

Treatment for Lymphedema

Complete Decongestive Therapy (**CDT**) is the treatment for lymphedema. Phase I, the Treatment Phase has a goal of edema reduction. Phase II, the Optimization Phase has a goal to maximize and maintain achieved results from Phase I.

CDT consists of:

Manual Lymph Drainage (MLD)-A

gentle technique to improve the flow and production of lymph by moving fluid out of the tissues and back into the lymphatic system.

Compression Therapy- Phase I short stretch bandages are used to provide external resistance to the pressure exerted on tissues during muscular contractions. This pressure helps to improve the lymph flow, thereby aiding the reduction in the swelling. Bandaging after MLD is necessary to achieve greatest reduction. Phase I bandages should be left in place 24/7, removing only for treatment, cleansing and inspecting the limb. In Phase II of **CDT** the compression garments are used to maintain and improve the above results. Garments are worn during the day, but bandaging is continued at night. There are nighttime compression options to bandaging for greater ease in the self-management of lymphedema during Phase II.

Skin and nail care-This care is imperative to reduce risk of inflammation and infection. Skin should be kept clean and dried after washing. Lotions with low pH should be used to minimize bacteria /fungus from penetrating the skin. Cuts should be cleansed immediately.

Treatment for Lymphedema (continued)

Exercise- Compression should be worn during exercise. Movement during exercise enhances the effectiveness of compression therapy, increasing lymph production and flow. Exercise should be performed twice daily.

Self-management-Since there is no cure for lymphedema, self-management is a key component to a successful **CDT** program. Self-management is stressed from day 1 of treatment through educating those with lymphedema on how to bandage, exercise, care for skin, recognize signs of infection, self-**MLD** and monitoring of limb size.

Lymphedema Resources

The National Lymphedema Network (NLN)
www.lymphnet.org

Lymphology Association of North America (LANA) www.clt-lana.org

The Lymphedema Awareness Foundation
www.lymphnotes.org

Lymphatic Research Foundation
www.lymphaticresearch.org

**For more information or to schedule
an appointment please call
703-527-8446**

Lymphedema

Hand-N-Hand Therapy, LLC

4141 N. Henderson Road
Plaza 8
Arlington, VA 22203
Phone: 703/527-8446
Fax: 703/527-1752
www.handnhandtherapy.com

What is Lymphedema?

Lymphedema (LyE) is the abnormal accumulation of protein-rich fluid that results in swelling. This swelling usually occurs in the arms or legs, but can also occur in any area of the body.

Lymphedema is the result of an impaired lymphatic system whose vessels and nodes are responsible for draining fluid from the tissue cells in the body, as well as removing protein molecules, bacteria, and cell waste products. This system not only filters lymph, but also helps to fight infection and produce white blood cells.

Types of Lymphedema

Primary Lymphedema-caused by lymphatic vessels not forming correctly or working correctly. It can be present at birth, *congenital lymphedema*, occur at or around puberty, *lymphedema praecox*, or develop after the age of about thirty-five, *lymphedema tarda*.

Secondary Lymphedema-occurs as the result of an insult or trauma to the lymphatic system such as:

Surgery
Radiation
Trauma
Infection
Paralysis or Immobility
Long Standing Venous Insufficiency
Filariasis - parasitic worms in lymphatic system

Stages of Lymphedema

Stage 0 (Latency Stage)-No measurable difference in limbs. Person reports feeling of "fullness" or at risk limb feeling "different" than before. No outward signs of lymphedema.

Stage I (Reversible Stage)-Protein rich swelling develops in affected area. It is a 'pitting' (indentation producing) edema. The swelling reduces with elevation of the affected limb.

Stage II (Spontaneously Irreversible Stage)-swelling does not reduce with elevation. Pitting only occurs with strong pressure. There is a development of fibrosis in the tissue. There is more swelling than in Stage I.

Stage III (Lymphostatic Elephantiasis Stage)-swelling is severe. The skin hardens and papillomas (wart-like growths) develop on the skin. There is a risk of inflammation (erysipelas) and skin is at risk for development of wounds. There is significant swelling in this stage.

Size and severity of lymphedema does not necessarily progress over time. Complete Decongestive Therapy (CDT) rendered by a trained practitioner will minimize this progression.

Lymphedema Precautions

Contact your doctor if you see increased swelling in the *at risk* side of your body

Do not allow blood pressure or needle sticks on the *at risk* limb

Do not wear tight elastic bands/jewelry

Keep *at risk* limb clean and lotion after bathing

Avoid extreme temperature changes

Avoid skin traumas such as bruising, cuts, burns, bites and animal scratches on the *at risk* limb. Treat with an antibiotic ointment. Monitor for signs of infection.

Use electric razor to shave *at risk* limb

Do not have cuticles cut on *at risk* limb when having manicure/pedicure

When traveling by air, wear a compression garment. Be sure to deep breathe, move affected limb, drink water and avoid salty foods

If you notice a rash, blistering, redness, increase of temperature or fever, contact your physician immediately. These could be signs of an infection. If you have lymphedema and wear compression, remove until your doctor clears you.

Adapted from National Lymphedema Network's 18 Steps to Prevention for Upper and Lower Extremities