

Best Practice Cellulitis Flowchart for patients with lymphedema

Pediatric and Primary
Lymphedema Working Group VASCERN

Points to cover



- Introduction to VASCERN and Pediatric & Primary Lymphedema Working Group
- About lymphedema
- About cellulitis
- Flowchart
 - Idea generation
 - Method of work
 - Process
 - Dissemination
 - Next step
 - Summary

Meet us





Manuela Lourenço Marques
ePAG deputy Co-Chair for PPL
andLINFA - Portugal

Pernille Henriksen
ePAG Co-Chair for PPL
DALYFO - Denmark





Rare Multisystemic Vascular Diseases

48 expert teams from 39 highly specialized multidisciplinary Healthcare providers (HCPs) PLUS 6 Affiliated Partner Centers

Coming from 19 EU Member States

Over 70 Patient
Organisations from all
across Europe

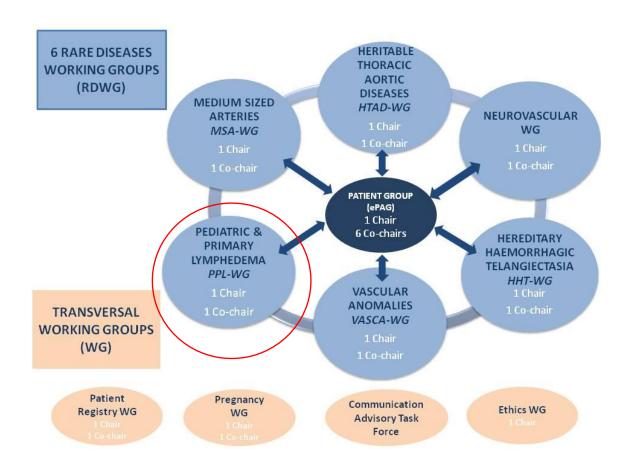




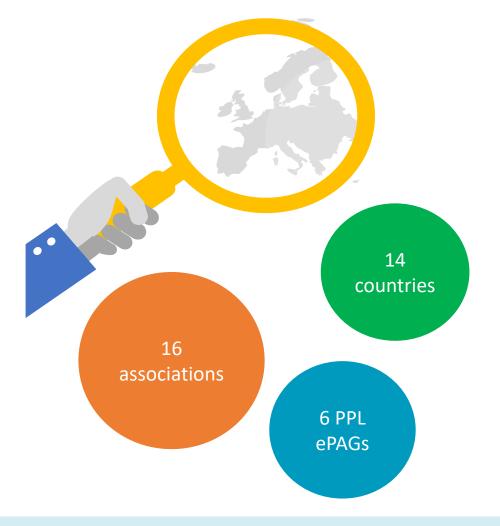
VASCERN



- 6 working groups
 - PPL
 - MSA
 - HTAD
 - HHT
 - VASCA
 - Neurovascular new
- 4 Transversal working groups
- HCPs
 - 20 countries covered incl. affiliated partners and UK



Pediatric and Primary Lymphedema ePAG advocates and community





The Faroe Islands

Associação Nacional de Doentes Linfáticos (andLINFA)	Portugal
Association Vivre Mieux le Lymphoedème (AVML)	France
Bulgarian Association Lymphedema	Bulgaria
Dansk Lymfødem Forening (DALYFO)	Denmark
KIF11 Kids e.V.	Germany
Lega Italiana Lotta al Linfedema Aps	Italy
Lymphido OdV	Italy
Lymphoedeme Family	France
Lymphoedema Support Network (LSN)	UK
Lymph-what-oedema (LWO)	UK
Lymphoedema Ireland	Ireland
Nederlands Netwerk voor Lymfoedeem & Lipoedeem (NLNet)	The Netherlands
Norsk lymfødem- og lipødemforbund (NLLF)	Norway
Suomen lymfayhdistys	Finland
Svenska Ödemförbundet (SÖF)	Sweden

The Faroese Cancer Society

Pediatric and Primary Lymphedema ePAG advocates





Pernille Henriksen

Dansk Lymfødem Forening (DALYFO)

Co-chair



Manuela Lourenço Marques

Associação Nacional de Doentes Linfáticos (andLINFA) Deputy co-chair



Eline Hoogstra

Nederlands Netwerk voor Lymfoedeem & Lipoedeem (NLNet)



