

Lymphoedema after cancer - a neglected field

Dr Shashi Gogia
S.A.T.H.I.

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01/13/09

Introduction

- Improved mortality rates after cancer
- But - manifold increase in morbidities
 - Immediate morbidity (loss of limb/ breast) well taken care of
 - Late morbidity still neglected
- Our focus areas – Lymphoedema, Education and Psychotherapy
- NGOs and Social Service organizations better placed for this task

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Our Background

- Working with lymphoedema since long
- Improving results over the past few years
- Experiencing psychosocial implications
- Experience with telemental health support

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Goal and Objective

- To be able to start and sustain quality advice through malignancy survival clinics
 - Education of patient to understand their condition/ rationale for treatment & Promotion of self-management
 - Provide psychological support
 - Technology as a facilitator
- We can do T O T ...

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Lymphoedema - How Did We Get Here?

- Our own efforts
 - Thesis at AIIMS
 - VIPEL – 12 years
 - CDT – 1 ½ yr
 - Activities Online and Offline
- Fourth largest cause of Morbidity
- Advancements in
 - Disease incidence
 - Improvement rates
 - Patient awareness
 - Motivation to well for oneself

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Lymphoedema after cancer

- Upper Limb -Breast
 - secondary upper extremity LE
 - most poorly understood,
 - relatively underestimated,
 - and least researched
- Lower Limb
 - cervical,
 - endometrial,
 - vulvar,
 - prostate
 - Penile
 - Seminoma
- head and neck,
- sarcomas / melanoma.

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The consequences

- 2.3 million breast cancer survivors
- LE incidence about 25%, approx 575,000
- A constant reminder of their cancer;
 - Hinders psychological recovery
 - Cosmetic problems
 - Repeated infections

LE after Breast Cancer

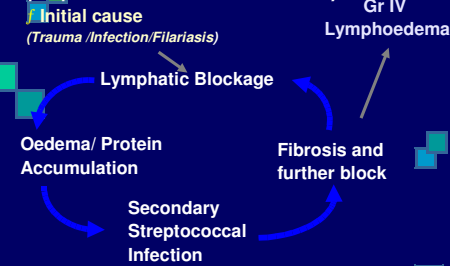
- If untreated – results in
 - numbness,
 - impaired arm function,
 - pain, and
 - susceptibility to inflammation / infection.
- Mismanagement leads to progression and increasing debilitating
- Cure increasingly difficult with time
- Early massage may be preventive

Affects quality of life (QoL)

- Lymphedema outcomes and impact on quality of life (QoL) generally have been negative.
- Initial shock followed by
 - anxiety,
 - depression,
 - uncertainty,
 - fear,
 - sorrow
- Social stigmatization *leading to*
- Social isolation.



Lymphoedema is a vicious cycle



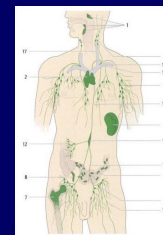
Post Mastectomy Oedema (also other Malignancies)

- Correlations with (Obesity)
 - Node involvement
 - Extent of dissection
 - Post op Radiotherapy
 - Occurrence of Seroma
 - Wound Infection
- Prevention better than cure
 - (Sentinel Node Biopsy---)
 - MLD
 - Early Physiotherapy
- Occ Lymphangiosarcoma



TREATMENT OF LYMPHOEDEMA

- Based on an understanding of how the lymphatic system works.
- Tissue Fluid Movement
 - 90% Blood
 - 10% Lymph



Treatment (infection control 60 -70%)

- Prevention of acute inflammatory episodes
 - Preventing secondary bacterial infection
 - Soap and water; hygiene
 - skin care, treatment of "entry lesion"
 - Prophylactic Antibiotics
 - Treat Fungal Infections
- Assisting lymph flow
 - Elevation, exercise
 - Bandages, Pressure Therapy



Treatment (Less than 30%)

- Assisting lymph flow
 - Elevation, Exercise
 - Bandages
 - Pressure Therapy
 - Heat Therapy
 - Manual Massage
 - Nodo/lymphatico Venous Shunts



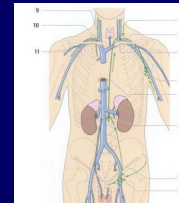
Educational programs

Manage or reduce QoL socialization problems.

