BRITISH LYMPHOLOGY SOCIETY

LYMPH FACTS

UNDERSTANDING AND MANAGING LYMPHORRHOEA IN THE COMMUNITY

Definition

Lymphorrhoea is defined as 'leaking of lymph fluid through the skin'. Beads of fluid may appear on the skin of the swollen area making the skin wet, or there may be a continuous drip from the swollen area. 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 occurs when lymphoedema /chronic oedema is not adequately managed. Commonly this is in immobile, often housebound, patients. It may be associated with leg ulceration, heart failure, advanced cancer, low albumin, and nephrotic syndrome and usually 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 2022). If there is cellulitis, then the level of compression/support may need to be reduced to a level the patient can tolerate temporarily until the infection has cleared and the pain has improved.

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

Prompt treatment with compression is essential to control/ stop the leakage and prevent the lymphorrhoea from further macerating and damaging the surrounding tissues, thus increasing the risk of a chronic wound developing (Lymphoedema Network Wales (LNW) 2022).

Delays in compression treatment when lymphorrhoea is present significantly increases the risk of cellulitis and sepsis, and patient harm should be considered.

Managing Lymphorrhoea

Ideally, patients with chronic oedema should have already been engaged in self-management. However, early recognition and simple interventions can be effective (LNW 2022). 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, therefore compression or some form of support is essential. A vascular assessment is required to assess the safe level of compression on a case by case basis. Refer to the Lymphoedema Network Wales Chronic Oedema Wet Leg Pathway (LNW 2022).
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 (2022) Guidelines on the Management of Cellulitis in Lymphoedema. Available online: **www.thebls.com/documents-library/guidelines-on-the-management-of-cellulitis-in-lymphoedema**

Lymphoedema Network Wales (2022) The Chronic Oedema Wet Leg Pathway. Available online: **www.thebls.com/documents-library/the-chronic-oedema-wet-leg-pathway**

About the British Lymphology Society (BLS)

The BLS actively promotes professional standards and the study, understanding, and treatment of lymphoedema/chronic oedema.

The BLS seeks to achieve high standards of care and equitable access to treatment across the UK, raise awareness of the condition, and promote early detection and intervention with supported self-management. BLS works with other stakeholders, and advises government, NHS and other professional bodies and organisations to effect change and influence practice.

See **/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/patient care and awareness raising activities.

Every effort is made to ensure the content is accurate, up-to-date, and appropriately referenced and any feedback is gratefully received.

Please see the website for the full range of Lymph Facts available.

Reviewed by Yolande Borthwick and Caitriona O'Neill
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