

Definition

Lymphorrhoea is defined as 'leaking of lymph fluid through the skin'. Patients or more general staff often describe this as having 'wet legs' as there may not have been a specific wound or trauma that triggered the leaking. This condition can be very distressing to experience and if it is not recognised and managed early, can lead to long term tissue damage and hard to heal wounds. The aim of this fact sheet is to help you recognise lymphorrhoea and understand how it can be managed.

Causes

Lymphorrhoea is most common where there is advanced disease such as advanced cancer, low albumin, heart failure or nephrotic syndrome and often affects the legs. However, any part of the body can be affected including the genitals and some people are more susceptible to lymphorrhoea even when they are otherwise relatively well.

The development of spontaneous lymphorrhoea represents a change in the patient's condition that has caused the tissue pressure to be higher than the skin tension can resist, and so lymph (a straw like or clear coloured fluid) begins to leak out. As such, a holistic review of their health and medications should be undertaken to try and minimise any contributing factors where possible.

It is essential to explore whether cellulitis has caused this change and acknowledge that whilst there is lymphorrhoea, this increases the patient's risk of developing cellulitis (BLS 2016). If there is cellulitis, then the level of compression

/ support will need to be reduced to a level the patient can tolerate until the infection has cleared and pain has resolved.

Signs that the patient might be at increased risk of lymphorrhoea include:

- Recent exacerbation of poor health or reduced mobility
- Taut, shiny skin
- Inflammatory skin conditions
- Previous lymphorrhoea
- Lymph blisters on the skin

Evidence shows that prompt treatment improves the chance of stopping the leakage and prevents the lymphorrhoea further macerating and damaging the surrounding tissues, thus increasing the risk of a chronic wound developing (Lymphoedema Network Wales, 2017).

Managing Lymphorrhoea

Ideally, patients with chronic oedema should have already been engaged with self-management in line with Best Practice Guidelines (ILF 2006). However, early recognition and simple interventions can be effective (Lymphoedema Network Wales, 2017). Our top tips are:

Treatable causes	If there is a potential systemic cause, e.g. heart failure, consider a medical review of the condition.
Skincare	It is acceptable to wash with warm tap water. Consider using their emollient as a soap substitute to prevent drying the skin. Ensure the skin is patted dry, never rubbed and all skin folds are thoroughly dried. Use a leave-on emollient in accordance with your local protocols.
Dressings	Assess the amount of exudate and be aware that if you are applying compression for the first time, the exudate can initially increase. Non-adherent super-absorbent dressings are generally best at this stage. Where the skin is very fragile or there are early signs of infection a further non-adherent primary wound contact layer may be considered.
Compression	Tissue tension is the cause of lymphorrhoea, so some form of support or compression system is essential. This might start as a tubular liner with padding and a second layer of liner over this, increasing dependent on the competence of staff and clinical assessment of the patient.
Elevation and activity	Be curious about the patient's mobility and sleeping. Have they stopped going to bed, been tired and falling asleep in a chair? Dependency and immobility increase the risk of oedema and lymphorrhoea, so ensure that part of the care plan is about supporting activity (passive or active) and enabling them to spend time with their affected area at or above heart level if possible.
Review	Exudate levels can initially be high, so the first review should ideally be no longer than 24 hours later. If things are not improving within 48 hours, consider getting more senior support.

Other considerations:

Consider having a 'just in case kit' in the patient's home if they have had lymphorrhoea or cellulitis before or if they are at risk of lymphorrhoea, despite appropriate care. This might comprise a few appropriate dressings / a tubular liner and or bandages. Think about what the patient / carer might be able to safely use themselves as a short-term solution until a health professional can attend and what a first responder might need to hand to treat early to reduce the risk of deterioration.

References

British Lymphology Society (2016) Consensus Document of the management of cellulitis in Lymphoedema. Available on line: <https://thebls.com/documents-library>

International Lymphoedema Framework (2006) Best practice for the management of Lymphoedema. Available on-line: <https://www.lympho.org/portfolio/best-practice-for-the-management-of-lymphoedema/>

Lymphoedema Network Wales (2017) The chronic oedema 'wet legs' (Lymphorrhoea) pathway. Available on-line: <http://www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Lymphoedema%20Network%20Wales%20-%20The%20Chronic%20Oedema%20Wet%20Leg%20%28Lymphorrhoea%29%20Pathway%20v1%202%20FINAL%2002%2005%2017.pdf>

About the British Lymphology Society (BLS)

The BLS is a membership charity run by and for its members who share its mission: -

To actively promote professional standards and the study, understanding and treatment of lymphoedema/ chronic oedema.

Through support of its membership, the Society seeks to achieve high standards of care and equitable access to treatment across the UK, raise awareness of the condition, promote early detection and intervention with supported self management. We work with other stakeholders, advise government, NHS and other professional bodies and organisations to effect change and influence practice.

See <https://www.thebls.com> for helpful resources and the benefits of membership.

About Lymph Facts

Lymph Facts are a series of documents produced, reviewed and monitored by BLS Members. Please feel free to use these to support your education/ awareness raising activities. Every effort is made to ensure the content of Lymph Facts is accurate, up-to-date and appropriately acknowledged or referenced. We would be very grateful to receive feedback on anything that seems inappropriate or incorrect. Please see the website for the full range of Lymph Facts available. We would also welcome offers of contributions to extend the range of Lymph Facts.

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