

# LSN

THE LYMPHOEDEMA  
SUPPORT NETWORK

*because lymphoedema matters*



# SKIN CARE FOR PEOPLE WITH LYMPHOEDEMA

**This information has been produced and verified by accepted experts in their field. It reflects current best practice and evidence based research where appropriate. It has been designed to assist you in managing your condition and is not intended to replace advice you may receive from your healthcare practitioner. If you or your healthcare practitioner would like to ask any questions or require details of the research used to develop this information, please contact the Lymphoedema Support Network on 020 7351 4480.**

Skin care is an important aspect in managing lymphoedema. For people with (or at risk of developing) lymphoedema, part of the day-to-day care of your limb should include careful observation of your skin.

Within the skin cells there are known to be natural moisturising factors (NMFs); these start to diminish after the age of 20, and therefore skin is at risk of becoming drier as we age. It is, therefore, vital to further improve or maintain a healthy skin condition in people who suffer with lymphoedema.

Just beneath the surface of our skin is a vast network of superficial lymphatic vessels. These vessels help to clear away any substance that is placed in, or on, the skin, such as proteins conveying infection, allergies, or other biological hazards as well as immunisations. With lymphoedema, these superficial lymphatics are less able to clear these substances away, which may increase the risk of developing an infection (cellulitis). This in turn can lead to an increase in swelling and further infection.

Broken, cracked or dry skin becomes an entry point for infection. Consequently, good skin care can reduce the risk of infection and possible worsening of the lymphoedema.

## Why should I look after my skin?

Skin inevitably thickens in lymphoedema, making it stiffer and less malleable. It also becomes drier with more surface scale, which therefore encourages bacteria to collect and enter.

Skin care is very important for the following reasons:

- 1) To reduce the risk of getting a skin infection (cellulitis)
- 2) To help keep the skin soft and supple
- 3) To prevent the skin from becoming dry and cracked

## How can I look after my skin?

Daily care of your swollen limb must include:

- **Careful observation of the skin.** Look for signs of redness, scratches, abrasions or cuts. If found, they should be treated promptly by applying an antiseptic such as Savlon, TCP or tea tree oil. If the affected area changes – e.g. if a sudden rash appears or there is an increase in swelling, then you may be suffering from Cellulitis (infection) – a complication of lymphoedema. This may also involve ‘flu’-like feelings, nausea/vomiting or fever. If this occurs it is necessary to seek medical attention urgently for antibiotic therapy. Otherwise, continue to use the antiseptic until the skin has healed.

**For more information see the LSN fact sheets ‘What is Cellulitis?’ and ‘Management of Cellulitis in Lymphoedema’.**

- **Cleansing the skin.** Wash your limb carefully, paying particular attention to any skin folds and in between fingers/toes. Carefully dry the skin (especially in skin folds or between fingers/toes) by ‘patting’ rather than rubbing. (See the section on soap substitutes).
- **Moisturising your skin.** It is important to moisturise your swollen limb each night with an appropriate emollient (see next section). Even if the skin looks in good condition, any undetected slight area of dryness means that the top layer of the skin is not completely intact, therefore providing an entry point for bacteria which can result in an infection.

**Different emollients can be used for differing skin conditions and can be changed as the skin improves.**

## What are emollients?

‘Emollient’ is the general term for a variety of substances that are used to re-hydrate the skin and make it smooth (from the Latin ‘emollire’, to soften or soothe).

Emollients can be used in three ways:

- Bath Oils
- Soap Substitutes
- Moisturisers (creams/lotions/ointments)

**Bath Oils.** These can be used with soap substitutes and moisturisers if the skin is very dry, scaly or thickened. Highly scented bath oils should be avoided as they may make a dry skin drier due to the preservatives/ fragrances in the oil. This can have an adverse effect on lymphoedematous skin.

Examples of emollient bath additives to use are:

- Aveeno (colloidal oatmeal)
- Balneum
- E45 bath oil
- Hydromol (This is the least slippery of the bath oils)
- Oilatum

**Soap Substitutes.** The use of soaps can remove the natural oils from the top layer of the skin. To prevent this, creams that have an oil and water content can be used instead of soap; they clean the skin just as well, but do not remove the natural oils.

