

Long-term swelling: could you have chronic oedema?

Do you suffer from swelling of your legs or feet? If it has been present for longer than 3 months, it could be chronic oedema. Read on to find out more about this common, but underrecognised condition, and how you can get help to manage it.



hronic oedema is the term given to swelling of any cause that has been present for longer than three months.

Chronic oedema results when the lymphatic system fails to keep a balance between the fluid in the tissues and the circulation, leading to fluid collection in the limb and the development of swelling.

There are many reasons this can happen, ranging from standing or sitting for prolonged periods where gravity causes fluid to pool in the feet, or pregnancy and obesity in which extra weight on the vessels in the tummy prevents lymphatic clearance. Other causes including surgery or trauma to the leg veins or lymph vessels, venous disease, or wider spread disease such as heart failure or renal disease. Some medications, e.g. calcium channel blockers or hormones, may also result in chronic oedema.

However, despite there being many causes and it being relatively common (see box *opposite*), chronic oedema remains poorly recognised by people with the condition, and by healthcare professionals.

12 In this together, Issue 5, 2019

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Chronic oedema

Initially, swelling may be mild, and may go down after elevating the feet or going to bed. At this stage, it is common for the oedema to go untreated.

'Chronic oedema is the term given to swelling that has been present for longer than three months' However, chronic oedema doesn't become severe overnight but unfortunately, it is often at this stage when patients seek help or when it is recognised

With time, however, the swelling will not reduce with rest and as the tissues of the leg remain filled with fluid, the skin can undergo changes, making it vulnerable to damage and infection. For example, the skin on the lower leg might become hard, or excess lymph fluid may leak through the legs (lymphorrhoea) making them wet and causing skin damage.

As the swelling worsens, the size and weight of the limb increases, making it uncomfortable to move, and can be painful (Moffatt et al, 2017). This in turn can make it difficult to take part in the normal activities of every day life, and can lead to difficulties with relationships and work. The swelling may be very mild or it can be severe, distorting the shape of the limb, and making it heavy and difficult to move. by healthcare professionals as needing treatment. Mild chronic oedema is often overlooked or ignored by patients and healthcare professionals.

What to do if you think you have chronic oedema

If you have not yet seen a healthcare professional about your chronic oedema, you should visit your GP and explain your concerns. He/she should ask about the history of your swelling and should give you a physical examination to assess the swelling. Your GP may refer you for further investigations, for example, to a specialist oedema service.

Managing chronic oedema

The management of chronic oedema is made up of skin care, exercise, and

How many people does chronic oedema affect?

The number of people with chronic oedema is equal to or greater than the number of people with other long-term conditions, such as stroke.

It is thought that four in every 1000 adults in the UK have chronic oedema. For people aged over 85 years, this rises to 12 people in every 1000.

It is thought these numbers are an underestimate, since a lot of cases of chronic oedema go unreported, particularly in the early stages.

Source: Moffatt et al (2017) Int Wound J 14: 772-81

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Chronic oedema



wearing compression. Combined, these three components of care help to improve and maintain skin health and drive fluid from the tissues where it causes swelling back into the circulation.

There are two recognised phases to treatment; an intensive phase where the aim is to reduce swelling over a period of 2–4 weeks (also aiming to heal any wounds that may be present), and a maintenance phase which aims to maintain the reduced swelling and prevent it from returning in the long term. It may be that compression bandaging or a compression wrap system is used in the intensive phase of management, and hosiery or a wrap in the maintenance phase. Key to the success of the management is developing a plan of care with your healthcare professional that is suited to you personally. There is no 'one size fits all.'

In particular, if you have tried compression previously and felt unable to wear bandaging or compression garment in the long term, it is important to discuss alternative options with your clinician to find a solution that works for you. It is also important that you take as much responsibility for your condition as you are able to, since self care has been shown to result in the best results. That starts with seeking help if you suspect you have chronic oedema.

Rachel Drago, Advanced Nurse Practitioner, comments:



'If you have chronic oedema it is important to seek help from a healthcare professional as soon as possible. You may find it helpful to take this article with you when you visit your clinician to initiate the discussion around your concerns. Chronic oedema is a progressive condition, so the sooner that you start to manage it, the better. It is important so that worsening of the swelling and the development of associated complications can be prevented.

It is vital to be assessed by a healthcare professional so that the underlying cause of your chronic oedema can be identified and treated if possible. It may be that simple changes such as altering your medication, or moving more if you spend a lot of time sitting in a chair, can help to reduce your oedema. Or it may be more complex, with lots of different factors combining to cause your chronic oedema.

Whatever your personal situation, your healthcare professional should work in partnership with you to find a plan of care that is tailored to you and your lifestyle that you are able to maintain in the long term.'



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