

Skin Care

Three key components:

Cleansing:

- Regular washing of the limb at least three times a week using tap water
- Use pH-neutral cleansers or emollients as soap substitutes to avoid drying out skin

Drying:

- Pat dry with a soft towel - don't rub or apply excessive force
- Take care of skin folds and between toes

Moisturising:

- Use leave-on emollients to moisturise the skin and maintain integrity
- Ensure the patient is not allergic to any components of the emollient before use

Apply appropriate dressings for any wound or lymphorrhoea.

Exercise

Encourage patient to exercise and move according to individual ability

- Consider whether the patient can walk/perform chair-based exercises/elevate the leg to help fluid return. Even small, passive movements can help

Simple exercises that activate calf-foot pump, such as standing on tiptoes, can help the lymphatics to reduce swelling in the lower limb.

Lymphatic Drainage

A massage technique to encourage fluid to drain away from congested areas.

- Simple Lymphatic Drainage (SLD) - patients and carers to be taught this to encourage self-care. See the LSN website for more information.
- Manual Lymphatic Drainage - performed by trained specialists

Compression

Required for all patients who can tolerate it.

A key principle of both the intensive phase of limb volume reduction and also for long-term maintenance.

Key factors to consider when choosing the type of compression:

- Patient preference, dexterity and lifestyle
- Frequency of application needed
- Clinician expertise
- Size and shape of the leg
- If a wound is present

Encourages the fluid back up towards the heart where it will drain into the circulatory system.

Enhances action of the muscle pump on the venous and lymphatic system.