- Need for Tailored pre-treatment counselling and educational strategies
- Evidence-based practice can avoid LE and limit its severity and progression.
- Patient education and counselling on
 - Practical information about how LE develops
 - Management of LE
 - Psycho - educational support interventions

Decongestive therapy (CDT)

- Based on the natural structures and the flow of lymph.
- A massage technique that helps unclog the system.
- Moves fluid in direction of normal body flow leading to elimination.
- Massage type varies



Rationale of MLD

Vodder 1930s, Asdonk 1960s, Foldi 1980s

To decongest the lymphatic system via stimulation of Lymphatic vessels and tissues

- Decongest proximal areas first by treatment of
 - Deep /Visceral lymphatics
 - Superficial and extremity Lymphatics
- Increase Lymphangio-activity
 - Assists formation of lymph collaterals
 - Increases lymph production
 - Causes a diuresis through protein reabsorption
 - Improves immunity

Complex Decongestive Therapy (CDT)

Phase 1 - Intensive

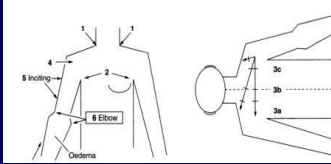
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- Multilayer lymphoedema bandaging (MLLB)
- Skin care
- Remedial exercises

Phase 2 - Maintenance

- Compression garments
- Skin care
- Regular exercise
- MLD (as appropriate)
- Simple lymph drainage (as appropriate)
- Nocturnal bandaging (as appropriate)

Manual Lymph Drainage (MLD)

A specialised gentle massage that **stimulates** and **directs lymphatic flow**



Lymphoedema after Cancer

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Multi Layer Lymphoedema bandaging (MLLB)



- Accommodates changes as swelling decreases.
- Prevents reaccumulation
- Soften fibrotic tissues.
- muscle pump - helping lymph flow.
- Low resting pressure exerted when muscle inactive and relaxed

Lymphoedema after Cancer

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Aims of Lymphoedema Management

- Maximise lymph drainage in affected areas, minimise fibrosis & improve limb shape
- Restore maximum musculo skeletal function & correct postural imbalance
- Provide psychological support
- Provide long-term control of limb volume
- Reduce risk of infection
- Restore maximum functional independence
- Education of patient to understand their condition/ rationale for treatment & Promotion of **self-management**

Lymphoedema after Cancer

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Psychological support required

Having lymphoedema may bring about a variety of feelings, which arise not only from the discomfort of the condition itself, but also from the cancer and its treatment, which caused the lymphoedema to develop.

- Embarrassment
- Anger
- Resentment
- Depression
- Affects on Body image and Sexuality

Lymphoedema after Cancer

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Signs of infection (cellulitis)

Limb red, hot and painful.

Fever, generally unwell, loss of appetite.

- Antibiotics
- stop all treatment.
- Remove compression garments,
- Rest and limb support.

• D/D recurrence, Thrombo – embolic problems

Lymphoedema after Cancer

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Self-Management

- Self-massage
- Exercise
- Self Bandaging
- Skin care



Home care with online support

Lymphoedema after Cancer

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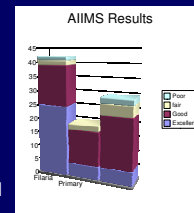
International Examples

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Bupa Giving have developed a multimedia programme of support for people to access in the comfort of their own home.

Results (avg)

- AIIMS 50 – 60%
- VIPEL 50 – 60%
- CDT > 80%
- Patient never cured
- Long term management plan/ repeat visits required



Recommendation

- NGOs can sponsor one day workshops
- Sponsor a patients treatment
- Help develop awareness material
- Lot of undiagnosed and under - treated patients will benefit
- Name the next steps to be taken
- Delegate the various tasks

Thank You

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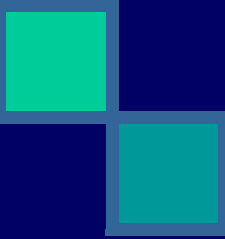
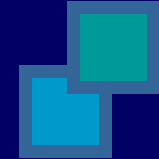


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f Initial cause

(Trauma /Infection/Filariasis)

