Lower Limb Chronic Oedema Pathway

(Please refer to the guidance on the reverse of this pathway algorithm)

This pathway is for adults with uncomplicated lower limb chronic oedema, being seen by Primary & Community nursing services within Oxfordshire.

EXCLUSIONS:
- New oedema present for less than 3 months – refer to GP for medical review
- Oedema to the genitals, sacrum and waist – refer to GP for medical review
- Ankle-brachial pressure index (ABPI) <0.6 – refer to GP for urgent referral to vascular team

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**Diagnosis of chronic oedema**

- Undertake holistic assessment and lower limb assessment including Doppler, within 2 weeks
- ABPI less than 0.8 or greater than 1.3 refer to tissue viability for advice on management

**Diagnosis of diabetes, renal failure, peripheral vascular disease or rheumatoid arthritis?**

- Yes
  - Refer to tissue viability for advice on management

**2 or more episodes of lower limb cellulitis in the last year?**

- Yes (refer to guidance overleaf)
  - Refer to GP for prophylactic antibiotics
- No

**Assess severity of oedema**

- Yes (refer to guidance overleaf)
  - Severe or thigh high chronic oedema – refer to Tissue Viability for advice
- No

**Mild & moderate chronic oedema**

- Is there also a wound present on the leg?
  - Yes
    - Follow the wound care element of the standard and complex venous leg ulcer pathways
    - NB. In the presence of signs/symptoms of venous disease, refer to vascular to be considered for venous ablation
  - No

**Commence Chronic Oedema Bandaging 3 x week & provide education on:**

- Skin care regimen
- Exercise & movement
- Weight management
- Prevention of cellulitis

Continue until limb measurements stop reducing and the oedema has been removed from the limb

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**Measure for Actilymph or MTM Hosiery**

(Refer to guidance overleaf)

**Provide education on:**

- Application of the hosiery
- Care of the hosiery
- Replacement hosiery
- Who to contact with concerns

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Oxford Health Tissue Viability
Chronic Oedema Pathway
V6/Feb2021
# Guidance for lower limb chronic oedema pathway

*Supporting documentation can be accessed/downloaded from the tissue viability website [http://www.oxfordhealth.nhs.uk/tissue-viability](http://www.oxfordhealth.nhs.uk/tissue-viability)*

