**Half the community nurse case load!**

Estimating the Prevalence of Lower Limb Chronic Oedema

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**Background**

Chronic oedema has a profound impact on quality of life. It may originate from primary anatomical reasons (primary lymphoedema), be secondary to cardio-vascular dysfunction, be related to cancer or cancer treatments and is increasingly a result of obesity. The numbers of patients with chronic oedema are increasing but the prevalence and burden of illness and impact on specialist and community care services in the UK is unknown.

**Aims**

To determine the scale and impact of lower limb chronic oedema and wounds within Leicester City.

**Method**

1. **Train** nurses — data collection tool, chronic oedema assessment
2. **Work** with NHS administrators to establish a master list — protect patient information, avoid duplication, ensure all patients are captured
3. **Pilot** the tool with nurses
4. **Make amendments**
5. **Train** nurses — data collection tool, chronic oedema assessment
6. **Prospective and clinical evaluation** on all patients — with and without chronic oedema or leg wounds
7. **Validate** data — Lymphoedema specialist visiting a number of patients at random
8. **Analyse** data — prevalence, risk factor analysis between patient groups, with and without oedema

**Definitions of Lymphoedema and Chronic Oedema**

**Primary Lymphoedema**

Arises from an intrinsic defect in lymph pathways. Can present at birth, in early childhood or in adult life. May be inherited. The term is often used when there is no identifiable external cause.

**Secondary Lymphoedema**

Results from damage to the lymphatic system, e.g. by treatment for cancer (surgery or radiotherapy), trauma, infection, inflammation and venous disease.

**Chronic Oedema**

Describes oedema that has been present for more than three months and that does not resolve with elevation and rest. Can be caused by a wide range of conditions, e.g. chronic heart failure, chronic venous hypertension, with secondary lymphatic failure.

**Results**

1,308 of 1527 patients on the community nurse case load were assessed.

- 43% had chronic oedema defined by swelling and/or skin changes.
- 60% of these patients had an associated wound such as venous ulcer.

**Conclusion**

The prevalence of chronic oedema in the community nursing caseload is very high. Patients’ clinical care requirements were unrecognized and addressed as a “task” in isolation. Findings suggest chronic oedema is a misunderstood condition and many patients have unmet health needs.

**Reference**


The following link will take you to a training video, that has been developed by the project team:

http://link.brightcove.com/services/player/bcpid367116682001?bckey=AQ~~,AAABHqwimDk~,OpfvlZEP5j14TF3v/H2MADQW55708&cvip=425565720801