

Policy title	Lymphoedema: liposuction v1.1
Policy position	Intervention Not Normally Funded
Date of CCG recommendation	March 2021

Lymphoedema is defined as tissue swelling due to a failure of lymphatic drainage. It can affect any part of the body and is classified as either Primary Lymphoedema, where there is a congenital lymphatic abnormality or Secondary Lymphoedema which is due to disease or infection that damages the lymphatic system, including lymphoedema post cancer treatment.

BLMK ICB supports the funding of the management of lymphoedema for all types of chronic lymphoedema, whether primary or secondary, in cancer or non-cancer patients. Lymphoedema should be diagnosed by a trained specialist.

# Diagnosis and Staging of Lymphoedema

Lymphoedema is staged according to the International Society of Lymphoedema as follows:

- ISL Stage 0: A subclinical state where swelling is not evident despite impaired lymph transport. This stage may exist for months or years before oedema becomes evident.
- ISL Stage I: This represents early onset of the condition where there is accumulation of tissue fluid that subsides with limb elevation. The oedema may be pitting.
- ISL Stage II: Limb elevation alone rarely reduces swelling and pitting is manifest
- ISL Late Stage II: There may or may not be pitting as tissue fibrosis is more evident.
- ISL Stage III: The tissue is hard (fibrotic) and pitting is absent. Skin changes such as thickening, hyperpigmentation, increased skin folds, fat deposits and warty overgrowths develop.

The British Lymphology Society recognises four population groups:

Group 1: People 'at risk' Group 2: People with mild and uncomplicated oedema Group 3: People with moderate to severe or complicated oedema Group 4: People with oedema and advanced malignancy.

## Management of lymphoedema

Essential components of treatment include:

- Care of the skin: to maintain integrity and prevent infection
- Movement: to stimulate muscle pump activity to enable lymph fluid drainage and enhance range of movement
- Compression garments: to control and further reduce oedema
- Multi-layer bandaging and wrapping systems: to reduce severe swelling, skin changes and shape deformity
- Manual lymphatic drainage, for oedema affecting the body trunk.
- Simple Lymphatic Drainage: to encourage lymph flow
- Weight management advice

The overall objective of treatment is to achieve maximum improvement that empowers sufferers with the necessary skills to self-manage.

# Liposuction

Due to limited evidence of clinical and cost-effectiveness, liposuction for chronic lymphoedema is **not normally funded**.

Applications via Individual Funding Request process (IFR) may be considered for exceptional circumstances and where the treatment pathways as described above have been tried and failed. It will be expected that the patient's Body Mass Index (BMI) is in the healthy range and the governance arrangements as described in NICE IPG588<sup>3</sup> are in place.

### References:

- 1. The National Lymphoedema Partnership (2019) Commissioning Guidance for Lymphoedema Services for Adults in the United Kingdom
- 2. British Lymphology Society (2019) National Lymphoedema Tariff Guide
- 3. NICE Interventional Procedure Guidance IPG588 (2017) Liposuction for chronic lymphoedema
- 4. International Society of Lymphology (2020) Consensus Document

### NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

### Clinical 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

Key words: Lymphoedema, liposuction