

# SELECTED ABSTRACTS FROM THE BLS ANNUAL CONFERENCE 2011

The British Lymphology Society (BLS) Scientific Committee is pleased that the *Journal of Lymphoedema* has agreed to publish the following selected abstracts from this year's conference in Nottingham. We would like to encourage members and other healthcare professionals to submit abstracts for next year's conference to be held in Cardiff. *Jacquelyne Todd, Chair of the BLS Scientific Committee*

## Prophylactic antibiotics for the prevention of cellulitis of the leg: results of the UK Dermatology Clinical Trials Network's PATCH II trial

UK Dermatology Clinical Trials Network's PATCH trial team

### Background

Cellulitis of the leg is a common, painful infection of the skin and underlying tissue. Repeat episodes of cellulitis are frequent (30–50%) and cause significant morbidity. They also result in high health service costs due to hospital admission.

### Aim

This trial assessed whether prophylactic antibiotics prescribed after an episode of cellulitis of the leg could prevent further episodes.

### Methods

This was a double-blind, randomised controlled trial which enrolled 123 participants with at least one previous episode of cellulitis. Recruitment was below the target of 400 because of slow enrolment; it was closed to recruitment after two years. Participants received either penicillin V (250mg, bd) or placebo for six months, and were followed-up for a period of up to three years. Another study (PATCH I) is exploring whether 12 months of antibiotic prophylaxis prevents cellulitis in people with recurrent cellulitis; it is due to report in early 2012.

### Results

The primary outcome for PATCH II was time to recurrence of cellulitis analysed using a Cox proportional hazards model. For the majority of participants (79%), the index episode at baseline was their first episode of cellulitis. In the penicillin V

group, 12/60 (20%) had a repeat episode compared with 21/63 (33%) in the placebo control group. The hazard ratio showed a 47%, non-significant, reduction in the risk of further episodes (HR 0.53, 95% CI 0.26–1.07,  $p=0.08$ ). We found no difference between the two groups in the number of participants with oedema, ulceration or related adverse events.

### Conclusions

This trial is the largest study to date to examine whether medium-term antibiotic prophylaxis for patients with previous cellulitis of the leg is beneficial. While the trial results did not achieve statistical significance, the study provides some evidence of a potentially large effect. Current clinical guidelines are based on very limited trial evidence and suggest that prophylaxis may be appropriate for people with recurrent cellulitis (especially if they have other risk factors; e.g. lymphoedema). Further research is required to confirm whether or not six months of prophylaxis should be offered to all patients, including those with only one episode of leg cellulitis.

## Skin cancer lymphoedema prevention and rehabilitation scheme

Jodie Reynolds

### Aim

To provide a seamless, pro-active, equitable, fast access, cost-effective and culturally sensitive service which decreases the incidence and severity of skin cancer-related lymphoedema

### Description

The lymphoedema service noted increasing referrals in complex melanoma patients who had developed

lymphoedema. These patients were presenting not only with swollen limbs but reduced range of movement, scar adhesions and poor skin condition. There was also a common theme of a significant lack of knowledge regarding lymphoedema and the potential risks. The lymphoedema service already had an award winning lymphoedema prevention rehabilitation scheme for breast and gynaecological patients, so this was adapted to include melanoma patients through Macmillan Funding.

The aim of this scheme was to:

- ▶ Identify the incidence of melanoma-related lymphoedema
- ▶ Decrease the incidence and severity of skin cancer-related lymphoedema
- ▶ Raise awareness of lymphoedema and possible strategies to prevent it
- ▶ Ensure functional range of movement with improved function
- ▶ Evaluate an equitable, fast access, cost-effective and culturally sensitive service.

A four-phase intervention for all melanoma patients undergoing axillary or groin node dissection was developed.

### Phase 1

Patient seen pre- and post-operatively. Base line measurements of limb circumference, range of movement, neural sensitivity, pain levels and activity levels were assessed. Lymphoedema is explained with preventative risks which are reinforced with literature. A range of exercises are commenced post-operatively.

