

ILF IS SPREADING THE GLOBAL LYMPHOEDEMA MESSAGE

Neil Piller

The International Lymphoedema Framework (ILF) was launched at the first International Lymphoedema Framework Conference at Royal Ascot in 2009 and has since grown into a fully-fledged global organisation. So far, it has given rise to national frameworks in Canada, the United States, Sweden, Japan and Australia.

Although the growth of the ILF has been rapid and some of the initial aims may have been lost along the way — something we all need to work on — it is clear that as an international organisation, the ILF has an exciting future.

The work the organisation has carried out on lymphoedema frameworks is helping to raise the profile of the condition worldwide, enabling clinicians to lobby for more resources, address the issues of inequality in treatment and improve the quality of life of patients.

The impact of the group is not only being felt in English-speaking countries — the Japanese ILF group has already translated some of the framework's documents into Japanese, resulting in improved services for patients.

Already, the benefits of liaising with the more established networks is being felt, contributing to the documents launched at the recent ILF conference in Brighton, which included papers on the management of lymphoedema in advanced cancer; oedema at the end of

life (in collaboration with the Canadian Lymphoedema Framework), and the management of lymphoedema in children.

The Brighton conference encouraged members to come together and think globally in an effort to improve local outcomes. The plenary sessions

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were informative and contributed to a collective knowledge-base, from which members will benefit when they return to their respective clinical areas.

The third ILF conference will be held in Toronto, Canada and I am sure that members are already looking ahead to future conferences as the ILF spreads and more national frameworks are created.


However, despite the global reach of the organisation, lymphoedema clinicians in the UK will not lose out, Wounds UK and the *Journal of Lymphoedema's* annual conference at Royal Ascot on 20–22 April, 2010 represents an excellent opportunity for lymphoedema and tissue viability specialists to come together, as it presents two simultaneous conferences in the same venue — Skin Changes in

the Lower Limb and Lymphoedema 2010 (www.lymphormation.org). Again, there will be a multidisciplinary theme with the link between lymphoedema and wound care forming a core part of the debates, plenary sessions and discussion forums.

I am proud to be a member of the ILF board and equally honoured to be a member of the Australian Lymphoedema Framework.

I am also proud of the way that the ILF has taken care to be all-inclusive, which is a necessary strength of the group and one which will encourage new membership. The plethora of open space meetings ensures that each and every voice is heard and the ILF membership also incorporates leaders from most of the significant international groups, such as the International Society of Lymphology (ISL), the World Alliance for Wound and Lymphoedema Care (WAWLC), Handicap International, the International Compression Club (ICC) and national groups with an interest in the discipline of lymphology.

Modern healthcare provision means that this kind of inclusive membership is crucial, especially when funding is tied to multidisciplinary teams and multi-centre and internationally focused studies.

Most importantly, it is vital that we all continue to collaborate and provide constructive criticism, as this is where the ILF's strength lies, not in power but in excellence, commitment and camaraderie. I for one hope that the ILF will continue the good work it has started and spread lymphoedema best practice around the world for the benefit of patients and their families. 

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