FREQUENTLY ASKED QUESTIONS REGARDING LYMPHEDEMA

WHAT IS LYMPHEDEMA?

Lymphedema means there is swelling in a body part. Most often it is in the arm but can also be in the arm pit or breast/chest. It can develop from 6 months to 20 years or more after surgery for cancer. Individuals who have had lymph nodes removed, and radiation, are at a higher risk for developing lymphedema. Those with just a sentinel node biopsy and/or no radiation are at a much lower risk.

WHAT IS THE LYMPHATIC SYSTEM?

The arteries bring fluid and nutrients to all the tissues of your body. Most of this fluid is returned to the heart by the veins. When the lymphatic system is working normally, it returns any fluid not picked up but the veins. It is an important part of the body that helps keep you healthy by returning fluids and proteins to the heart.

The lymphatic system contains lymph nodes. These nodes filter fluid and destroy germs and remove them from the body. These nodes help fight infection. They can get swollen when your body has an infection. These nodes are often removed as part of surgery, or for testing purposes.

DOES LYMPHEDEMA EVER GO AWAY?

Once the lymphatic system is impaired, you are at risk for developing lymphedema, or having it return once under control. However, with early intervention and proper self-care, lymphedema can be well controlled. The earlier treatment begins the better the results will be.
ARE THERE DIFFERENT KINDS OF LYMPHEDEMA?

Lymphedema can be classified as either primary or secondary, or dynamic or static. Lymphedema that develops after having lymph nodes removed is called secondary, or static lymphedema and is explained below.

**Secondary/ static lymphedema develops as a result of a disruption of the lymphatic system due to surgery, radiation, chronic infection, or trauma. It is a build-up of fluid due to a problem with the lymphatic system itself.**

IS THERE TREATMENT FOR LYMPHEDEMA?

Yes, there is. The treatment for secondary or static lymphedema is called complex or complete decongestive physical therapy. This is the comprehensive approach recommended by the *International Society of Lymphology*. It consists of numerous components:

1. **Manual Lymphatic Drainage:**
   
   This is a specialized hands-on care to move fluid along the lymphatic pathways. It is a light, non-painful approach.

2. **Use of Compression:**
   
   Compression to the limb is applied by wrapping with special bandages until the swelling is reduced. These are called short stretch bandages.

   Once the swelling is reduced and stabilized, the person with lymphedema should wear a special garment. These come in various pressures and are always worn during the day when active.

   Compression pumps can be used with mild edema when combined with manual lymph drainage. They should not be used by themselves as the only treatment.

   There are many manufactured types of compression products on the market now. If in doubt check with a person trained in lymphedema management.
3. **Exercise:**

   Exercise, especially when combined with bandaging, helps to move lymphedema out of the arm or leg. General exercise and diaphragmatic breathing also helps to stimulate the lymphatic system and help to reduce swelling. Many recent studies tell us that exercise will not increase lymphedema and will frequently help reduce it.

   However, exercise that is too vigorous can worsen lymphedema.

4. **Education:**

   People with lymphedema are taught exercises, self-manual lymphatic drainage, skin care, how to use compression, and prevention ideas. Family involvement in the care is very valuable. You should learn what lymphedema is, how it improves and how it can get worse. The more you know the better.

**IS TREATMENT COVERED BY INSURANCE?**

Most insurance companies will cover the cost of treatment if provided by a Physical or Occupational Therapist. Bandages and compression garments may not be covered by insurance and thus become “out of pocket” expenses. Since each individual insurance company is different, it is best to learn what your plan covers.