**Examples of appraised Lymphoedema Chronic Conditions Models**

1. **The Healthy Legs Project, Southern Health and Social Care Trust**

**Group based patient education for patients with chronic conditions**

A literature scoping review identified that participants experienced the programs as beneficial according to less symptom distress and greater awareness of their own health, improved self-management strategies, peer support, learning and hope (Stenberg et al., 2016). Barlett (1995) showed for every dollar spent on patient education, four is saved.

**Exercise in the management of venous leg ulcers**

Kirsner 2018 produced a meta-analysis of 5 small studies, and it suggested exercise offers an additional healing benefit in patients with leg ulcers (61% healed at 12 weeks in comparison to 41%)

**Exercise in the management of arterial insufficiency**

Cochrane systematic review by Lane et al., 2017 concluded there was high‐quality evidence showing that exercise programmes provided important benefit compared with placebo or usual care in improving both pain‐free and maximum walking distance in people with leg pain from intermittent claudication who were considered to be fit for exercise intervention.

**Telephone reviews**

Literature scoping review examined telephone consultations for people with chronic conditions. 47 articles were reviews and found this model can improve health-behaviour, self-efficacy and health status. The review found that telephone-based coaching can enhance the management of chronic disease, especially for vulnerable groups. (Dennis et al., 2013)

**Cost**

For every £1.00 spent on lymphoedema treatments that limit swelling and prevent damage and infection, the NHS saves an estimated £100 in reduced hospital admissions (NCAT, 2013).

The SHSCT programme consists of:

* One to one assessment with lymphoedema specialist physiotherapist
* If suitable, patients commence 4 week programme
* Patient reported outcome measures and Objective measures
* Patient goals and expectations discussed and recorded

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| --- | --- | --- | --- |
| Week 1 | Week 2 | Week 3 | Week 4 |
|  Causes of swellingSigns and symptomsComplications associated with swelling  |  Self-managementSkin care/foot carePositioningPhysical activity |  Principles of healthyeatingFood labellingWeight controlOnward referral |  Role of compressiongarmentsDonning/doffing aidsGeneral care advice |
|  EXERCISES  |  EXERCISES |  EXERCISES |  EXERCISES |

Post class questionnaires were used to follow up and audit outcomes. Onward referrals were made as necessary to Podiatry, Dietetics, Dermatology, Tissue viability, and to exercise schemes. Presented at the All-Ireland Lymphoedema Conference 2019; with acknowledgement to Ms G McConaghie and Ms C McClelland)

1. **The St Oswald’s Lymphoedema Service, Newcastle Upon Tyne**

This team has been using this award winning programme for many years. On referral, patients are invited to attend an initial session which includes:

* A welcome to the service
* An explanation of what causes swelling and what treatments are available (and cellulitis information)
* Guidance regarding where else information can be found, including via support groups
* Discussion around what to expect at your first appointment
* What you can immediately start to do to help your swelling
* Information regarding the St Oswald’s self-management programme.
* An opportunity to ask questions

This session is followed up by an appointment for an initial one to one assessment, and agreement of the individualised treatment plan. As supported life-long self-care is needed for those with lymphoedema, service users are then invited to attend a five week set of classes to support their self-management needs; this also provides peer support by helping patients to meet others with lymphoedema.

(Presented at the British Lymphology Society conference; with acknowledgement to Ms J Nandy, Ms K Clark, Ms J Lisle and Dr A Hughes)

1. **The Head and Neck Cancer Lymphoedema Model at Guy’s and St Thomas’s Hospital, NHS Foundation Trust, London**

This team received referrals for both surgical and non-surgical patients

* Initial assessment of head and neck patients on a one to one basis, and then referral into the class

- SLD was taught on an individual basis, not in the class

* Patients received Hereford beady collars initially and directed in use to provide localised massage
* 5-6 patients per class and all info received at initial assessment is reiterated at the class
* 2 sessions within one month which include information and exercise:

 - Classes kept informal - didn’t use PowerPoint etc.

 - Discussion about the lymphatic system and the basis of management

 - The patients talked to each other within the session and shared experiences

 - Emphasis on alignment and posture

 - Patients brought the Hereford collars they received at initial assessment, and use was

 reviewed to ensure they were applying this correctly, with enough compression.

* The exercise session consisted of shoulder girdle, cervical spine and facial exercises

 - Discussion about muscle stiffness, adhesions etc., and the limitations imposed by

 XRT changes

* Assessment and outcome measures included: moisture meter, tissue softness and patient reported outcomes
* Sometimes the patients were discharged after the classes if it was felt they could self- manage at that point.

(Presented at the British Lymphology Society Conference 2018; with acknowledgement to the Lymphoedema Team, St Guy’s and Thomas’s Hospital, NHS Foundation Trust)