<table>
<thead>
<tr>
<th>No</th>
<th>Action to be taken by the clinician undertaking the assessment</th>
<th>Documents/Guidance/tools to support action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assess the legs for signs of chronic oedema:</td>
<td>• Chronic Oedema Signs and Symptoms Tool <em>(CHROSS Checker Tool)</em> – available on the TV Website <a href="http://www.oxfordhealth.nhs.uk/tissue-viability">www.oxfordhealth.nhs.uk/tissue-viability</a></td>
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<tr>
<td></td>
<td>• Swelling present for more than 3 months</td>
<td>• Lower limb assessment form</td>
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<td></td>
<td>• Swelling pitting or hard</td>
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<td>• Unresolved by elevation or diuretics</td>
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<td></td>
<td>• Test for stemmer sign by pinching skin at the base of the 2nd toe. If unable to raise a skin fold this is diagnostic of chronic oedema</td>
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<td></td>
<td>Check for swelling to the genitals, sacrum and waist - If present refer to GP for an urgent medical review and investigation. If rapid onset with unknown cause refer to GP for urgent assessment. If either present do not place on pathway until medical assessment performed.</td>
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<td>2</td>
<td>Undertake holistic vascular assessment (History, symptoms &amp; clinical examination) including doppler assessment and identification of pedal pulse sounds – mono/bi or tri-phasic. Ensure ABPI is between 0.8 – 1.3 and refer to ‘Guide to interpreting holistic vascular assessment including ABPI’ for red flags, before implementing pathway. ABPI &lt;0.8 or &gt;1.3 refer to tissue viability with vascular assessment information for advice prior to proceeding. ABPI &lt;0.6 also refer to GP for urgent vascular referral. Do not apply compression. <strong>NB. Consider falsely elevated readings in elderly pts, particularly with diabetes &amp; renal disease.</strong></td>
<td>• Guide to carrying out a Doppler</td>
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<td></td>
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<td>• Doppler assessment form</td>
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<td>• Lower limb assessment form</td>
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<td>• Guide to interpreting holistic vascular assessment including ABPI</td>
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<td>• Tissue Viability referral form</td>
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<tr>
<td>3</td>
<td>Undertake holistic assessment to identify cause of oedema and co-morbidities. If patient is diabetic, has heart failure or renal disease stage 3 or above refer to tissue viability for advice prior to commencing the pathway.</td>
<td>• Patients medical summary</td>
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<td>• Nursing assessment</td>
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<td></td>
<td>• Wound assessment and care plan form</td>
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<td></td>
<td>• Tissue Viability referral form</td>
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<td>4</td>
<td>Assess severity of symptoms:</td>
<td>• CHROSS checker tool</td>
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<td></td>
<td>• Mild – soft pitting oedema / below knee</td>
<td>• Tissue Viability referral form</td>
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<td></td>
<td>• Moderate – oedema may be harder with some skin changes, ulceration, lymphorrhoea, hyperkeratosis, papillomatosis with only moderate limb distortion / below knee</td>
<td>• Wound care formulary (Compression section)</td>
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<td>• Severe – significant limb distortion and skin folds, and/or knee/thigh oedema</td>
<td>• Coban 2 application Guides on 3M website</td>
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<td>For severe symptoms or knee/thigh oedema refer to Tissue Viability for advice and appropriate compression or onward referral to the Lymphoedema Clinic if necessary. For mild to moderate symptoms proceed with pathway.</td>
<td>• JUZO ACS Light wrap application video on JUZO website</td>
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<td>5</td>
<td>Have there been 2 or more episodes of lower limb cellulitis in the last year? If yes, refer to GP for prophylactic antibiotic therapy (SCAN Guidelines, 2021 ).</td>
<td>• <a href="https://clinox.info/local-guidelines-and-pathways/antimicrobial-guidelines-adults/58134">https://clinox.info/local-guidelines-and-pathways/antimicrobial-guidelines-adults/58134</a></td>
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<td>6</td>
<td>Complete baseline limb measurements.</td>
<td>• Lower limb measurement form</td>
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<td>• Wound assessment and care plan form</td>
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</table>
| 7 | Is ulceration present on the leg?  
If ulceration present, follow the wound management advice on the Oxfordshire Standard/Complex Venous leg ulcer pathway. BUT continue with this pathway for all other aspects of care. | • Standard/Complex venous leg ulcer pathway  
• Wound assessment and care plan form  
• Guide to measuring wound surface area |
| 8 | Devise skin care plan - use total emollient therapy avoiding soap and using soap substitutes.  
Assess for hyperkeratosis, varicose eczema and fungal infections.  
Refer to GP and/or tissue viability for advice. | • Emollient formulary  
• Best Practice Statement; Care of the Older Person’s skin (2012)  
• Varicose eczema pathway  
• Tissue Viability referral form |
| 9 | Shape the limb with wadding to ensure an even graduation and apply Multi-Layer Lymphoedema Bandaging with Actico as per product guidance.  
Replace 3 x week as the bandage will move as limb size reduces.  
**NB. If non-concordant with bandaging or difficulties applying the bandaging – refer to TV for further advice and consideration of alternative forms of compression.** | • Actico product guide  
• Actico MLLB video on L&R website  
• Tissue Viability referral form  
• Wound care formulary (Compression section)  
• Coban 2 application Guides on 3M website  
• JUZO ACS Light wrap application video on JUZO website |
| 10 | Provide patient education on:  
• skin care regimen  
• exercise & movement  
• Weight management  
• Monitoring for and prevention of cellulitis | • Chronic Oedema Assessment and Management Presentations  
• Oxfordshire Hosiery Booklet  
• L&R website videos  
• OHFT Looking after your legs leaflet |
| 11 | Re-measure limb each time bandaging is changed. Once the limb has stopped reducing in size and has been decongested of the oedema, measure for Actilymph hosiery. If the oedema was moderate-severe, or the measurements are outside the standard size range, made-to-measure Actilymph hosiery may be required.  
Refer to CHROSS checker tool and Hosiery formulary to select hosiery.  
**NB. If you are unsure of what compression garments to order or require help with interpreting measurements, please refer to TV.** | • CHROSS checker tool  
• Lower limb measurement form  
• Oxfordshire Hosiery Formulary  
• Oxfordshire Hosiery Booklet  
• Wound care formulary (Compression section)  
• Actilymph measuring guide & video on L&R website  
• Tissue Viability referral form |
| 12 | Provide patient education on:  
• Hosiery application  
• Care of hosiery  
• Replacement hosiery  
• Who to contact with any concerns | • Oxfordshire Hosiery Booklet  
• OHFT Looking after your legs leaflet  
• District Nursing Services Patient Information Leaflet |