Carina Mainka KIF11 Kids e.V



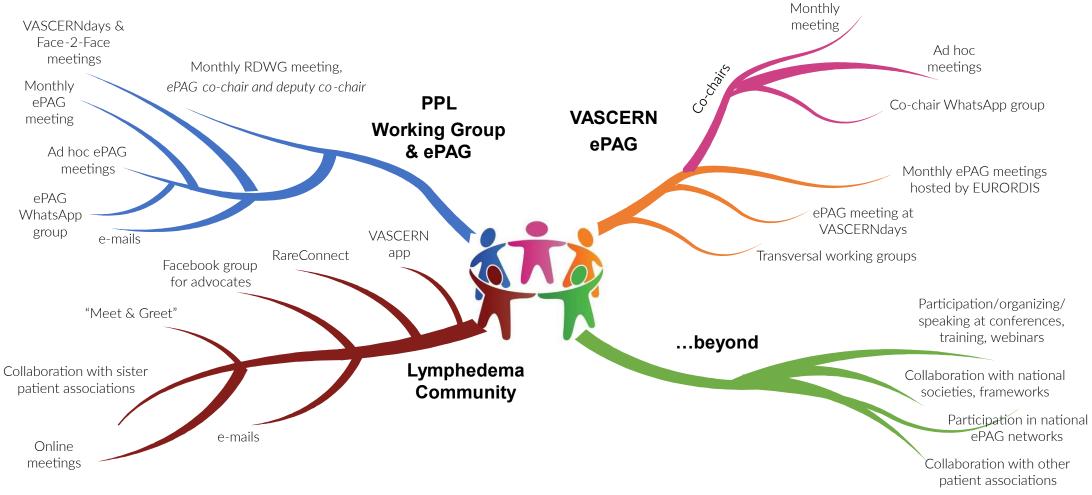


Alain Pradel

Association Vivre Mieux le Lymphoedème (AVML)

Method of work and communication



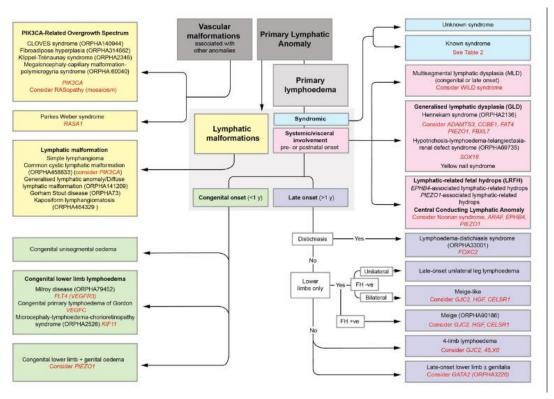


About lymphedema



- Lymphedema is a **chronic** progressive disorder that occurs because the function of the lymphatic system is impaired.
- Lymphedema appears as a persistent swelling of the arms and/or legs in particular, but can also be present elsewhere on the body – one or more body parts or limbs can be affected.
- The disease is divided into primary and secondary lymphedema.
 - Primary lymphedema is a rare disease

St George's classification algorithm of primary lymphatic anomalies



We are patients with lymphedema





Pascal w/ Milroys as a child @primarylymphedema



Leonor from Portugal



Mimi from France @mimi_lymphielife



Paul w/ KIF11 from Germany

Treatment



- There is no cure for lymphedema
- Treatment consists of daily management
 - skin care, compression, exercise, manual lymphatic drainage, keeping a healthy weight, for some a special diet is required
 - surgery





What is cellulitis/erysipelas

European Patient Advocacy Group

- Cellulitis a common, potentially serious bacterial skin infection.
- Children and adults with lymphatic impairment have a much higher risk of developing cellulitis/erysipelas.
- The clinical signs of erysipelas are: high fever (39-40°C) of sudden onset, with rigors, a 'flulike' or unwell feeling, followed by redness, warmth, and increased volume of the affected limb.







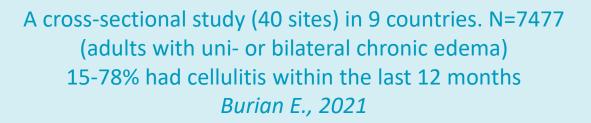
Scope of problem

Previous episodes of cellulitis are associated with a higher risk for recurrence

Al-Niaimi, 2009

For primary lower limb lymphedema: male sex, greater body mass index, and younger age at lymphedema onset were associated with cellulitis.

