

# Lymphoedema Therapist Meeting

Date	Time	Location
14/8/18	7-9pm	Milroy Lodge Pilbara lounge Cancer Council
Chairperson	Madeleine Stockden	
Minutes	Mel Horton	
Apologies	Belinda Flutter, Kim Lauren	
Attendees	Madeleine Stockden (Lifecare & MOC) Mel Horton (Mandurah Oedema Clinic) Melissa Windbuchler (Mandurah Oedema Clinic) Ramona Miranda (Growing with Grace) Jane Gorton (St John of God Midland) Natalie Stebhens (St John of God Midland) Rachel Bootsma (Lymphodema Clinic Carlise) Lizzie Eastwood (Ramsay Health Outpatients) Marie Pedasty (Ramsay Health Outpatients) Naomi Bauer (Midland private practice) Nam Hee Kim (Based in Cannington) Veronica Talpova (Private Practice Eastly Park) ( Apologies if any names incorrectly spelt! Thanks Mel)	
Free Workshop	Free garment measuring workshop Thurs 11 <sup>th</sup> Oct in Perth Medi Australia-Cris Brown (OT) Please contact Mel Horton	
Cancer Lymphoedema Support & Information Exchange Group	Maddy – <b>this group needs a new facilitator, please consider offering your services.</b> Need to have done the Cancer Council facilitator course. Please call Cancer Council to see if you would qualify.	
Pink Clinic - Info	Note: Charlene Duncan has a few spaces for free subsidised services from the Pink fundraising.	
ALA Advisory Forum	Maddy will be attending the ALA Advisory Forum meeting in Melbourne as chair of editorial committee to discuss the ALA strategic plan over the next few years. Any ideas/comments? <ul style="list-style-type: none"> <li>- Would be good for ALA to recognise massage qualifications</li> <li>- ALA needs to state “Remedial Massage Therapist” which is Dip. RMT &amp; not just “Massage Therapist” which is a Cert IV. The public do recognise the difference and they are often looking at the NLPR.</li> <li>- We should all be using ALA tick of approval</li> <li>- Noted that GPs not aware enough of ALA, should ALA be advertising more to GP’s? If so how? Noted that British Lymph Assoc did excellent webinar to attract GP’s for CPD.</li> <li>- Question re Qld Association (LAA) – who is monitoring what they do? Noted that ALA did invite them to accredit their course for the NLPR but declined. Independent audit currently being done of NLPR as requested by ALA.</li> </ul>	

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ALA Webinars	Maddy - Webinar on 15/8/18 and a few more coming soon. Considered to be very good for education and CPD.
Mentoring	Ramona - Mentoring would be very helpful for newbies – suggestion was to bring case studies to the group. Also see ALA CPD forms for info.
Case Study info request	Naomi - Iron infusion error, private patient with consent to share. Infusion took an hour rather than expected 20 mins and client now has heavy staining on her arm. Qld client apparently took years to clear but MLD appeared to help. No lymphoedema for this client – <i>did anyone have any experience of this?</i>
BCNA State of the Nation Report	Cathy - Breast Cancer Network Australia recently put out their state of the nation report where lymphoedema came out as top condition wanting better services. Health minister has undertaken to raise awareness of the cost borne by patients and to consider nationwide garment funding. See it here <a href="https://www.bcna.org.au/about-us/advocacy/research-reports/state-of-the-nation-report/">https://www.bcna.org.au/about-us/advocacy/research-reports/state-of-the-nation-report/</a>
BCNA Survey & Working Party	Cathy – Cathy is on the BCNA working party which is now looking to design a protocol for optimal services to support lymphoedema clients through lymph mapping. (Recent UK mapping survey concluded that for every £1 spent in the early stages saved £100 in later stages.) Grant of \$19K from WA Cancer & Palliative Care Service will assist to pay for researcher. Was noted that the mapping survey would hold more weight if the working party results could be published. <i>Now looking for consumer input – agreed to be any cancer/lymph people. Please contact Cathy.</i>
Discussion - how can we improve services for clients once they have fallen out of the public service.	Maddy/Cathy – Currently public hospital system covers patients for approx. 3 months after which they are referred back to their GP's once discharged. After this they appear to fall out of the system for longer term maintenance. - Noted that ALA Equity committee with Linda Kong is trying to get Medicare Item # allocated specifically for lymphoedema which is currently under chronic skin disorder as a result of common occurrences of cellulitis. - <i>Cathy is very happy to get any/all ideas for improving patient outcome as part of above project, particularly outside the metropolitan area.</i>