chronic oedema related cellulitis

Patients with lymphoedema or chronic oedema are prone to infection because of reduced immunity and complications with their skin.

- Check whether the prescription reflects the BLS or local guidelines.
 - Information on BLS and the 2015 Cellulitis Consensus guidelines can be accessed at: <https://lymphoedema.org/images/pdf/CellulitisConsensus.pdf>
- It is recommended that patients with lymphoedema or chronic oedema take a course of antibiotics for longer than the general guidelines so it is important that the prescriber, yourself and the patient are aware of this.

TIP

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An increase in swelling indicates a need for referral back to the treatment prescriber

If a patient reports an increase in their swelling to you it is an indication that their condition needs further assessment.

- Ask the patient if they are experiencing pain, skin damage or change in skin colour or temperature. If there are any potential issues suggest they visit their treatment prescriber, whether the GP, nurse or lymphoedema specialist before dispensing equipment. It's good practice to ask the patient about their lymphoedema in this way before supplying any repeat prescriptions for replacement garments.

TIP

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Physical activity is strongly encouraged for patients with lymphoedema or chronic oedema

Exercise is part of any treatment strategy for people with lymphoedema or chronic oedema. It helps with maintenance and can reduce swelling, helping to keep a full range of movement.

- Patients should be encouraged to undertake physical activity unless they have an acute infection such as cellulitis in their affected limb or body part.
- Contact the GP regarding a referral to local services.
- Signpost patients to organisations that can help them access information about physical activity:
 - www.macmillan.org.uk/movemore
 - www.walkingforhealth.org.uk
 - www.makeeverycontactcount.co.uk

TIP

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Ensure that lymphoedema or chronic oedema patients are aware that maintaining clean, well-moisturised skin reduces the risk of cellulitis

People with lymphoedema or chronic oedema are susceptible to infections, such as cellulitis, and need to be mindful of the importance of good skin care and strategies to prevent infections.

- It's important to have a skin care regime which includes washing the skin of the affected area daily and drying by patting rather than rubbing, especially in between toes and fingers.
- Apply emollients daily, on removal of garment, as directed by your therapist or GP. Pharmacists do have expertise in advising what emollient could be used but if there is any doubt contact the patients GP or lymphoedema specialist for consultation.
- Be careful when shaving or removing hair as infections can be caused even by small cuts to the skin.
- Treat any sign of fungal infection, providing there are no contradictions to the chosen treatment, as they can be the source of a cellulitis infection.
- Ensure appropriate use of insect repellent and sun screen, as this will help reduce the risk of infection from insect bites.
- Seek medical advice promptly if they experience any redness of the skin, pain or general flu symptoms which could be the start of a cellulitis infection. They should also be referred to their GP, nurse or lymphoedema specialist if lymph fluid leaks through the skin onto the surface (lymphorrhoea); this is more likely if the limb swells suddenly, if the skin isn't supple, or is weak and thin. Lymphorrhoea increases the risk of infections such as cellulitis but it can be managed by appropriate treatment such as compression bandaging.

TIP
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Promote a healthy lifestyle

Patients with lymphoedema or chronic oedema need to maintain a healthy weight and therefore movement and exercise are essential.

- Excessive weight may be a causal factor of their swelling.
- Research shows that weight gain increases the risk of getting lymphoedema.
- Research evidence proves weight gain exacerbates lymphoedema.
- By losing weight the patient will improve their lymphoedema.
- Maintaining a healthy weight helps reduce risks to other chronic conditions such as diabetes, heart disease, and stroke.

Further information about the benefits of a healthy lifestyle for preventing lymphoedema or managing the condition can be found at the following:

- www.macmillan.org.uk/information-and-support/coping/side-effects-and-symptoms/lymphoedema
- www.lymphoedema.org
- www.nhs.uk/conditions/lymphoedema

TIP
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Be aware of resources to offer patients appropriate information

People with lymphoedema and chronic oedema often report difficulties in diagnosis, access to treatment and a general lack of knowledge among health care professionals about their condition. Those who have not been able to access information may well approach their local pharmacist for advice so it is important to be able to offer reliable accurate information.

- Macmillan Cancer Support – www.macmillan.org.uk
- The British Lymphology Society – www.thebls.com
- The Lymphoedema Support Network – www.lymphoedema.org
- Macmillan Lymphoedema Association – www.macmillan-lymphoedema-association.org.uk