

Non-cancer oedema	Treatment options	Rationale/resources/evidence
<p>Primary oedema and lipoedema</p>	<p>Advice on skincare and self-management.</p> <p>Exercise information of some sort is usually appropriate - just be aware of potential barriers to exercise in this patient group (body image, footwear fitting, long term diet/weight problems) and help them to overcome them.</p> <p>Refer to local lymphoedema service.</p>	<p>How to recognise Lymphoedema (LSN resource)</p> <p>Crane,P. Management of sacroiliac dysfunction and lower extremity lymphedema using a comprehensive treatment approach: a case report <i>Physiotherapy Theory Practice</i>(2009) 25(1) 37-43</p>
<p>Obesity related oedema</p>	<p>Up to 75% of people with BMI > 40 have chronic oedema.</p> <p>Treatment needs to be in conjunction with weight management services to allow holistic support and management. Exercise advice and prescription is usually not appropriate initially as patients can't get clothing/footwear to fit. Often better received after period of compression bandaging.</p>	<p>Fife & Carter (2008): Lymphedema in the morbidly obese patient: unique challenges in a unique population. <i>Ostomy Wound Management</i> 54(1):44-56</p>
<p>Venous oedema</p> <ul style="list-style-type: none"> • Varicose veins (chronic, severe) • DVT/Post thrombotic syndrome • Vascular surgery • Venous leg ulcers and Venous insufficiency/ peripheral vascular disease 	<p>Advise on skincare and self-management.</p> <ul style="list-style-type: none"> • Refer to venous leg clinic or lymphoedema clinic for compression therapy. • If DVT is suspected advise pt to remove any compression stockings until vascular opinion sought. • Post surgical – consider decreased ROM and muscle power, joint tightness, scarring. Kinesiotape, stretching/ strengthening exercises and gait re-education • Liaise with local TVN and DN services for wound management. Provide walking aids and gait re-education to maintain mobility. 	<p>Post-thrombotic syndrome</p> <p>See also the cancer related post-surgical option.</p> <p>GPs and DNs can prescribe othopaedic boots/shoes e.g. Kerraped</p>
<p>Dependency/gravitational oedema</p> <p>Can be caused by any pathology that decreases skin and muscle movement of the limb.</p>	<p>Consider limb position – elevation, supports and occasional use of sling. PROM exercises if no AROM available.</p> <p>Skincare and safety advice, particularly for wheelchair users. Due to sensory loss, at high risk of limb trauma which could lead to cellulitis.</p> <p>Consider long sleeved or legged clothing and footwear or glove for skin protection</p> <p>Refer to local lymphoedema clinic for compression management</p>	

SLPN reviewed April 2015.