



Lymphedema

What is lymphedema?

Lymphedema is the accumulation of lymphatic fluid that can cause swelling in the arm and/or hand. Lymphatic fluid is normally filtered through the lymph nodes. Removal of lymph nodes requires lymph fluids from the arm to be rerouted and filtered through remaining axillary lymph nodes. Lymphedema occurs in a small number of patients, and symptoms can range from hand swelling alone to total arm swelling. Should you notice any swelling, please contact your surgeon's office who will instruct you in appropriate follow up care. Intervention includes physical or occupational therapy, manual lymphatic drainage, compression bandaging and garments. New research suggests gradual, progressive strengthening, when cleared by your physician, can actually minimize the risk of lymphedema by dilating, or widening, remaining lymphatic channels around the shoulder and arm.

Who is at risk for lymphedema?

With a sentinel node biopsy, the lifetime risk of lymphedema is very small and may occur in up to 5% of patients. With an axillary dissection or radiation to the axilla, the lifetime risk is up to 20%. The vast majority of cases of lymphedema related to breast surgery or radiation occur in the first year after treatment. Being overweight can increase your risk.

What are the early signs of lymphedema?

The early sign of lymphedema is swelling of the arm or hand. Sometimes the arm will feel heavy. Sometimes the first sign is that your sleeve, watch or jewelry feels tighter than usual.

Can I prevent lymphedema?

While there is no medical evidence that lymphedema can be prevented, below are some recommendations for possible risk reduction:

- Maintaining a healthy weight has been shown to reduce risk of lymphedema.
- Try to avoid cuts and infections in your affected arm
 - Be careful with sharp objects or edges.
 - Wear gloves while gardening or performing housework.
 - Protect yourself from insect bites.
 - Avoid sunburns by using sunscreen with SPF 30 or higher.
 - Wash all cuts with soap and water.
 - Regularly use a moisturizer to avoid skin cracking.
- Blood pressure readings, blood injections, tests and infusions
 - There is no evidence that these will cause lymphedema. If needed, it is safe to have these performed in either arm. However, your preferences on usage/selection of arm for these tests should be respected.
 - Research shows that you should avoid blood draws and blood pressure in the arm only if you have been diagnosed with lymphedema or have history of lymphedema in that arm.



- Exercise
 - There is strong evidence that exercise does not cause lymphedema and does not worsen lymphedema for patients who have been diagnosed with it.
 - When beginning a strengthening program or new exercise routine, start with light weights or a short time period and increase weight and time period gradually. Monitor your arm for any changes.
- Airplane travel
 - If you have not been diagnosed with lymphedema, there is no evidence that you need to wear a compression sleeve while traveling for prevention.
 - Stretch your arm often during and before your flight.
- Saunas and Hot tubs
 - There is no medical literature that shows hot tubs cause lymphedema.
 - One study suggested that saunas may play a role in the development of lymphedema. If you would like to use a sauna, start with gradual exposure and monitor your body for swelling.

Breast Edema

A relatively common complication of breast conserving treatment (lumpectomy with or without radiation) is breast edema. This happens when normal inflammatory fluid from surgery and/or radiation gets “trapped” in the superficial breast tissue, specifically just under the skin. It is more common in patients with larger breast sizes and after receiving radiation. This can cause the breast to appear swollen, heavy, achy, and sometimes painful. Due to gravity, the fluid settles at the bottom of the breast and the skin may appear thickened and firm. Symptoms often improve with the following treatments, but in rare cases it can become a longstanding issue that requires continued management.

Treatments:

- Regular exercise and use of an extra supportive bra and NSAIDs (Advil, ibuprofen, or Aleve) to help with symptoms. Ice packs may help with comfort as needed.
- Physical therapy or occupational therapy referral for evaluation, lymphatic massage techniques, and if necessary, compression garment fitting (bra, tank tops, etc.) if painful or bothersome

There are physical and occupational therapists who specialize in lymphedema care. Your medical provider will give you a referral if needed. You may also have a pre-operative meeting with a physical therapist if you are interested in learning more about lymphedema care.

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