Gr IV

Lymphoedema

Lymphatic Blockage

**Oedema/ Protein
Accumulation**

**Fibrosis and
further block**

**Secondary
Streptococcal
Infection**

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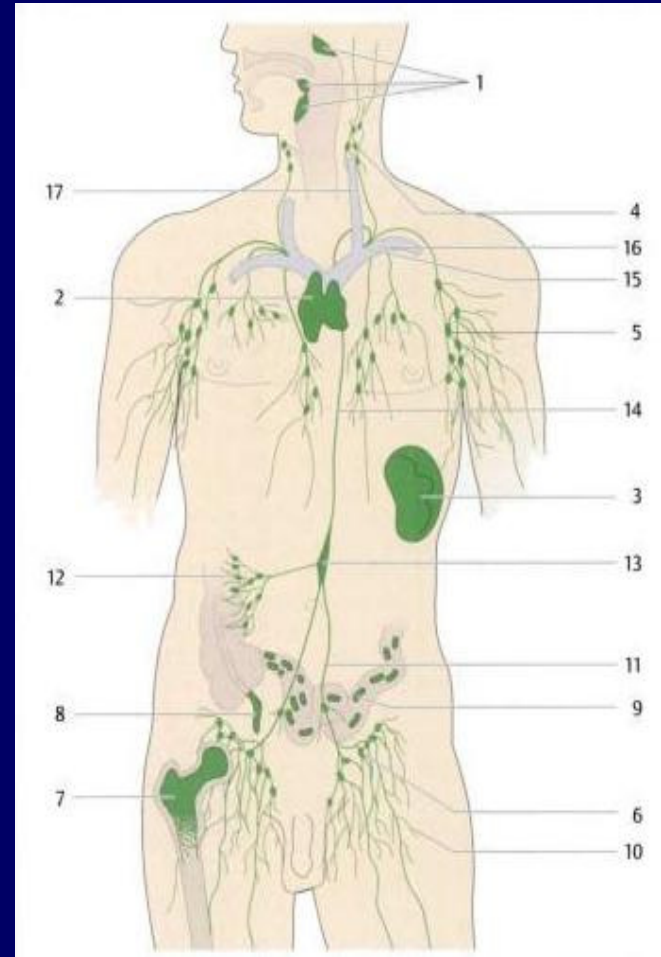


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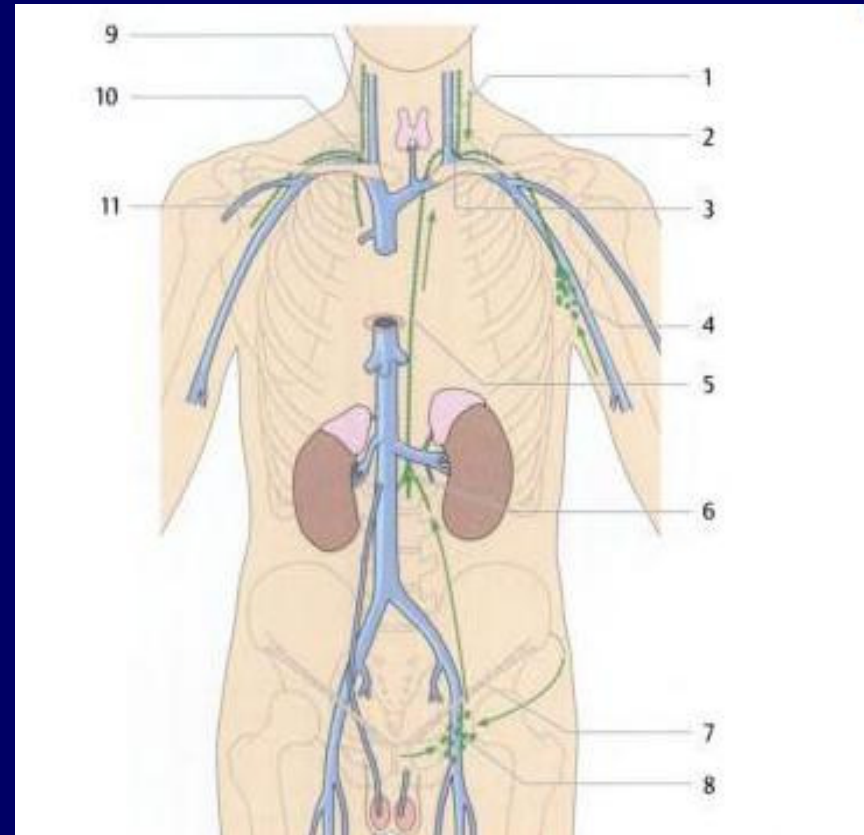


