

Lymphoedema compression garments (DROP-List)

This bulletin provides the rationale for ensuring lymphoedema garments are used as part of a local pathway that incorporates an ordering process which ensures the correct items are selected to avoid waste.

Recommendations

- Clinical Commissioning Groups (CCGs) should develop, implement and review local pathways for the use of lymphoedema compression garments.
- This pathway should be written and reviewed in conjunction and consultation with primary care, secondary care, if relevant tertiary care and all other providers/ stakeholders involved with the treatment of patients at risk of lymphoedema.
- The local pathway should include an agreed formulary which offers patients a choice of garments, but reduces the wide variety listed in the Drug Tariff. This prevents prescribing the wrong garment, reduces waste and prescribing costs.
- When recommending lymphoedema garments, lymphoedema specialists should ensure that the garment is a cost-effective choice and provide the GP with the code required for them to select the correct garment on the GP clinical system.
- Consider the use of order/prescription request forms which reflect the formulary and help ensure the correct item is selected.
- Lymphoedema compression garments should only be prescribed after a full assessment of the individual by an appropriately trained practitioner.
- All reasonable steps to ensure the correct items are ordered should be undertaken. If uncertain; confirm items with the lymphoedema service before they are ordered, to avoid wastage.
- Provide the patient with two of each garment one to wear, one to wash. Advise that garments should be washed frequently according to the manufacturer's instructions.
- The garments should be replaced every three to six months, or when they begin to lose elasticity.

Background

Lymphoedema develops when the lymphatic drainage system is unable to work effectively because it has become damaged, overloaded or its function is impaired. This results in a build-up of fluid and other substances, such as protein and waste products, in the tissues. A swelling will develop when the lymph vessels cannot keep up with the extra demands on their drainage capacity.¹ There is no cure for lymphoedema, but it is possible to control the symptoms using techniques to minimise fluid build-up and stimulate the flow of fluid through the lymphatic system.¹ The recommended treatment is decongestive lymphatic therapy (DLT) which includes compression bandages and garments. DLT takes time and effort, but can be used to bring lymphoedema under control.²

Lymphoedema compression garments are either manufactured as flat-bed (providing greater rigidity and stiffness) or circular knit. A standard range of light, medium, or high compression garments are available as well as low compression (12–16 mmHg) armsleeves, made-to-measure garments up to 90 mmHg, and accessories.³ There are many different types of lymphoedema compression garments listed in the Drug Tariff.⁴

Prescribing of lymphoedema compression garments in primary care

Medicines and devices that are prescribed in the UK are given a unique code on the dm+d database which can be used to identify precisely which product is required. Lymphoedema compression garments do have dm+d codes, but because there are a wide range of products available, and commonly used GP prescribing systems do not recognise these codes, it can be difficult to identify the intended product. The garments can be expensive so it is important that checks and processes are in place for prescribing the correct item to prevent the wrong garment being dispensed leading to waste and increased prescribing costs.




An audit conducted by the Welsh national lymphoedema service development programme highlighted that 50% of compression garment prescriptions were being dispensed incorrectly.⁵

Costs and savings

Approximately £19.9 million is spent annually in England and Wales on the prescribing of Lymphoedema compression garments (ePACT October to December 2018). **A 20% reduction in prescribing (by reducing wastage) would produce savings of over £3.9 million annually.** Savings made by reducing product selection errors and using cost-effective choices could be used to support the local lymphoedema service.

References

1. Royal College of Nursing. Reducing the risk of upper limb lymphoedema – Guidance for nurses in acute and community settings. September 2011. Available from: <https://www.lymphoedema.org/images/pdf/reduce-risk.pdf> Accessed 18/02/19.
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3. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press; February 2019. Available at: <https://bnf.nice.org.uk/> Accessed 18/02/19.
4. NHS Business Services Authority. Drug Tariff. February 2019. Available from: www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff Accessed 18/02/19.
5. Lymphoedema Network Wales. Delivering a prudent lymphoedema service. September 2014. Available from: www.prudenthealthcare.org.uk/wp-content/uploads/2014/09/Delivering-a-prudent-lymphoedema-service.pdf Accessed 22/02/19.

Additional resources available	 Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-192-lymphoedema-compression-garments-drop-list-20/
	 Example order form	
	 Data pack	https://pdata.uk/#/views/B192_LymphoedemagarmentsDROP-List/FrontPage?:iid=2