Policy: Lymphoedema – Referrals and Appointments  
Policy number: 13.1

1. Policy Statement

An agreed definition for Lymphoedema is: a condition that can be defined as a high protein swelling of the tissues caused by a failure in lymphatic drainage.

2. Related policies, guidelines and procedures

Health Care Records 4.2  
Referral to Hospice in the Weald 1.1

3. Responsibility and Accountability

Policy formulation and review: Kelly Nickson, Head of Lymphoedema Services  
Clinical Approval: Paula Wilkins, Nursing Director  
Compliance: All Clinical Staff and Volunteers

4. Relevant Dates

Policy originated: May 2009  
Last Review Date: September 2013  
Next Review Date: February 2017

5. Referral to the Service

Written referral may be accepted from any healthcare professional for patients with a GP within the Hospice catchment area within the West Kent CCG. Referrals from Dartford, Gravesham & Swanley CCG and High Weald, Lewes and Haven CCG beyond the hospice catchment area are covered on a per patient funding agreement.

Self referrals are not accepted.

Specific referral forms are available and have been distributed to appropriate clinical areas (see appendix 1); however a letter detailing appropriate information will also be accepted.

Internal referrals should be made via Infoflex, ensuring that the relevant folder is opened and all information is completed regarding medical history and reasons for referral. On completion an email should be sent to the Lymphoedema team to inform them of the referral.
6. **Appointments**

The lymphoedema practitioner is responsible for booking appointments to see patients in the Lymphoedema outpatient clinic, in the hospice and at home. Appointments include:-

- Initial assessment for new referrals
- Appointments for specific treatments
- Review appointments

7. **Procedure**

- New referral: Written letters to be sent offering an appointment for within 6 weeks of receipt of written referral. Information regarding the clinic to be sent with the appointment. (Appendix 2 and 3).
- For mild to moderate cases of lymphoedema, a follow-up appointment will be arranged approximately for 6 weeks later. Providing there are no problems, the next appointment will be arranged for three months time and thereafter at six monthly intervals. This may be altered at the practitioners’ discretion.
- After the initial consultation, patients with severe and complex lymphoedema will be considered for intensive treatment, if appropriate, and planned accordingly.
- For patients requiring palliative lymphoedema care, assessment will be arranged at the earliest availability.
- Patients will be made aware that they can contact the lymphoedema service at any time if they have any queries or concerns regarding their lymphoedema. A direct clinic telephone number is given to patients at their first appointment and messages can be left with the clinical administrative office or the inpatient unit out of hours. A member of the lymphoedema team will then contact them at the earliest opportunity.

8. **Transport**

Transport is not routinely offered. If the patient lives outside the hospice catchment area and wishes to attend the clinic but requires transport, they will need to arrange this themselves via their GP or local volunteer service. Patients should be aware that it is not the responsibility of the local hospital or referrer to provide transport.

If appropriate, home visits can be arranged for those patients within the hospice catchment area, although where possible it is always preferable for health and safety reasons for patients to attend clinic for treatment or assessment.

9. **Documentation**

- Following the initial assessment, the patient’s Consultant, GP, other involved healthcare professionals and the patient, if consented, must be informed in writing of the outcome. This must also occur with any change in treatment or condition.
- Recording of information must adhere to hospice policies
- Consent must be obtained for photographs and this recorded on Infoflex. A form specific to the lymphoedema service is available for this (Appendix 4).
10. Failure to Attend Appointments

- New Referrals:
  When a patient does not attend an appointment, a letter will be sent out with a second date and time. If a patient fails to attend a second appointment and no reason is given, a letter will be sent to the referring healthcare professional and no further appointment offered.

- Follow-up Appointments:
  When a patient fails to attend, this will be documented. If appropriate the practitioner may contact the patient by telephone. If they are non-contactable their GP should be contacted to check address and status. If a patient fails to attend two consecutive appointments and no reason is given, a letter may be sent to the patient explaining that if we do not hear from them within 6 weeks from the date of letter, they will be discharged from the clinic. If no contact is made the patient will be discharged and a letter sent to the GP/Consultant and a copy to the patient. (In extenuating circumstances and in consultation with the service lead further appointments may be offered).

- If a patient contacts the clinic after discharge wishing to be seen, they will first need to be re-referred in writing by an appropriate health care professional before any appointments will be offered.

11. Discharges from the Service

- Patients should be discharged from the service if they decline further routine review or move outside of the service catchment areas (see Section 5). If they move and require transfer to another service, their GP and hospital consultant should be informed in writing and a detailed transfer letter should be forwarded to the new service.

- If patients are found to be non-concordant with their treatment plans and no alternative treatments can be offered which would be acceptable to them then, following discussion with the patient, they should be discharged. A full summary letter should be sent to their GP and Hospital consultant and a copy should be sent to the patient.