Vignes S., 2022





Lymphoedema has been shown in several studies to be the strongest risk factor for cellulitis

Al-Niaimi, 2009

From the patients



- DALYFO Denmark
 - 61% of those answering a poll (n=77) in a
 Facebook group who had not had cellulitis
 said they had not been informed by their
 primary doctor/therapists about the risks of
 cellulitis
- KIF11 Germany
 - 13 parents with children up to 8 years
 - Worried a lot about the risk of cellulitis: n=10
 - Had been informed about the risk by their doctor: n=3
 - Found information online: n=10

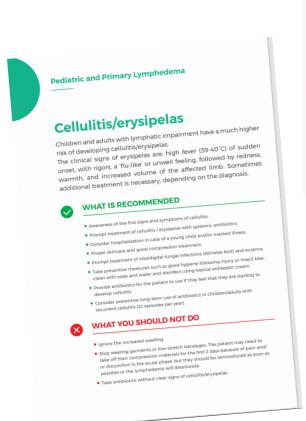
- andLINFA Portugal
 - 80% of those answering a poll (n = 29) said they were **afraid of getting cellulitis**
- Dutch patient journey
 - by ePAG Eline Hoogstra, n=35
 - 43% had experienced cellulitis
 - 29% had experienced cellulitis ≥ 10 times

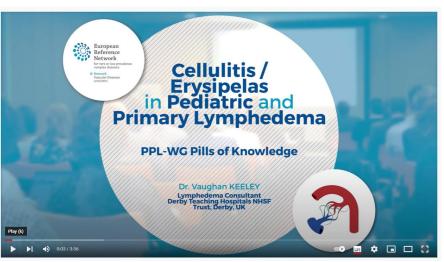


Collection of assets about cellulitis



- Pills of Knowledge
- Dos and Donts
 - Cellulitis
 - Skin Care
- Webinar







So what was missing?

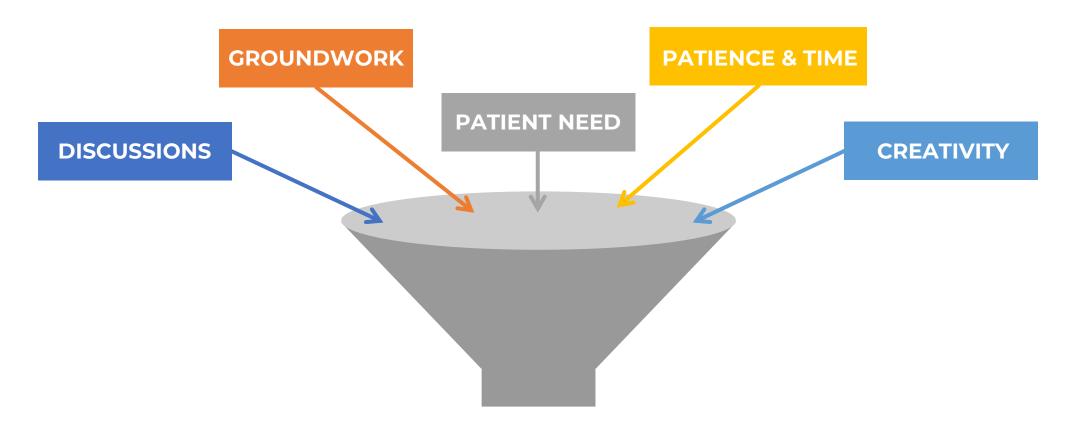


- Something that combined all the most important information
- "Tangible" bring in the handbag and for travelling
- Easy to read
- Addresses myths
- In local language



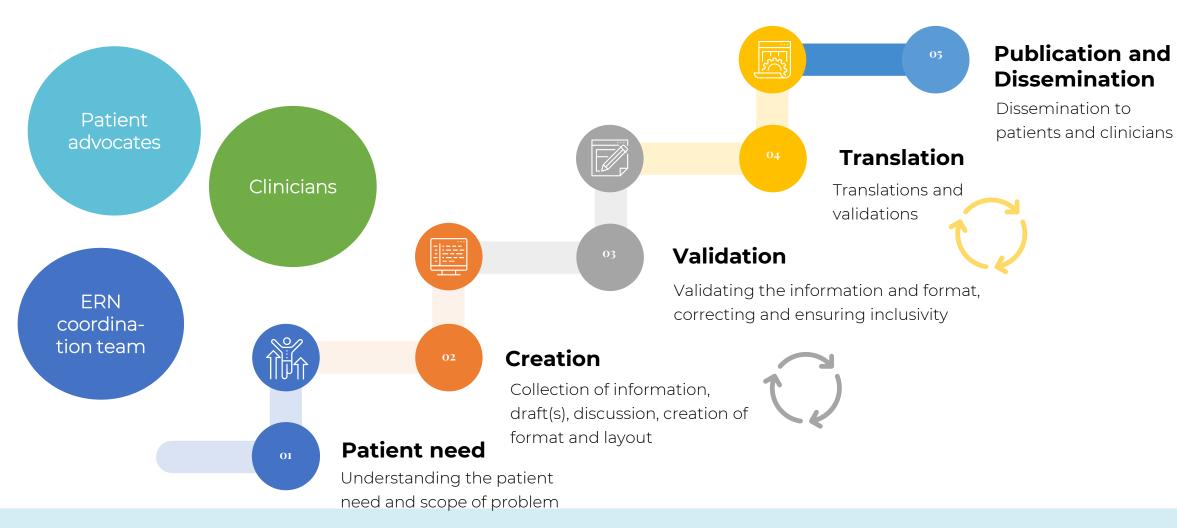
From a patient need to a flowchart





Process





Collaboration Clinician – Patient to ensure....



MEDICALLY CORRECT

EVIDENCE BASED

UP TO DATE

RELEVANT



INCLUSIVE

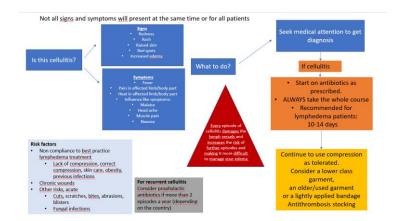
NEEDS BASED

PATIENT CENTERED

The creative journey



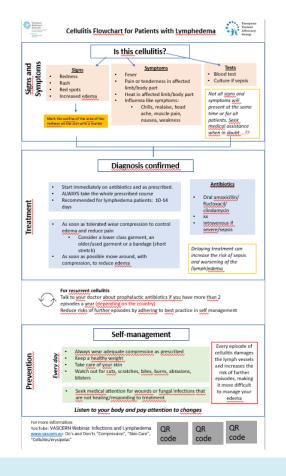
Version 1



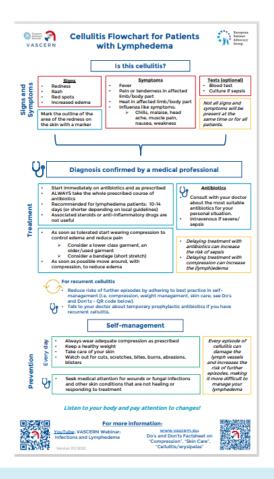
Patient Pathway



Some version we call 2

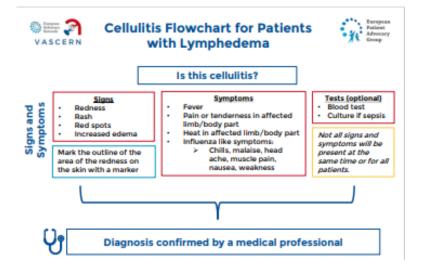


Final version



3 steps flowchart

Signs & Symptoms



Treatment

Start immediately on antibiotics and as prescribed ALWAYS take the whole prescribed course of antibiotics

Recommended for lymphedema patients: 10-14 days (or shorter depending on local guidelines)

Associated steroids or anti-inflammatory drugs are not useful

- Consider a lower class garment, an older/used garment

As soon as possible move around, with



Antibiotics

Consult with your doctor about the most suitable antibiotics for your personal situation. Intravenous if severe/ sepsis

- Delaying treatment with antibiotics can increase the risk of sepsis
- Delaying treatment with compression can increase the (lymph)edema

Prevention

Self-management

ģ

Always wear adequate compression as prescribed Keep a healthy weight

Take care of your skin

Watch out for cuts, scratches, bites, burns, abrasions,

Every episode of cellulitis can damage the lymph vessels and increases the risk of further episodes, making it more difficult to manage your

European

Patient Advocacy

Seek medical attention for wounds or fungal infections and other skin conditions that are not healing or responding to treatment

lymphedema

Listen to your body and pay attention to changes!

For more information:



ention

YouTube: VASCERN Webinar:

Infections and Lymphedema

Do's and Don'ts Factsheet on "Compression", "Skin Care", "Cellulitis/erysipelas"



- As soon as tolerated start wearing compression to control edema and reduce pain
- Consider a bandage (short stretch)

compression, to reduce edema

For recurrent cellulitis

Reduce risks of further episodes by adhering to best practice in selfmanagement (i.e. compression, weight management, skin care; see Do's and Don'ts - QR code below).

Talk to your doctor about temporary prophylactic antibiotics if you have recurrent cellulitis.

Considerations

- Layout
 - A4, 1-page
- "Language"
 - Short sentences, bulletpoints
- Translations
- Colours
- Pictogram



- Links and QR-codes
- VASCERN (ERN) look



Cellulitis Flowchart for Patients with Lymphedema



Is this cellulitis?

Redness

- Red spots Increased edema
- Mark the outline of the area of the redness on the skin with a marker

- Pain or tenderness in affected limb/body part Heat in affected limb/body par Influenza like symptoms:
- Chills, malaise, head ache, muscle pain, nausea, weakness

Tests (optional) Blood test Culture if sepsis

Not all signs and symptoms will be present at the same time or for all patients.



Diagnosis confirmed by a medical professional

Start immediately on antibiotics and as prescribed ALWAYS take the whole prescribed course of antibiotics Recommended for lymphedema patients: 10-14

- days (or shorter depending on local guidelines) Associated steroids or anti-inflammatory drugs are not useful
- As soon as tolerated start wearing compression to control edema and reduce pain
 - Consider a lower class garment, an older/used garment Consider a bandage (short stretch)
- As soon as possible move around, with compression, to reduce edema

- Consult with your doctor about the most suitable antibiotics for your personal situation. Intravenous if severe/
- sepsis
- Delaying treatment with antibiotics can increase the risk of sepsis
- Delaying treatment with compression can increase the (lymph)edema



For recurrent cellulitis

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- Talk to your doctor about temporary prophylactic antibiotics if you have recurrent cellulitis.

Self-management

- Always wear adequate compression as prescribed Keep a healthy weight
- Take care of your skin
- Watch out for cuts, scratches, bites, burns, abrasions,

Seek medical attention for wounds or fungal infections and other skin conditions that are not healing or responding to treatment

Every episode of cellulitis can damage the lymph vessels and increases the risk of further episodes, making it more difficult to manage your lymphedema

Listen to your body and pay attention to changes! For more information:



YouTube: VASCERN Webinar: Infections and Lymphedema

Do's and Don'ts Factsheet on "Compression", "Skin Care", "Cellulitis/erysipelas"





Language availability



- Currently available in
 - English
 - French
 - German
 - Portuguese
 - Dutch
 - Danish
 - Swedish
 - Italian

- Why do we need in so many languages?
 - Inclusivity
 - Medical terms
 - Travelling
 - Safety



Logo: European Day of Languages www.edl.ecml.at

Dissimination – Social Media

- Facebook, Instagram, Twitter, LinkedIN
 - By VASCERN coordination team
 - Of patient associations and advocates
- Facebook groups
 - Questions about cellulitis

"Should I wear my compression when I have cellulitis?"

"Is this cellulitis?"

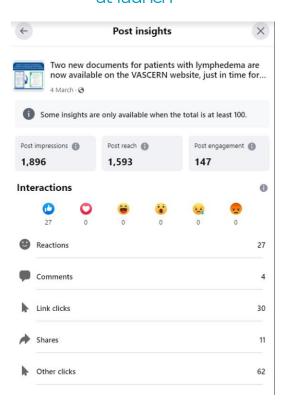
"Why do I keep getting cellulitis"

DALYFO LinkedIn post at launch





VASCERN Facebook post at launch



Dissimination – everywhere else



- Added to websites of the patient associations
- Newsletters
- Email replies
- Present at webinars and conferences
- Hand out paper copies at patient workshops
- Encourage patients to give a copy to their GP
- Information in printed membership magazine



Next step



- Keep sharing with patients to raise awareness of both identification and prevention of cellulitis
- Review periodically
- More translations
 - Both western and eastern European languages are missing
- Part of our ongoing awareness campaign with clinicians on the risk and connection with lymphedema

Summary



- Listen to the patients what are the needs
- Have the goal in mind while going through the process
- Keep working on it have patience
- Ask for opinions, suggestions, corrections
- Ensure inclusivity



Thank you for joining us today