Leaky legs? Don't just go with the flow!

Leaky legs or lymphorrhea can have a major impact on quality of life, often leaving sufferers in pain and discomfort. Find out what causes the problem, and what can be done to manage it.

Lymphorrhea is a condition more commonly referred to as 'leaky legs', or 'wet legs' in which an excessive amount of lymph fluid leaks through skin of the lower limbs. The condition indicates an underlying problem with the venous and/or lymphatic systems and their ability to handle fluid.

What causes lymphorrhoea?

Oedema occurs when fluid begins to accumulate in the tissues. Usually, the lymphatic and circulatory systems are responsible for balancing fluid drainage, but if one or both systems are compromised in any way, the fluid can't be cleared and it builds up in the tissues, where it results in oedema.

Lymphoedema occurs when there is a problem with the lymphatic system that results in swelling. There can be a primary cause (where genetics result in missing or falling lymphatics) or secondary where part of the lymphatic system, usually lymph nodes, are removed or damaged through trauma or surgery.

Chronic oedema is often caused by venous return problems. Faulty valves in

the leg veins can lead to the backflow of blood which pools, increasing pressure in the veins and forcing fluid into the tissues.

As swelling progresses, and if not well managed, legs can become very swollen, causing the skin to stretch and blisters to appear. Fluid then leaks out of the legs as it has nowhere else to go, as both the lymphatic and venous drainage systems are too congested.

A number of factors are known to contribute to wet legs. Often it is

brought on by a sudden change in health or routine. For example, sitting more than usual, suddenly being less active, not wearing compression if it is needed, deteriorating health or an infection may all contribute.

The legs may appear wet and shiny, or have fluid running down them. The skin may be tender and cold and constantly wet.

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Leaky legs can result in intense pain and discomfort due to the swelling and wetness. There is also embarrassment due to the size of the swollen limb and the leaking fluid. The legs may be heavier than normal making it difficult to move easily, to wear normal clothing and footwear. In addition, leaking fluid may cause staining of clothing, shoes, furniture and bedding. Sufferers may resort to making their own solution to manage the fluid using nappies, plastic bags and towels.

Skin damage may occur as a result of wetness. Skin may be white and boggy (known as maceration) or red and raw (known as excoriation).

Wet skin is also vulnerable to damage, which may result in chronic ulceration and is at a high risk of infection, such as cellulitis, since the damp conditions provide an ideal environment for bacterial growth.

Solving the problem

Help is at hand as leaky legs can be treated in most cases. The key way to manage leaky legs is to address the underlying problem. You should discuss your general health with your doctor to identify any issues that may be contributing to the development of lymphorrhoea. Investigations and blood tests may be needed.

Lymphorrhoea can then be managed by using compression therapy, skin care, leg elevation and exercise to reduce wound symptoms.

If the legs are very wet, the application of compression will result in the swelling reducing quickly. At this stage, the use of hosiery is usually avoided due to the rapid decrease in limb size and because the wet skin is vulnerable to trauma when applying and removing a garment. A quick reduction in swelling means that the compression bandaging that is usually applied may slip so it will need reapplying until the limb is stable. While reapplication may be inconvenient, positive results are often seen in the first few days after which frequency of change can be reduced. If you are able, you may be taught how to apply the bandaging yourself.

Once swelling is under control, hosiery can be used if this is considered suitable by your clinician. At this stage, the limb should be measured in accordance with the manufacturers of the selected hosiery to ensure the garment will fit.

Wrap systems can also be used and have the advantage of being self-adjustable as swelling reduces. The wearer can easily adjust the wrap to ensure the correct pressure is being applied to the limb. The wearer will also be able to remove the garment to cleanse and care for the limb and to change dressings if needed.

Whatever system is chosen, it must be acceptable to the wearer if treatment is to be a success. Whichever compression system is used, it must apply enough pressure to squeeze the veins and valves to stop backflow of blood. This is turn will reduce the pressure in the veins and lymphatic vessels allowing fluid to move into the circulation.

Dressings may also be used to absorb moisture. The dressing used should be suitable for the condition of your skin and wound (if present). It should be comfortable, hold fluid well under compression and not cause any further damage to the skin. Your clinician will select a dressing that is suitable for your needs.

Wet skin can be fragile and vulnerable to damage in the continued presence of excess moisture. Skin should be protected with a product that provides a barrier against damage. Barrier products such as sprays and creams are available and should be applied to protect the skin.

Elevating the limbs to heart level can help with fluid return, as can even mild exercise such as flexing and bending the foot. For this reason, they are an important part of management.

It is important to know that wet legs can be managed, and that the sooner treatment starts, the better!

Joy Tickle, Tissue Viability Specialist, Shropshire Community Health NHS Trust advises:

‘Leaky legs can cause many problems; increased risk of infection, high levels of discomfort, pain, embarrassment and inconvenience. Compression therapy plays a key role in the management of this condition. Initially, high intervention of care may be necessary, which can then be reduced/stepped-down once the condition has been stabilised. Whichever compression system is implemented the patient’s lifestyle, personal choice and practical needs must be jointly discussed with the clinician and patient to ensure the compression choice is both tolerable and acceptable to the patient.’