

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

Policy title	Policy 4: Lymphoedema treatments
Policy position	Criteria Based Access Liposuction: Not Normally Funded
Date of issue	April 2023
Update	This policy will be updated in light of a substantial body of new evidence or new national guidance.

Lymphoedema presents as persistent tissue swelling caused by impairment of the lymphatic system. It is a chronic, progressive condition that is sometimes painful, can cause psychological distress, impair mobility and joint movement, it may also adversely affects the ability to undertake activities of daily living.

Most commonly lymphoedema results from medical treatment or damage, often due to treatments for cancer, including surgery and radiation therapy. Other causes include decreased mobility related to obesity and age. Patients, who receive treatment which may cause lymphoedema in the short or medium term, should be properly informed about the risk of lymphoedema (through consent arrangements) and educated in its management.

The Priorities Committee recommends that assessment and treatment (particularly skincare, compression, remedial exercise, and self-management education) should be available for patients with lymphoedema within existing NHS services, for all patients who have lymphoedema irrespective of the cause.

Complex decongestive therapy (CDT) usually has three main components:

- compression bandages and garments – to move fluid out of the affected limb and minimise further build-up
- skin care – to keep the skin in good condition and reduce the chances of infection
- exercises – to use muscles in the affected limb to improve lymph drainage

Manual lymphatic drainage (MLD) is also sometimes used to stimulate the flow of fluid in the lymphatic system and reduce swelling.

CDT usually begins with an intensive phase of therapy to help reduce the volume of the affected limb. This is followed by the maintenance phase, when patients are encouraged to take over their care by wearing compression garments, continuing to exercise and carrying out simple self-massage techniques in order to maintain the reduced size of the affected limb.

Liposuction for chronic lymphoedema is **not normally funded**.

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

References

1. NICE IPG Liposuction for chronic lymphoedema (2022)
2. NICE Guideline 101 Early and locally advanced breast cancer: diagnosis and management (2018)
3. NICE Guideline 81 Advanced breast cancer: diagnosis and treatment (2009, updated 2017)
4. The National Lymphoedema Partnership (2019) Commissioning Guidance for Lymphoedema Services for Adults in the United Kingdom

Coding

ICD-10 code(s):

I89.0 Lymphoedema, not elsewhere classified

I97.2 Postmastectomy lymphoedema syndrome

I97.8 Other postprocedural disorders of circulatory system, note elsewhere classified

Q82.0 Hereditary lymphoedema

OPCS-4 code(s):

S62.2 Liposuction of subcutaneous tissue NEC, Plus site code

Version	Date	Reason for change
Version 2.0	Agreed July 2022 (Ratified by the Board – January 2023)	3 yearly update. No change in commissioning position. Addition of Liposuction as not normally funded for clarity. Minimal demand locally.