



**Case-Base Discussion – 11th January 2023 (Ref 278)**

### **Case - Lymphoedema**

#### **Osteopaths discussing the case:**

Sandra (presenting case), discussion with members of the APM

#### **Brief description of the case:**

The patient is a 43-year-old female who has been suffering with severe lymphoedema since her teens (NAR), affecting all parts of her body but in particular her left lower extremity. She has had several episodes of cellulitis. She wears compression stockings but is not currently taking any medication for the lymphoedema, although she has done in the past.

Additional medical history: bladder and uterine prolapse. She has a history of hip pain, and bilateral ankle sprains, more severe on the left.

#### **Osteopathic findings:**

Exaggerated thoracic kyphosis with hypomobility in her mid-thoracic spine. Hypomobile hips bilaterally. Generalised hypermobility (mild).

#### **Key issues:**

There were complex issues in this case relating to the patient's fluctuating weight, and global skin reduction surgery which has left her with wide-spread scar tissue, most noticeably at the medial aspects of her arms and legs, and effects of the pelvic prolapse on her everyday life.

#### **Scope of practice limitations:**

The patient has sought osteopathic treatment to help alleviate her symptoms, alongside her personal training sessions. Treatment such as lymphatic drainage and effleurage, mobilisation techniques for the thoracic spine, diaphragm release, and exercise advice fall within our scope of practice

#### **Linking this case with Osteopathic Practice Standards:**

- A. *Communication and patient partnership*: It is important to clearly communicate with the patient that treatment might help to *manage* symptoms rather than *cure* symptoms. This could include lymphatic drainage techniques, thoracic mobilisation and general mobilisation techniques, and advice on weight management and diet.
- B. *Knowledge, skills and performance*: It was fortunate there was a practitioner in the discussion group who specialised in treating patients with lymphoedema. He confirmed that treatment should generally include lymphatic drainage, bandaging and compression garments measured for the patient, thoracic mobilisation, general mobility, and advice on weight reduction and diet. Other recommendations that fall within our scope of practice include exercise prescription, for example proprioceptive exercises and hip mobility exercises for this patient, and advising home based exercises, including breathing exercises and use of a Manta roller at home to maintain thoracic mobility ([Manta Health](#)).
- C. *Safety and quality in practice*: Ensure quality of patient care. During our discussion we explored approaches to treatment. The link to NICE Guidelines for lymphoedema can be found here ([IPG 723](#)). There were conflicting thoughts as to the safety of Acupuncture – which is not recommended in the NICE Guidelines – but it was agreed that it should not be used on the affected lower extremity, due to the risk of infection. Some practitioners were of the opinion that it might be used safely at other acupuncture points.
- D. *Professionalism* – Involve others in patient management. It was discussed that the patient would benefit from the input of other professionals in this complex case, including advice from Hypopressives UK, to help manage symptoms associated with pelvic prolapse, and information on support organisations that may be helpful for her overall well-being, for example:
- [MLD UK](#)
  - [British Lymphology Society](#)
  - [The Lymphoedema Support Network](#)