Examples of soap substitutes are:

- aqueous cream – this is also available in a bar/tablet form
- emulsifying ointment
- E45 Wash

**Moisturisers.** N.B. The terms moisturisers (moisturisers do not add water they help retain water, by reducing loss) and emollients, are often used interchangeably. These are divided into three categories.

i) **Ointments:** are greasy and rarely cause skin sensitivities.

Examples of ointments are:

- Petroleum jelly/white soft paraffin (Vaseline) – useful for elbow and knee flexures, if garments are causing friction damage
- 50% white soft paraffin and 50% liquid paraffin mixed
- Epaderm
- Coconut oil BP
- Vitamin E oil

ii) **Creams:** are less greasy than ointments, but are not so beneficial to very dry skin. They may also cause skin sensitivities, as preservatives are added to creams to ensure that they last longer.

Examples of bland creams are:

- Aqueous cream
- Aveeno cream
- Diprobase
- Double Base
- Lipobase
- Vaseline Dermacare
- Neutrogena

There are also emollients available with 'NMFs' included (e.g. urea and glycerol). These help to replace the lost moisture in our skin, resulting in skin that feels moisturised for longer. Examples of NMF emollients are Hydromol cream, Balneum cream and Oilatum cream.

iii) **Lotions:** are less moisturising than creams as they have a higher water to oil ratio. However, they can have a cooling effect on hot skin owing to water evaporation. Consequently, lotions are not so effective as moisturisers in lymphoedema. Examples of lotions are:

- Aveeno lotion
- E45 lotion
- Lacticare
- Vaseline Dermacare

Perfumed products are not advised over the swollen limb/adjacent trunk because of the risk of skin sensitisation, which may lead to inflammation and infection.

If the skin is very dry, or there are skin changes present, using soap substitutes/bath oils and moisturisers together on a daily basis will help to re-hydrate the skin in a very short space of time. This will improve the texture of the skin making it more flexible and less likely to crack and fissure. A smoother surface will reduce numbers of surface bacteria. Once the skin condition has improved, the regularity of bath oils and soap substitutes can be reduced, and an intensive ointment may be replaced by a more cosmetically acceptable cream.

### **Why do I moisturise?**

Moisturising is important as lymphoedema can cause the skin to dry and thicken leading to surface cracks. Moisturisers predominantly prevent water leaving the skin rather than introduce water into the skin. Skin that retains water (hydrated) stays supple and in good condition. It is good to moisturise liberally and often. Moisturising can never be done too often.

### **When do I moisturise?**

It is a good idea to moisturise at night; this gives the emollient longer to work, and also means that it is easier to apply garments in the morning as your limb is less sticky with the emollient. Moisturising products can also cause your compression garment to deteriorate very quickly which means they have to be replaced more often.

### **What do I use to moisturise?**

#### **For skin that feels normal:**

Use of a bland emollient will be adequate to maintain a healthy skin condition. This is available at any chemist over the counter.

#### **For skin that is dry and scaly:**

It is vital that the skin is moisturised intensively if your skin is very dry and scaly. Firstly, use a soap substitute, with or without a bath oil. Once you have bathed and dried your limb, use a moisturiser, preferably an ointment. Once your skin is looking softer and there are no obvious cracks or scales, you can then use a moisturising cream.

### **Does it matter how I apply the moisturiser?**

It is important to ensure you moisturise the whole limb and adjacent trunk. It is better if you apply it gently rather than vigorously rubbing it in and always finish off by smoothing down in the direction of the hair growth. This prevents little spots

(folliculitis) forming at the hair follicle. This can happen when using very greasy ointments, and is potentially another risk for developing an infection.

## **What if my skin itches?**

Skin can itch if it is dry. Using the right emollient will re-hydrate the skin and this should stop the itch.

Emollients which are helpful for itchy, dry skin include:

- Balneum Plus cream
- E45 Itch Relief cream

If the itch does not settle you should consult your doctor.