- Patients who have previously been seen in the service and have since been discharged cannot make a self re-referral back to the service. They must obtain a new referral with updated information from an appropriate healthcare professional.
# Lymphoedema Service Referral Form

For appropriate management of Lymphoedema please complete ALL sections of this form

<table>
<thead>
<tr>
<th>NAME:</th>
<th>GP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/F</td>
<td>ADDRESS:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>TEL NO:</td>
</tr>
<tr>
<td>TEL NO: (H)</td>
<td>FAX NO:</td>
</tr>
<tr>
<td>(W)</td>
<td>CONSULTANT NAME:</td>
</tr>
<tr>
<td>(M)</td>
<td>HOSPITAL:</td>
</tr>
<tr>
<td>Can we leave a message Y/N</td>
<td></td>
</tr>
<tr>
<td>D.O.B.</td>
<td></td>
</tr>
<tr>
<td>NHS No:</td>
<td></td>
</tr>
</tbody>
</table>

## DIAGNOSIS:

## PAST MEDICAL HISTORY:

(Operations and treatments)

- Regional lymph node involvement
- Regional skin involvement
- Local recurrence
- Distant metastasis

## REASON FOR REFERRAL

## CURRENT TREATMENT:
<table>
<thead>
<tr>
<th>MEDICAL HISTORY</th>
<th>Yes</th>
<th>No</th>
<th>Venous/peripheral Vascular disease</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVT (within past 12 months)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hypertension</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>SVC Obstruction</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cellulitis/Inflammation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lymphorrea</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Patient’s weight:**

**ADDITIONAL INFORMATION**

**ALLERGIES:**

Where is the patient currently? .............................................

Can the patient attend the lymphoedema clinic ☐ Yes ☐ No
(if the patient is outside Hospice in the Weald catchment area, we are unable to provide volunteer transport or attend home visits)

**NAME AND TITLE OF PERSON REFERRING:**

**ADDRESS:**

**CONTACT NUMBER:**

**DATE OF REFERRAL:**

<table>
<thead>
<tr>
<th>SPECIALIST LYMPHOEDEMA CLINIC</th>
<th>TEL NUMBER</th>
<th>FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice in the Weald</td>
<td>01892 820505</td>
<td>01892 820520</td>
</tr>
</tbody>
</table>

Referrals may be made by Healthcare Professionals for patients with a GP within the catchment area of Hospice in the Weald or West Kent CCG
HOSPICE IN THE WEALD LYMPHOEDEMA CLINIC

First Appointment at the Lymphoedema Clinic
For Patients in the Hospice Catchment Area

Why have you been referred?

Your doctor / health care professional has referred you to be seen in the Lymphoedema Clinic. Your appointment letter has been enclosed with this leaflet. The aim of this leaflet is to inform you how the clinic runs and what you should expect at your initial and subsequent appointments.

What should you expect?

The aim of your first appointment is to make a provisional diagnosis of your condition. It is essential for us to take a thorough history of your current problems, as well as a medical history. Therefore, please bring with you any information regarding your medical history that may be relevant, including details of any medication that you have been prescribed. The medical history will be followed by a medical examination.

Who will see you?

The clinic is run by Clinical Nurse Specialists, who have experience of working in the field of Lymphoedema management.

How long will it take?

Your first appointment will take approximately 60-90 minutes to allow time for questions.

Will you need to come again?

At the first appointment, a programme of treatment may be recommended and a review appointment will then be arranged. In most cases, this will be in 6 weeks, followed by reviews at first 3 then 6 monthly intervals. The time allocated for follow-up appointments is generally 30 – 45 minutes, depending upon your specific needs.

Will you incur any costs?

All treatments provided by Hospice in the Weald are free. The Hospice is funded by charitable donations and any contributions that you feel able to make towards the costs of your garments would be gratefully received.
REMEMBER

- Please telephone the clinic on 01892 820 500 if you cannot attend the appointment and we will arrange another for you.

- The Lymphoedema Clinic at The Hospice in the Weald is situated in Maidstone Road, Pembury. Free car parking facilities are available. Please report to reception upon your arrival.

- Should you have any queries or concerns regarding the information in this leaflet or about your appointment, please do not hesitate to contact us on the above number.

Review Date: February 2017
HOSPICE IN THE WEALD LYMPHOEDEMA CLINIC

First Appointment at the Lymphoedema Clinic
For Patients out of the Hospice Catchment Area

Why have you been referred?

Your doctor / health care professional has referred you to be seen in the Lymphoedema Clinic. Your appointment letter has been enclosed with this leaflet. The aim of this leaflet is to inform you how the clinic runs and what you should expect at your initial and subsequent appointments.

*Please be advised that whilst the Hospice is able to provide your Lymphoedema care, we are unable to offer access to other Hospice services as you live outside our catchment area. Should you require access to Hospice services, please contact your GP who will be able to advise you regarding local Hospice provision in your area.*

What should you expect?

The aim of your first appointment is to make a provisional diagnosis of your condition. It is essential for us to take a thorough history of your current problems, as well as a medical history. Therefore, please bring with you any information regarding your medical history that may be relevant, including details of any medication that you have been prescribed. The medical history will be followed by a medical examination.

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Review Date: February 2017
LYMPHOEDEMA SERVICE

PATIENT LABEL

CONSENT TO BE PHOTOGRAPHED

Statement of Lymphoedema CNS

I have explained the procedure of photography to the patient. In particular I have explained that any images recorded will be stored in a confidential manner as part of the patient’s notes, whether written or electronic.

I have also requested, in certain cases, permission to use the images for educational purposes relating to the management of lymphoedema and the lymphoedema service.

Signed: ________________________    Date: __________________________

Name: __________________________

Statement of Patient

I agree to photography of my ____________________________________________

I understand that any images will remain confidential.

I agree to any images being used for educational purposes.

Signed: ________________________    Date: __________________________

Name: __________________________