Lymphoedema

Understanding Persistent Swelling and How to Manage It

1 What Is Lymphoedema?

Lymphoedema is chronic swelling caused by a damaged or insufficient lymphatic system. The lymphatic system drains excess fluid from tissues — when it fails, protein-rich fluid accumulates, causing progressive swelling and, over time, skin and tissue changes. Unlike normal oedema (which is pitting and temporary), lymphoedema is a lifelong condition. Primary lymphoedema results from a developmental lymphatic abnormality; secondary lymphoedema results from damage due to cancer treatment, infection, trauma, obesity, or surgery.

Symptom	What It Feels Like
Persistent swelling (ankle/foot/leg)	Fluid accumulates in soft tissues — initially pitting (finger leaves indent), later non-pitting as fibrous tissue develops
Heaviness and tightness	The extra fluid volume creates a sensation of heaviness, particularly by the end of the day
Reduced ankle/foot mobility	Swelling limits joint movement and gait
Skin changes	Initially normal skin; progresses to thickening, hardening (fibrosis), and a characteristic cobblestone appearance
Stemmer's sign	Unable to pinch and lift a fold of skin at the base of the second toe — positive in lymphoedema, negative in simple oedema
Increased infection risk	Protein-rich stagnant fluid is an ideal bacterial growth medium — cellulitis is a common complication

2 Why Does It Happen?

Factor	How It Contributes
Cancer treatment (radiotherapy/surgery)	Lymph nodes removed or irradiated — most common cause of secondary lymphoedema in the UK; common after breast, gynaecological, prostate, or melanoma treatment
Obesity	Excess adipose tissue compresses lymphatic channels — weight management is an important component of treatment
Chronic venous insufficiency	Long-standing venous hypertension can overwhelm lymphatic drainage — the two conditions often co-exist

Infection (filariasis)	Parasitic infection destroys lymph vessels — most common cause worldwide; rare in the UK
Trauma / surgery	Damage to lymphatic channels — may develop months to years after the injury
Primary / congenital	Milroy disease; lymphoedema praecox — presents in infancy, adolescence, or early adulthood

3 Treatment Options

Treatment	How It Helps	What to Know
Complete decongestive therapy (CDT)	Gold standard — combines manual lymphatic drainage, compression bandaging, exercise, and skin care	Delivered by specialist lymphoedema therapist; typically 2–4 week intensive course
Compression garments	Maintain volume reduction achieved in CDT; prevent progression	Must be correctly fitted; replace every 6 months; wear during waking hours
Manual lymphatic drainage (MLD)	Specialist massage technique stimulating lymphatic vessels	Should be performed by trained therapist or self-MLD taught to patient
Exercise	Muscle contractions pump lymph fluid — walking, swimming, specific exercises	Wear compression during exercise; low-to-moderate intensity
Skin care	Intact skin prevents cellulitis — the most important complication to prevent	Moisturise daily; treat any cuts/abrasions immediately; avoid tight footwear causing skin breaks
Weight management	Reduces lymphatic system overload	Even modest weight loss improves drainage
Limb elevation at rest	Gravity assists drainage when combined with other treatments	Elevate above hip level; not effective as a standalone treatment

4 Recovery / Management Timeline

Phase	Timeframe	Goals
Intensive phase	2–4 weeks	CDT with therapist; significant volume reduction
Maintenance phase	Lifelong (ongoing)	Compression garments; self-MLD; exercise; skin care — maintain volume and quality of life
Flare / cellulitis episode	Immediate treatment required	Antibiotics; rest; continue compression once skin is intact
Review	Every 6–12 months	Garment replacement; volume measurement; technique review

5 Red Flags — When to Seek Urgent Help

Symptom / Sign	Action
Sudden rapid increase in swelling	Exclude deep vein thrombosis (DVT) — urgent assessment
Hot, red, painful skin (cellulitis)	Requires immediate antibiotic treatment — can progress rapidly in lymphoedema; seek same-day medical review
New onset in one limb without obvious cause	Exclude malignancy as cause of lymphatic obstruction — urgent GP referral
Skin breaking down / ulceration	Specialist wound care required — high infection risk in lymphoedema

6 Key Takeaways

KEY TAKEAWAY 1

Lymphoedema is a lifelong condition that cannot be cured — but it can be very effectively managed. With consistent compression, exercise, skin care, and lymphatic drainage, most people maintain good limb volume and quality of life.

KEY TAKEAWAY 2

Cellulitis (skin infection) is the most dangerous acute complication of lymphoedema. Prevent it by keeping skin well-moisturised and intact, treating any cuts immediately, and wearing footwear that does not cause skin damage. If you develop a hot, red, painful area — seek medical review the same day.

KEY TAKEAWAY 3

Exercise is an important part of lymphoedema management — muscle contractions act as a pump for the lymphatic system. Always wear your compression garment during physical activity. Swimming is particularly effective as water pressure provides additional external compression.