### Phase 2:

Patient is assessed in an outpatient setting and treatment implemented as

necessary. This includes scar massage, release of axillary web syndrome, neural desensitising techniques, compression garments and soft tissue mobilisation.

### Phase 3

Patient is invited onto a cancer rehabilitation scheme which is a nine-week programme of 2½ hours once a week. This entails one hour of education of varied topics, an hour of exercise and half an hour of relaxation. Physical and psychological outcome measures are recorded at week 1 and repeated at week 9 in the form of a Hospital Anxiety and Depression scale, as well as an interview with a PhD psychology student. Physical outcome measures are recorded as the 'Timed up and go' and 'Functional Reach'.

### Phase 4

Patients are given the opportunity to continue with their exercise in a leisure centre with expert advice on hand if needed.

### Evaluation

In the last 14 months, 29 patients with melanoma that have undergone groin or axillary dissections have entered the scheme. The results thus far indicate that the literature reports that the incidence of lymphoedema as a consequence of melanoma cancer treatment ranges from 5–28% (Starritt et al, 2004). 72% had limited range of movement

- ▶▶ 38% had pain
- ▶▶ 67% had (lymph)oedema.

Patient feedback thus far has been extremely positive.

The literature reports that the incidence of lymphoedema as a consequence of melanoma cancer treatment ranges from 5–28% (Starritt et al, 2004). These results strongly suggest that the incidence of lymphoedema is underestimated and unrecognised in this user group.

We would like to raise the question that due to the poor prognosis of melanoma patients, MDT and lymphoedema services are being reactive rather than pro-active in delivering valuable care.

## Education needs regarding lymphoedema: the specialists, the generalists and the differences of opinion

Rhian Davies

Previous studies have highlighted education need in healthcare professionals (HCP) regarding lymphoedema, but evidence of specific content and differences between professions is lacking. This study was commissioned by NHS Education Scotland (NES) and Macmillan Cancer Support.

### Aims of study

- ▶▶ To establish the education need of healthcare practitioners across Scotland
- ▶▶ To establish whether there are differences between the opinions of lymphoedema practitioners' and those of generalist HCPs' regarding the generalists' education need in lymphoedema.

### Method

Ethical approval was given by the Medical Faculty Ethics Committee of University of Glasgow.

Two concurrent electronic surveys were distributed; one for lymphoedema practitioners cascaded through the Scottish Lymphoedema Practitioners Group, the second for HCP cascaded by Scotland's HCP leads via participating health boards to doctors, nurses and allied health professionals aimed particularly at community, oncology and palliative care and outpatient departments. The surveys were followed by focus groups to explore context and meaning. Results were analysed using quantitative descriptive statistics and qualitative thematic analysis.

### Results

37 LPs and 498 other HCP (>8 different professions), from 13 of the 14 health boards, responded to the surveys. Completion rates were 76% and 93% respectively. Only 13% of generalist HCPs felt their lymphoedema education needs were mostly/completely met. Differences in opinion of need occurred, e.g. on 'assessment of chronic oedema/lymphoedema' 69% of GPs identified

need compared to 21% of LPs, 'teaching simple lymphatic drainage' indicated by 42% of physiotherapists but only 4% LPs and on 'differential diagnosis of lymphoedema' 68% of podiatrists compared to 9% LPs. The results of two mixed profession focus groups (2 x n=7) highlighted the greatest influence on education need was the inequity of service throughout Scotland.

### Conclusions

Inequity of service provision affects the education need. Differences of opinion of education need existed between lymphoedema practitioners and HCPs, particularly podiatrists. This appreciation of opinions of education need and an understanding of the context and meaning of unmet education need in HCPs can be used to inform lymphoedema education strategy for maximum impact.

## Independent prescribing within a lymphoedema service

Karen Morgan

### Aim

To provide a seamless efficient pathway of care for lymphoedema patients by delivering prompt effective management through prescribing accurate treatment.

### Description

Independent prescribing within a lymphoedema service provides prompt effective management of cellulitis, fungal infections and varicose eczema which decreases unplanned hospital admissions.

