Lymphatic – General Care Guidelines for Patients with Lymphedema

SECTION: 5.01

Strength of Evidence Level: 1

PURPOSE:
To provide guidelines for general care of patients with lymphedema; to minimize risk of further injury and increase lymphatic drainage return.

CONSIDERATIONS:
1. Lymphedema occurs when there is a blockage of the lymph nodes or disruption of the local lymphatic channels. The protein-rich lymphatic fluid is unable to drain from the tissue, causing interstitial edema with swelling of the affected site.
2. Lymphedema is usually the result of cancer surgery, radiation therapy or can be a congenital defect. Most often lymphedema is associated to patients that have had a mastectomy.
3. Lymphedema is usually treated through the use of compression binders, garments and stockings in addition to therapies such as massage or complete decongestive therapy. It is a chronic condition and usually the goal of treatment is to reduce swelling and increase lymphatic drainage return.
4. Lymphedema is its own diagnosis/condition. Often it is mistaken for venous insufficiency. Care should be taken when evaluating extremity edema to determine its origin: Venous versus lymphatic blockage.
5. Uncontrolled lymphedema may lead to chronic infections (cellulitis/lymphangitis), progressive elephantine trophic changes in the skin and angiosarcoma (Stewart-Treves syndrome).

EQUIPMENT
None

PROCEDURE:
1. Avoid medical procedures to affected limb/extremity including:
   b. Vaccination.
   c. Blood drawing.
   d. Insertion of an intravenous needle.
   e. Acupuncture.
   f. Venography or lymphangiography.
2. Meticulous skin care is needed to reduce risk of infection:
   a. Lubricate skin to maintain suppleness.
   b. Use cleansing agents or lubricants with low PH emollients.
   c. Avoid alcohol, dyes, lanolin, mineral oil, petroleum products, talc or perfumes.
   d. Limit exposure to saunas, steam baths, hot tubs and hot water.
   e. Shave with a well maintained electric razor.
   f. Avoid cuts, pinpricks, hangnails, insect bites, pet scratches and burns to the affected limb.
   g. Avoid allergenic substances.
3. Exercise/Activity:
   a. Refer to physical therapist for active and passive exercises.
   b. Elevate extremity above right atrium.
   c. Walking.
   d. If bedridden, find exercises which promote venous and lymph return.
4. Nutrition/Weight:
   b. No special diet, but for obese patients reducing caloric intake is helpful.
   c. For intestinal lymphangiectasia, a diet as low as possible or even free in long-chain triglycerides (absorbed via intestinal lacteals) and high in short and medium chain triglycerides (absorbed via the portal vein).
5. Pharmacologic:
   a. Diuretic agents are of limited use.
   b. Washing the skin using a mild disinfectant followed by antibiotic-antifungal cream is helpful for active fungal infections.
   c. Antibiotics for treating bacterial infections, prophylactic penicillin or broad spectrum antibiotic is recommended for chronic limb sepsis.

REFERENCES: