
Launch of National Strategy and Pathway of Care for Lipoedema at British Journal of Community Nursing /Lipoedema UK Conference - March 3rd 2016

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Lipoedema UK are proud to have been involved in the organisation of the 3rd National Lymphoedema Conference this year in association with the British Journal of Community Nursing. The conference titled “Assuring holistic treatment and care” was held at America Square conference centre in London on the 3rd March and was very well attended by a variety of health care professionals including lymphoedema specialists and community nurses.

Lipoedema UK’s mission is to educate all UK doctors and healthcare professionals to recognise lipoedema in the early stages ensuring appropriate advice and quality care. It was therefore a pleasure to be asked to give a presentation on the differences between lipoedema and obesity.

Lipoedema is a condition that leads to the accumulation of a specific type of fat known as gynoid fat only in certain areas of the body unlike obesity which is excessive fat occurring generally. The severity and distribution in lipoedema can vary with additional fat deposits predominantly to the buttocks, thighs, lower legs and at times upper arms. Many are told that their lipoedema is excess fat and it is their own fault, attempts at weight loss will often lead to disproportion between upper and lower body. If left untreated later stages the condition can sometimes lead to more complex problems including mobility issues, psychological distress and lymphoedema.

During the presentation we looked at the aetiology of the condition, the challenges of how to achieve an accurate diagnosis during clinical history and examination therefore ensuring patients receiving the correct treatment. We discussed the amazing progress in recognition and treatment of lipoedema over last few years which has been spurred on by the joint approach between patients, proactive support groups, lymphoedema specialist nurses and medics.

For the last panel session of the day Tracy Green Clinical Advisor Sigvaris and I led a discussion on care pathways for lipoedema. We discussed the gaps not only in lipoedema service provision but still within lymphoedema care generally.

At the end of the session we were very proud on behalf of Lipoedema UK to launch our new initiative, to formulate a *National Strategy and Pathway of Care for Lipoedema*. We already have some volunteers and are looking for anyone interested to join us in making a real difference to people's lives affected by this long term condition. Collecting evidence and putting the case to commissioners remains vital to putting treatments for lipoedema within reach of every patient.