

Cancer related Lymphoedema Referral Process

Cancer related Lymphoedema Lead

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Cancer Lymphoedema Service Clinic Referral Form (July 2024)

Please note the sections marked with a * are mandatory fields and must be fully completed or the referral will be rejected.



South West
Yorkshire Partnership
NHS Foundation Trust



Date of referral:

*PATIENT DETAILS

Name:

Address:

DOB:

Post Code:

NHS Number:

Telephone Number:

*REFERRED BY

Name:

Telephone Number:

Email Address:

Consultant ☐ GP ☐ Specialist Nurse ☐ Hospital Ward / Speciality ☐ Practice Nurse ☐ Self-Referral ☐
Other ☐

Registered GP and Practice:

EXCLUSION CRITERIA Referrals received for patients with the following will be declined:-

- At this time any patients referred for lymphoedema treatment that is not secondary to a cancer diagnosis will be declined.
- Patients under the age of 18 years.
- Patients without a confirmed diagnosis or without any evidence of full investigations into swelling having been carried out, as this may compromise patient safety and they will be referred back for information and assurance.
- Patients who are not in a stable phase of their co-morbidities, e.g. uncontrolled heart failure.
- Non-housebound patients who are unable to travel to the Cancer Lymphoedema Clinic located at Apollo Court Medical Centre, Dodworth, Barnsley.

*INCLUSION CRITERIA Please ensure all the boxes are ticked, failure to confirm these points will result in the referral being rejected:-

- The patient resides in a community setting i.e. own home, care home, hospice. ☐
- Patient must be registered with a Barnsley ICB registered GP Practice. ☐
- Patient must be 18 years or over. ☐
- The patient must have a diagnosis of Lymphoedema that is secondary to a cancer diagnosis or cancer treatment. ☐
- Any healthcare professional requesting input from the Cancer Lymphoedema Service must ensure that the patient has been reviewed medically to exclude any other medical cause for the swelling. ☐

PATIENT WEIGHT AND MOBILITY STATUS Please complete and tick as appropriate:-

Patients BMI:

If BMI >40 has the patient been referred to a dietician? Yes ☐ No ☐

Is patient: Fully Mobile ☐ Chair Bound ☐ Bed Bound ☐

Will the patient be able to apply & remove compression hosiery? Yes ☐ No ☐

If not, is social help in place if required? Yes ☐ No ☐

*DETAILS OF SWELLING / LIMB(S) AFFECTED

Body parts affected: Upper Limb ☐ Lower Limb ☐ Digits ☐ Head & Neck ☐ Trunk ☐ Breast ☐ Genitals ☐

Skin:

Fragile ☐

Broken/Ulcerated ☐

Taut/Shiny ☐

Thickened ☐

Weeping ☐

Tissue:

Pitting ☐

Non pitting ☐

Fibrotic ☐

Other:

Limb distorted shape ☐

Pain ☐

Recent episode of cellulitis ☐

Neurological Deficit ☐

Has the patient been reviewed medically to exclude any other medical cause for the swelling? (i.e. Doppler, CT Scan, DVT, Disease recurrence). Yes ☐ No ☐ If yes, please list recent investigations and results:

Is there evidence of venous or arterial insufficiency? Yes ☐ No ☐ Please provide Doppler reading results, (ABPI) and full assessment.

Referral Date & Patient Details

Referral Date:

.....

Patient Details (Mandatory):

- Name:
- Mickey Mouse
- Address:
- 1 Walt Disney Close
Barnsley
- DOB: 1.1.1950
- Post Code: S75 3RF
- NHS Number: 12345678911
- Telephone Number:
01226 644575

Referred By & Practice Details

Referred By (Mandatory):

- Name: Dr D.Duck
- Telephone Number: 01226 118118
- Email Address: d.duck@nhs.net

Referral Source (Check one):

- ☐ Consultant
- ☒ GP
- ☐ Specialist Nurse
- ☐ Hospital Ward / Specialty
- ☐ Practice Nurse
- ☐ Self-Referral
- ☐ Other: _____

Exclusion Criteria for CRLS

****Note: Referrals for the following will be declined:****

- Not secondary to cancer diagnosis
- Under 18 years old
- No confirmed diagnosis or full investigations
- Unstable co-morbidities (e.g., uncontrolled heart failure)
- Not housebound and unable to travel to Apollo Court Medical Centre

Inclusion Criteria

****Please confirm all points:****

- Patient resides in a community setting (own home, care home, hospice) ☐
- Registered with a Barnsley ICB GP Practice ☐
- 18 years or over ☐
- Diagnosis of Lymphoedema secondary to cancer or its treatment ☐
- Medical review completed to exclude other causes

Patient Weight & Mobility

Weight & BMI: 82kg

- BMI: 30

Referral to Dietician if BMI >40:

- Yes ☐ No ☒

Mobility Status:

- Fully Mobile ☒

- Chair Bound ☐

- Bed Bound ☐

Hosiery Application:

- Can patient apply/remove hosiery? Yes ☒ No ☐

- Is social help in place if needed? Yes ☐ No ☒

Swelling & Limb Details

Affected Body Parts:

- Upper Limb ☒
- Lower Limb ☐
- Digits ☐
- Head & Neck ☐
- Trunk ☐
- Breast ☐
- Genitals ☒

Skin Condition:

- Fragile ☒
- Broken/Ulcerated ☐
- Taut/Shiny ☒
- Thickened ☐
- Weeping ☒

Tissue Type:

- Pitting ☐
- Non-pitting ☐
- Fibrotic ☒

Other Symptoms:

- Limb distorted shape ☒
- Pain ☒
- Recent cellulitis episode ☐
- Neurological deficit ☐

Medical Review & Investigations

Medical review excluding other causes:

Yes ☒ No ☐

Recent investigations & results:

(Please list)

Results available on ICE

Evidence of venous/arterial insufficiency:

- Yes ☐ No ☒

Doppler reading results (ABPI) & assessment: Not undertaken

Diagnosis & Medical History

Diagnosis: Testicular cancer Jan 2025 Orchidectomy and Lymph node removal

Past Medical History / Disabilities / Co-morbidities:

Anxiety

Are co-morbidities stable?

Medications: Sertraline