

A Needs Assessment of Lymphoedema Services in Fife:

An Exploration of Physiotherapy
and District Nursing Management

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Lymphoedema

- Fluid accumulation in the tissues (input > output)
- Failure of the lymphatic system, e.g. damage from breast cancer treatments
- Chronic, progressive, → swelling and fibrotic, thickened skin
- Physical and psychosocial sequelae
- Management → reduction and control of swelling

Logan, 1995



Needs Assessment of Lymphoedema Services in Fife

- Current services:
 - Part-time Physiotherapist
 - Palliative Care Services
 - Private practitioner
- Project commissioned by the Core Cancer Review Group in Fife
- First question: who treats lymphoedema?



Method

- How experienced and confident are non-specialist Physiotherapists and District Nurses in the treatment of lymphoedema? What management options do they choose?
- Descriptive, market research approach
- Postal questionnaire
 - all Physiotherapy units (n=36) on a central postal list at Queen Margaret Hospital, Dunfermline
 - all District Nursing units (n=53) located within Primary Practices in Fife (Fife Health Board mailing list)



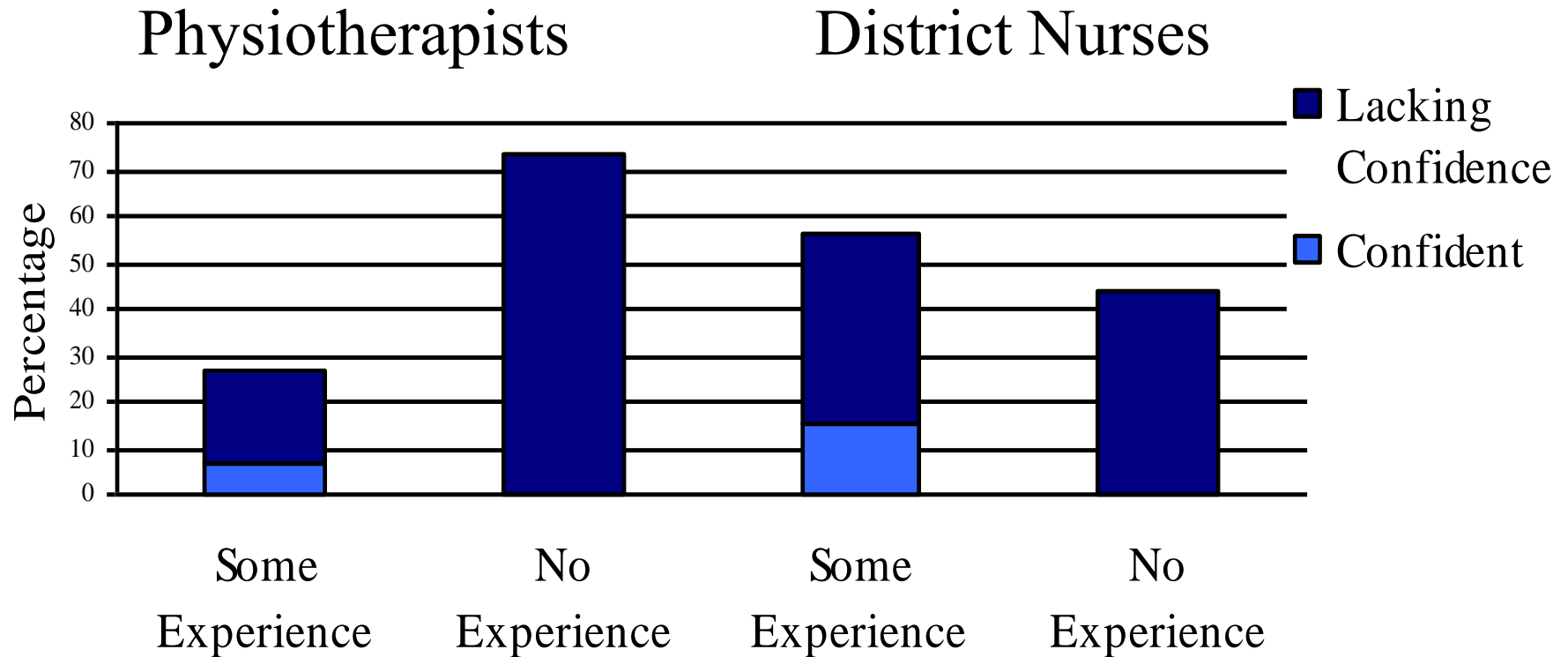
Experience of Lymphoedema Management

Experience of Physiotherapists and District Nurses represented in responses* (Response rates 58% and 53%)

Clinicians represented:	Physiotherapists (n=60*)	District Nurses (n=91*)
% of clinicians with experience of lymphoedema management	26.67	56.04
Mean number of patients treated by each clinician with experience, during their career	2.94	1.27



Experience and Confidence In Lymphoedema Management



Therefore...

- Many District Nurses and even more Physiotherapists lacked experience in managing lymphoedema.
- A large proportion of the clinicians with experience in managing lymphoedema lacked confidence.
- So, what management strategies would clinicians suggest?



Suggested Management Strategies

- Management strategies suggested by clinicians reflected incomplete awareness, and occupational leanings, e.g.
 - Physiotherapists most frequently suggested limb elevation, massage and exercise
 - District Nurses most frequently suggested compression garments or bandaging and skin care advice



Conclusions

- A localised pilot investigation
- Further work is required: greater depth and in different geographical regions
- Non-specialist Physiotherapists and District Nurses appear to lack experience, confidence and knowledge of lymphoedema management
- Specialist lymphoedema services are recommended and should be promoted