Some people may already have a form of dermatitis prior to having lymphoedema; if this is the case, it remains important to keep the skin disorder under control with emollients and any prescribed treatment in order to prevent infection and progression of the lymphoedema.

## **Special problems that can occur in lymphoedema**

### **Dermatitis**

Eczema and dermatitis are the terms used for a common inflammatory skin condition characterised by weeping, itchy red skin. Contact dermatitis is caused by something with which the skin has come into contact. The contact agent will have either irritated the skin through a chemical or physical process, or caused an allergic reaction to the skin. Dermatitis will lead to scratching, which results in broken skin, and infection can occur. If you feel you are developing sensitivity to some product, it is important to see your GP as it may be necessary to have Patch Testing to find out exactly what you are allergic to. It is possible to become sensitive to products that have been used for some time. This is why it is important to use bland, fragrance-free emollients to reduce the risk of an allergic reaction.

### **Fungal Infections**

Fungal infections are common in lymphoedema. Untreated, they may lead to other more serious infections such as cellulitis. Anti-fungal powders used regularly in socks and shoes are both beneficial and safe. If you develop fungal infection between the toes (athlete's foot), sometimes known as tinea pedis, it is important to see your GP for the correct anti-fungal treatment to treat it quickly and appropriately, e.g. terbinafine cream (Lamisil).

To prevent a fungal infection occurring, it may be helpful to soak feet in a bowl of warm water with 2 drops of tea tree oil added, as this has anti-fungal properties.

### **Lymphorrhoea**

Lymphorrhoea is the term given to describe the leaking of lymph through the skin surface. This can happen if your limb swells suddenly, if the skin isn't soft and supple, or if the skin is fragile and thin. Lymphorrhoea increases the risk of developing an infection. If you experience lymphorrhoea, it is important to see your lymphoedema therapist for appropriate treatment such as lymphoedema bandaging, which generally helps to control the leaking lymph within 36 – 48 hours.

### **Lymphangiectasia (lymphangioma)**

This is the term used to describe an extremely dilated (swollen) superficial lymphatic vessel in the skin, which bulges onto the skin – it looks like a blister. It contains clear (lymph) fluid and if popped (not advisable) it will cause lymphorrhoea.

The use of compression therapy in the form of bandages or hosiery is often helpful to reduce lymphangiectasia.

### **Papillomatosis**

This looks like nodules or warts on the skin, and usually results from engorged lymphatic vessels in the skin which are surrounded by hard tissue.

Lymphangiectasia and papillomatosis are conditions that can arise in lymphoedema that has been left untreated for long periods of time.

## **General do's and don'ts in lymphoedema**

### **DO:**

- Wear gloves when washing up and gardening if you have upper limb lymphoedema
- Wear footwear at all times if leg is swollen; never go barefoot
- Wear a thimble when sewing
- Dry well in between digits after bathing to protect from fungal infections; treat with anti-fungal powders if you find your skin is very sticky normally
- Treat any cuts or grazes promptly by washing the area and applying antiseptic
- Contact your GP urgently if your limb becomes hot or more swollen
- Use an electric razor to reduce the risk of cutting your skin

**Remember to carry your LSN medical alert card wherever you go so that others can be alerted to your condition.**

### **DO NOT, whenever possible:**

- Have blood samples taken from your swollen limb
- Have needles inserted into your swollen limb, e.g. injections, acupuncture
- Allow blood pressure to be taken on your swollen limb

## **Summer advice**

- Protect your limb from the sun
- Sit in the shade where possible
- Use a high factor sun block (at least SPF 25)
- Avoid insect bites – use repellent sprays
- Treat bites with antiseptics and/or antihistamines
- Do not scratch any bites

If you require holiday immunisations – make sure, where possible, that they are not injected into the affected limb(s).

### **First aid holiday checklist**

- Usual emollients
- High factor sun block (at least SPF 25)
- Insect repellents/sprays
- Antihistamine tablets/creams
- Antiseptic lotions

If you have had recurrent infections, you should also carry a course of antibiotics with you in case of need.

