

Haematology – Clinical Guidelines: Chronic Lymphocytic Leukaemia and Low Grade Lympho-Proliferative Disorders – Discharge Advice for GPs

Monitor FBC annually

Reasons to re-refer:

- Lymphocyte count rising rapidly (typically doubling within 6 months)
- Lymphocyte count rising above $100 \times 10^9/l$
- Developing a significant cytopenia (for instance):
 - Hb dropping below 100 g/l
 - Neutrophils below $1.5 \times 10^9/l$
 - Platelets $< 80 \times 10^9/l$
- Developing significant 'B' symptoms
 - Weight loss unexplained (Greater than 3kg in 3 months)
 - Drenching night sweats
 - PUO (documented)
 - Recurrent infections
- Clinical Examination:
 - Lymph nodes alone or in groups (>5 cm diam)
 - Developing "bulky" disease:
 - Spleen > 16 cm (on Ultrasound) or > 4 cm below left costal margin. Note: If spleen is impalpable clinically, then it is less than 16 cm diameter and ultrasound is not normally required to measure it.
 - Lymph nodes alone or in groups > 5 cm diameter or > 3 nodal sites with diameter >3 cm.
 - Bone lesions
 - Renal impairment
 - Pleural effusion if new
 - Hepatomegaly/Jaundice

General Advice:

- No specific dietary advice required.
- Avoid unnecessary exposure to infection/crowded places.
- Treat infections promptly – with a full course of antibiotics.
- Watch out for early signs of Shingles; treat with high dose oral acyclovir at the first sign
- Administer all usual vaccines (Flu Pneumovax etc.)