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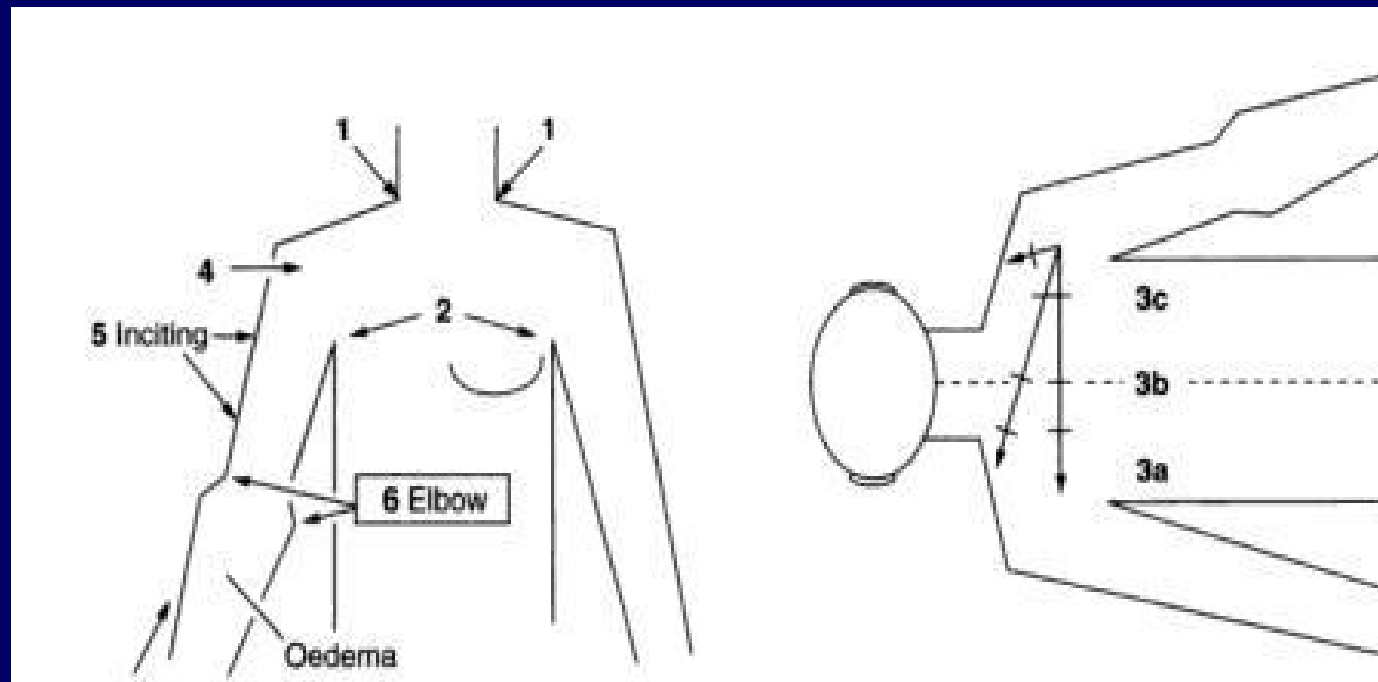
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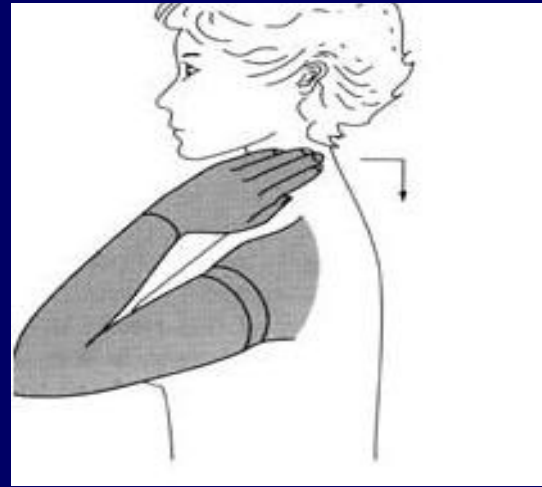
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Exercise

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Skin care

Home care with online support





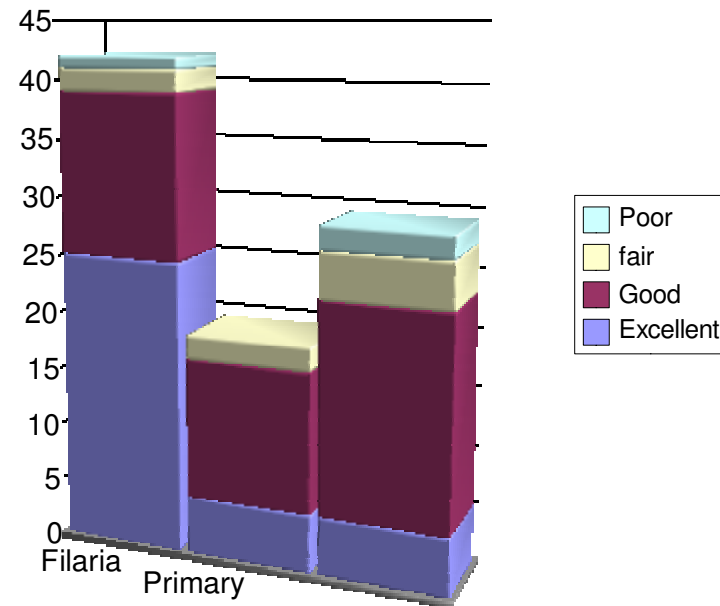
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