It was identified that many patients within the unit were not prescribed antibiotics as per BLS consensus document, or for the correct duration. This impacted on patient quality of life, with numerous visits to the GP, and possible hospital admission, causing additional work load to therapists and the prescribers.

Having independent prescribers within the lymphoedema team:

- ▶▶ Provides access to prompt, effective prescriptions
- ▶▶ Provides an holistic approach

to patient care through one appointment enhancing efficient lymphoedema management

- ▶ Provides effective chronic conditions management (WAG, 2007)
- ▶ Reduces inappropriate and ineffective prescription writing preventing wasted prescriptions
- ▶ Reduces practice nurse and GP appointments
- ▶ Reduces unplanned hospital admissions
- ▶ Saves the NHS money and improves patient care.

### Evaluation

The prescribing literature and research evidence suggests that the patient benefits from faster access to medicines, avoiding hospital admission, along with effective use of medical and nursing time, promoting effective management of chronic conditions and streamlining patient care (Courtenay 2009, Berry et al 2006).

Two lymphoedema specialists within the lymphoedema service commenced independent prescribing six months ago and have, in that period, prescribed for 57 patients, 34 cancer and 23 non-cancer patients. 50 of the prescriptions were for antibiotics to treat cellulitis (88%). Additionally, 30 out of the 50 prescriptions were for patients who were subjected to recurrent cellulitis attacks and were then recommended prophylactic antibiotics. To date this has prevented recurrence, and has had cost-savings and significant health benefits.

Prescribing within the lymphoedema team is a vital tool in improving patient care. Patients have reported how impressed and supported they feel in obtaining treatment in such a prompt manner. It can also be seen as making significant cost-savings to the NHS in reducing hospital cellulitis admissions by effective and efficient prescribing.

### Implementation of the Welsh Government Lymphoedema Strategy

Melanie Lewis

### Aim

In 2009, the Strategy for Lymphoedema

in Wales outlined a vision for Welsh lymphoedema services to improve well being, minimise risks associated with lymphoedema and ensure that patients could access the right services.

Its main aims include:

- ▶ Raise the awareness of lymphoedema and how simple treatment strategies can improve patient quality of life
- ▶ Improve health and wellbeing by empowering patients to maximise independence
- ▶ Integrate, develop, reconfigure and more effectively plan and manage Welsh lymphoedema services
- ▶ Ensure that all patients can access lymphoedema services
- ▶ Provide a comprehensive preventative approach to all patients at risk of developing lymphoedema, thereby reducing the demand on the NHS
- ▶ Build on the strengths of the current tertiary and secondary care lymphoedema services integrating and incorporating community, primary care and social services
- ▶ Develop and build on the current available lymphoedema education enabling healthcare professionals to easily access local courses to implement in their own practice.

### Description

In February 2011, one million was released by the Government to implement the Lymphoedema Strategy. A lymphoedema specialist was appointed the national clinical lead (first for AHP) and a chief executive of one of the health boards was tasked with championing the development. Funding has been released to the seven health board in Wales and has been based on the principle that funding will be used to:

- ▶ Support achievement of the Strategy
- ▶ Support equity of access to services across Wales
- ▶ Support direct local service provision as far as possible
- ▶ Ensure facilities are appropriate for the delivery of care;
- ▶ Support the continued education and training of the workforce

- ▶ Ensure data collection and waiting times are captured
- ▶ Support further lymphoedema audit and research.

The recruitment of 27 WTE (14 clinical and 13 assistant posts) in total will enable all patients with lymphoedema to access lymphoedema services, regardless of cause, thereby ending the current patchy and inequity of services. All health boards have been allocated posts that will enable each of the services to provide equitable care with appropriate skill mix, including lymphoedema assistants/healthcare workers and administration staff. Modernising lymphoedema delivery will call for innovation in developing new roles, optimising existing roles, the development and expansion of skills and competencies. It will also expect to maximise efficiency and effectiveness, emphasising wasted resources as a consequence of developing lymphoedema and cellulitis.

Additional recurring money has also been allocated to education, Welsh Association of Lymphoedema service meetings, patient information leaflets and Lymcalc data collaboration and collection. One-off funding is also available for service set-up and compression garment stock.

