



My compression community



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I qualified as a registered nurse in 1980 and quickly found my way into caring for patients with cancer. After working as a ward sister for several years, during which time I looked after patients with lymphoedema, I became a lymphoedema specialist in 1990. In the early days, we supplied compression garments for the management of lymphoedema from our stock room. The choice was fairly limited but over the years, a larger variety of garments has become available with different materials, colours and styles. Most garments can now be obtained on prescription from the patient's GP.

The patients we treat have cancer-related lymphoedema occurring as a result of treatment for cancer, or sometimes due to the cancer itself. Swelling might be in the legs, arms, breast, head and neck, or central part of the body. We run lymphoedema clinics every day with approximately 6-8 patients booked and room for additional, more urgent patients if required. Some patients can also be reviewed by telephone assessment with one of the therapists, if suitable.

My working day is typically very varied with no two days the same. I may spend the day seeing patients in clinic, teaching other health care professionals, meeting with staff regarding professional and service development or working on a project.

At the start of the day I usually meet with the team to look at the diary and review the clinic bookings that we have for the day. I ensure that any problems are identified and discussed and that the team are fully supported. Patients with lymphoedema require education to enable them to manage their swelling so we offer appointments that enable



us to fully assess their individual needs and advise them about how they can manage their lymphoedema. As part of their treatment, this usually involves choosing a compression garment with a patient and making sure that it is acceptable to them and will also improve their swelling. There are many garments to choose from now with different materials, colours and compression classes, so knowledge of what is available and what may be clinically appropriate is essential. The patient is advised to wear their compression garment every day, so it is important that their views are considered to make sure they are able to do this.


Some patients require garments of a stiffer material and for others a round knit garment may be more appropriate. Patients may prefer a particular colour or a garment that has a grip top so all possible choices are discussed with them. As new products become available we incorporate them into our discussion with the patient too when clinically relevant.

We encourage patients to be referred to us as soon as lymphoedema is noticed because early treatment is more successful. This may avoid the need for more complex treatment. However, difficulties can

arise with patients obtaining the correct compression garment on prescription. It is really good that there are so many garments available on prescription now, but the prescribing is not easy for GPs who cannot identify the requested garment by

product code on their prescribing systems. This can lead to the patient being prescribed an incorrect garment which can be detrimental to the management of their lymphoedema

and a waste of resources. We have been trying to address this problem by improving the information we provide to GPs and patients about the garment they require but until the prescribing systems are all able to identify compression garments by product code or PIP code the problem is likely to continue.

I love the variety of my job. As a nurse I am passionate about caring for patients and improving their quality of life. My role enables me to do this through my direct clinical contact with patients and also indirectly through the education and support of my team and other health care professionals. I also enjoy having a voice within the wider context of health care through discussions and projects at national and international level aimed at initiating change and improved care for patients. 

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