|  |  |
| --- | --- |
|  |  Insert your addressDate :  |

Dear Dr

**RE:** Name, DOB, NHS number

**Action requests for GP** (i.e. blood tests/investigations, referrals to dermatology/Vascular):

**Lymphoedema Diagnosis Codes**

I have indicated which SNOMed Codes are appropriate please can you ensure that these are recorded appropriately on your system (EMIS, System One, Vision)

**Primary Lymphoedema**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hereditary lymphoedema 254199006 |  |  | Chronic acquired lymphoedema28590005 |  |  | Primary (congenital) lymphoedema 254199006 |  |

**Secondary Lymphoedema and other**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lymphoedema following cancer1035521000000103 |  |  | Lymphoedema associated with obesity703316004 |  |  | Lymphoedema due to infection698988004 |  |
| Lymphoedema due to venous disease698991004 |  |  | Lymphoedema due to trauma69899003 |  |  | Lymphoedema due to malignant disease520231000000107 |  |
| Dependent lymphoedema due to immobility519381000000101 |  |  | Lymphoedema of uncertain aetiology402674003 |  |  | Lipoedema234102003 |  |

**Limb**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lymphoedema of upper limb 449620005 |  |  | Lymphoedema of lower extremity403385000 |  |  |

**Severity**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mild lymphoedema of limb 511201000000101 |  |  | Moderate lymphoedema of limb 511211000000104 |  |  | Severe lymphoedema of limb511221000000105 |  |

**Other**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lipoedema 234102003` |  |  | Lymphorrhea79709007 |  |  | Cutaneous lymphoeehea443903000 |  |

**Lymphoedema Assessment**

The above patient was seen by the **NAME OF** lymphoedema serviceon **DATE** for an initial holistic assessment of their chronic oedema / lymphoedema/ lipoedema in the xxx limb.

|  |  |  |  |
| --- | --- | --- | --- |
| Peripheral arterial findings | Left lower limb | Right lower limb | N/A |
| Foot pulse palpation |  |  |  |
| Doppler signals |  |  |  |
| ABPI / TBPI result |  |  |  |
| Clinical indication / diagnosis  | No significant PAD / PAD: non-severe / PAD: severe / critical  | No significant PAD / PAD: non-severe / PAD: severe / critical |  |

**Lymphoedema findings and clinical diagnosis:**

**Treatment plan:** The patient treatment plan for Year 1 and until their Lymphoedema is stable will be xxx

**Patient self-management and supportive self-management:** I have advised the patient the importance of self-managing this condition in between appointments. There are four key areas that I have provided further information. Below is a summary:

**Skin care:** I have provided advice and guidance on appropriate skin care

**Compression:** I have / please can you prescribe…… Class/size/model

**Exercise**: I have provided advice and guidance on how to reduce BMI and I have/please can you refer them to ….. Exercise/weight loss regime

**Specialised massage technique:** I have shown the patient how to do simple lymphatic drainage.

**Ongoing Follow up:** I will have …… monthly/weekly follow ups with this patient and inform you if there is any change

**Complications –** The patient has been advised that they will be at risk of cellulitis, increased limb size, mobility and function issues if they do not self-manage this condition in between treatment appointments. If your patient has any questions about how they can self-manage please advise them to contact the lymphoedema service.

If you have any questions please do not hesitate to get in touch.

Kind regards

Insert name of practitioner