### Evaluation

Significant progress has been made to implement the recommendations of the Lymphoedema Strategy and a full update on new services and staff will be available in October. Furthermore, information and advice on how lymphoedema practitioners can change and create policies and strategies needs to be shared among all for the benefits of lymphoedema patients.

### Who are we and what are we doing? quantifying our user population

Jane Rankin

### Background

The Lymphoedema Network Northern Ireland (LNNI) was commissioned in 2008 by the Department of Health, Social Services

and Public Safety Northern Ireland (DHSSPSNI) to fulfil the objectives of the Report of the Review of Regional Lymphoedema Services (2004). While developing the regional guidelines for best practice it was identified that actual lymphoedema incidence, by classification, causes and, indeed, by quantity, was not consistently available via literature. Identifying the potential incidence figures for cancer versus non-cancer could only be estimated by utilising various studies.

### Aims

LNNI was challenged to develop a web-based, secure minimum data set to objectively measure and report on regional information; this was known as Lymphdat and was to provide:

- ▶ A means of tracking trends in care provided in the province: key changes from DHSSPSNI 2004 regional baseline report, and identifying key areas of unmet need
- ▶ A means of tracking outcomes
- ▶ A tool to provide audit information regarding demographics and aetiology/epidemiology
- ▶ A tool to inform government reports, for example, key performance indicators
- ▶ Potential to create letters
- ▶ Potential for epidemiology research

- ▶ Potential to track workload measurement.

### Description

The initial planning consisted of reviewing other examples of minimum data set, listing potential outcomes and designing draft reporting mechanisms which would fulfil the project aims. An ICT company was commissioned to create the tool in partnership with LNNI. Over nine months this evolved from paper to electronic format, and was then piloted for six months with fictitious data. Concurrently, all regional clinical paperwork (assessment tools, etc) was reviewed and amended to reflect the Lymphdat format and aid up-loading of data

In February 2010, Lymphdat was launched and temporary band 3 funding was provided to facilitate up-loading of data. The board agreed that data from September 2009 would be included, that is all held assessments but only reviews from this date to create a manageable workload.

### Evaluation

The first report was created in April 2011 with data accessed on 31st March 2011; this assessed service provision and basic aetiology.

- ▶ 1717 (223 male and 1494 female) current services users demonstrating the dramatic increase in referrals since the launch of the LNNI potential patient and healthcare worker education programme (869 new referrals in 2010)
- ▶ Specialist services provided in at least three locations within each trust
- ▶ Demographics: majority recording white as an ethnic group and English as main language; peak age at 61–70 years; 29% living alone
- ▶ Reasons for discharge — majority referral to GP for long-term management
- ▶ Body mass index (BMI) — identifying an increasing trend of obesity
- ▶ Aetiology and staging breakdown for primary (2.04%) and secondary (cancer (54.75%) and non-cancer (42.6%).

### Conclusion

Lymphdat has been shown to be a successful means of identifying trends in the regional lymphoedema population. It has informed government papers, demonstrated positive changes in services and has clarified the question regarding our local population incidence/prevalence figures which will benefit long-term business planning. JL

After the resounding success of Conference 2011 with over 30 exhibitors, **next year's BLS Conference will be held at the Vale Resort near Cardiff. The event will run from 7th to 9th October 2012 and feature the usual exciting combination of first class speakers in the field of lymphoedema;** exhibition stands providing up to the minute information on lymphoedema-related products; plus brilliant social and networking opportunities.

**For further information e-mail [info@thebls.com](mailto:info@thebls.com)**



2012 will also see a repeat of the highly successful 'Step Forward for Lymphoedema' campaign designed to address the mobility issues affecting many lymphoedema sufferers. **The focus for events in 2012 will be a 'Lympholympics' event at the world famous Pond's Forge International Sports venue in Sheffield on Saturday 15th September.** A range of physical activities will be available targeted at younger lymphoedema patients.

**Keep up-to-date with this and all other BLS activities in 2012 at: [www.thebls.com](http://www.thebls.com)**