**For more information see the LSN fact sheet ‘Holidays and Travel For People With Lymphoedema’.**

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2. Member of 03/2012 contributors’ review panel

**This information was revised in 03/2012. It will next be reviewed in 03/2014 or before, should the LSN become aware of significant changes in practice**

## **LYMPHOEDEMA IS THE SWELLING OF THE LIMBS AND BODY DUE TO THE ACCUMULATION OF LYMPH.**

**Lymphoedema affects at least 100,000 men, women and children in the UK causing swelling of the limbs or body and an increased risk of infection (cellulitis). However, it remains an underestimated health problem and is little known or understood by many medical practitioners.**

### **The Lymphatic System**

Lymph is a colourless fluid which forms in the body. It normally drains back into the blood circulation through a network of vessels and nodes. Lymph nodes act as filter stations and they play an important part in the body's defence against infection, by removing excess protein, cells (which may include cancer cells) and micro-organisms.

### **Why does lymphoedema occur?**

If the drainage routes through the lymphatic system become blocked or damaged, lymph accumulates in the tissues and swelling (oedema) occurs. Unlike other oedemas, lymphoedema leads to changes in the tissues such as fibrosis (hardness) and an increased risk of infection. The swelling can then become even more difficult to control.

### **Primary and Secondary Lymphoedema**

**Primary Lymphoedema** develops as a result of a fault within the lymphatic system itself - usually as a result of genetic underdevelopment or weakness of the lymph conducting pathways. It can affect children and men or women at any age.

**Secondary Lymphoedema** is the result of damage to lymphatic pathways. This maybe the result of treatment for cancer following surgery or radiotherapy. It can also occur as a result of infection, severe injury, burns, or any other trauma that can damage the lymphatic nodes/vessels. It can also arise as a result of the venous system not working efficiently (i.e. those who have had a deep vein thrombosis (DVT), varicose veins or varicose ulcers). Those patients suffering from lack of muscle movement (i.e. those suffering from a stroke or Multiple Sclerosis) may also be at risk.

### **EARLY DIAGNOSIS AND EARLY TREATMENT ARE VITAL TO CONTROL LYMPHOEDEMA.**

Become a member of the LSN – see next page.



The LSN is a registered charity founded in 1991. It provides vital information and support for people with lymphoedema, while working towards the availability of better national resources for lymphoedema treatment.

What the LSN offers to members:

- Telephone information and support line
- Quarterly newsletters containing current information on lymphoedema, research and treatment
- A wide range of 'gold standard' fact sheets
- A frequently updated website
- Self-help DVDs
- School packs

The LSN relies solely on membership subscriptions and donations. Please help us to continue our vital work by becoming a member and/or making a donation.

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## APPLICATION FOR MEMBERSHIP

Mr, Mrs, Miss, Ms. SURNAME \_\_\_\_\_

First names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

I have Lymphoedema

I am a Health Care Professional

Other (please specify) \_\_\_\_\_

I would like to join the LSN and enclose a cheque made payable to the LSN for \_\_\_\_\_

Annual UK subscription £15.00

Annual overseas subscription £30.00

Donation to support the work of the LSN of \_\_\_\_\_

Total \_\_\_\_\_

Please send to:  
The Lymphoedema Support Network  
St Luke's Crypt, Sydney Street, London SW3 6NH

**Fact sheets available:**

Breast and truncal oedema  
Coping with lymphoedema following a mastectomy or lumpectomy  
Management of cellulitis in lymphoedema  
Recreational exercise with lymphoedema  
Manual Lymphatic Drainage for people with lymphoedema  
Holidays and travel for people with lymphoedema  
The use of compression garments in lymphoedema management  
Reducing the risk of developing lower limb lymphoedema  
Reducing the risk of upper limb lymphoedema



**For information and help, please contact**

The Lymphoedema Support Network  
St Luke's Crypt, Sydney Street, London SW3 6NH

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Patron Zoë Wanamaker CBE

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