

Cancer related Lymphoedema Referral Process

Cancer related Lymphoedema Lead
Laura Hallas Hoyes TVNC

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



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:

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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