

II.IV Genital Lymphoedema Assessment Templates

II.IV.I Lymphoedema Network Wales Genital Oedema Assessment Form

*(N.B. this is supplementary to main assessment/review documentation and to the patient self-report of GO document, LLGLQ).

Past Medical History influencing Genital Oedema			
Details including any other HCP involved			
Obesity	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Cardiac oedema	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Gynaecology	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Urology	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Vascular/DVT	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Pelvic/skin cancer	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(see also main assessment form) _____
Neurological disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Liver/Renal disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Perinatal complications	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Fertility treatments (< 3 months)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Urinary problems/incontinence	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Bowel issues/faec. Incontinence	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Crohn's disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Recent/long-standing Sexually Transmitted Infection <input type="checkbox"/> No <input type="checkbox"/> Yes _____			
Removal of lymph nodes, other surgery or trauma likely to cause scarring in pelvis: <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe possible link with genital oedema) _____			
Radiotherapy to pelvis or chemotherapy <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes see main assessment document)			
Recent/current symptoms (follow up on responses in self-report form) Summarise identified problems with ADL's, change to sexual function or urinary/bowel function, symptoms/pain (type and onset?), daily fluctuations of oedema, emotional impact and how symptoms have changed over time.			
Additional questions on current symptoms that may need further investigation (red flags)			
	No	Yes	Comments and action
Sudden onset of oedema or sudden change in distribution?			
Recent onset of severe pain?			
Unexplained weight loss?			
Saddle anaesthesia? (numbness in buttocks/groin)			
Haematuria?			
Untreated UTI? (as opposed to recurring or persistent UTI)			
Any recent un-investigated urinary or bowel changes?			
(Female) Any unusual bleeding or discharge p/v?			
Rapid weight gain (days) after IVF?			
Infections – fungal infections, recent/recurrent/persistent urine infections, uterine or penile infections (give recent history and any treatments/health teams involved)			

Cellulitis of the genital area (if different to main assessment sheet)

Number of past cellulitis infections: _____ No. of episodes within the last year: _____

Has the cellulitis caused hospital admission? No Yes N/A, if yes, number of nights _____

Main antibiotic given _____ Duration: _____

Numbers of days off work due to cellulitis infections: _____

On prophylactic antibiotics? No Yes Details: _____

Has the patient had 2 episodes of cellulitis within the last year? No Yes

Have you requested prophylactic antibiotics? No Yes

Current medication, allergies/sensitivities (review list on main assessment for hormonal/vaginal treatments, medications which increase thrush, other creams/gels or possible irritants applied to this area, also ask about soaps and self-medication/application of herbal remedies).

Social History (review main assessment for factors affecting genital oedema and its treatment, and consider challenges to hygiene (self-care/carers/shower/bath/frequency)).

Physical examination

Observation and palpation

Identify areas of swelling and consistency with lymphoedema? (Report groin mass or palpable bladder).
Wounds, ulcerated lesions, fibrosis, nodules, warts, weeping, discharge, pitting, strong odour or other changes.

Male	Description of changes	Female



- Glans Penis
- Shaft
- Scrotum

Patient discussion regarding GO (wishes/aims, fears/anxiety, agreed approach)

Summary of GO assessment.

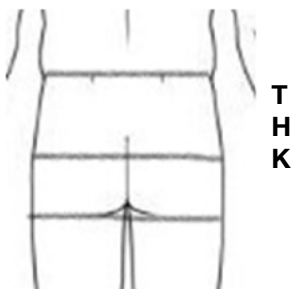
Plan in relation to GO (including referrals to other services whether direct or via GP)

Return to Main Assessment pages and incorporate GO assessment findings and plan.

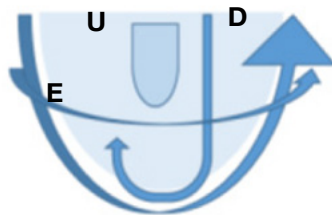
Description of changes to	pubic bone area / bikini line	
	sacrum	
	outer hips (iliac crests)	

*diagram adapted from Sobel et al 2005.

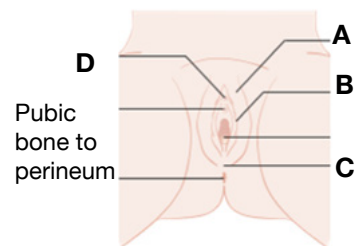
Measurements (as appropriate)



1 Waist/hip circumferences



2 Male scrotal measurements



3 Female measurements

Circumferences (cm)		Lengths and widths (cm)	
waist T		pubic bone to perineum (front to back) D	
widest part of hips H		outer labia A to C (left)	
under gluteal fold K		outer labia A to C (right)	
		width outer labia at midpoint (left) B	
Scrotum: anterior rim of anus to base of penis		width outer labia at midpoint (right) B	
penis circ. shaft midpoint (if visible)		penis length shaft and glans (if visible)	
horizontal circumference of scrotum E		underneath scrotum groin to groin U	

Note: Lymphoedema Network Wales devised these self-assessment tools for genital lymphoedema in both female and male patients based on a tool originally developed at the University of Glasgow

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