



Managing lymphoedema after breast cancer

Arm swelling, known as lymphoedema, is common following breast cancer treatment. Here we explain why it occurs, how to identify the early signs and what action to take to minimise its impact.



Lymphoedema is a term given to a build up of fluid in the tissues of the body. Secondary lymphoedema of the arm, hand and breast/chest area can occur after treatment for breast cancer. It is thought to affect around one in five women¹.

Investigations or treatments for breast cancer such as surgery may result in one or more lymph nodes being removed, meaning that the lymph fluid has fewer drainage routes than before.

If radiotherapy is used in combination with surgery, then the risk of developing lymphoedema is increased. If lymph

nodes are damaged or removed, there is a lifetime risk of developing lymphoedema.

Lymphoedema may occur quite suddenly or gradually after treatment, or in some cases, years later.

How do I know if I have lymphoedema?

In many people, symptoms of lymphoedema are mild. However, evidence shows that early intervention can help to keep the swelling at bay. So seek advice from your healthcare team if you notice:

- Swelling in the arm, hand, breast or chest that may come and go at first.



It may be worse following strenuous activity and at the end of the day

- Tightening of clothes and jewellery in the affected area
- Feeling of tightness in the arm, with or without swelling. This may be relieved by gentle exercise
- Dry, itchy and flaky skin in the affected area
- Aching, heaviness and discomfort in the affected area.



Once developed, lymphoedema is a long-term condition that can cause pain, discomfort and impaired use of the affected limb. It can also cause emotional distress and embarrassment as the swollen limb restricts activity and choice of clothing.

Management

Lymphoedema responds well to management in most cases, meaning symptoms can be controlled. The aim is to help the lymphatics cope with the fluid as well as they can, by taking steps to minimise fluid build up and help the flow of fluid through the lymphatic system.

Doing this can prevent the development of complications, such as extreme swelling and infection.

Wearing compression garments, taking good care of your skin (*below*) and moving and exercising, good nutrition and using specialised massage techniques can all help to achieve this.

Skin care steps

1. Wash the skin with a non-perfumed soap or cleanser and dry gently to avoid causing damage
2. Moisturise daily with a bland, non-perfumed cream or lotion
3. Take care when cutting nails and removing unwanted body hair
4. Use gloves and/or clothing to protect hands and arms when gardening, washing up or reaching into the oven
5. Inspect your skin daily for signs of damage such as bites, scratches, cuts, and sunburn, that could act as an entry point for bacteria. Wash and apply antiseptic cream if trauma is noticed
6. Avoid extremes of temperature
7. Avoid carrying heavy items, prolonged repetitive movement and over-exercising the affected arm.



Compression in lymphoedema management

Compression works by helping to move lymph fluid from the tissues back into the bigger lymph vessels for clearance by the body.

This is achieved as compression forms a firm casing around the limb that provides support and resistance to the muscles when they move. This resistance increases the squeeze of the muscles, which in turn increases lymph flow. This can help to reduce swelling, improve shape and prevents further build up of fluid.

Compression bandaging may be needed if the skin is fragile and vulnerable to damage when applying an armsleeve, or if the limb is very swollen making a garment temporarily unsuitable. Once swelling and limb shape is stable, and providing the skin is not too fragile, a garment can be ordered in most cases.

Alternatively, and more commonly, compression garments can be used to deliver graduated compression. A wide range of garments are available, including wraps, kits, and pumps in different styles, fabrics and colours. Your clinician will work with you to identify the best one for you. Depending on the area of swelling, the garment may include your hand and fingers too.

TOP TIP


Compression garments should be replaced every 3–6 months, or when they lose elasticity. Younger or very active people may need to change their garments more often.

Manufacturers' sizes vary so when selecting a new product, you should always be remeasured by clinician using the manufacturers' guidelines. Remember that the size of your old

garment may no longer be appropriate if your health has changed.

The fit of your new garment should be checked by your clinician to ensure the correct product has been supplied, that you can take it on and off, that it fits well and covers the whole area that needs treatment.

Your garment should feel firm, supportive and comfortable, and should be tight enough to provide resistance. If you feel tingling, numbness or pain, however, the garment should be removed.

It is key that you are happy with the garment as you need to wear it for the long-term management of your condition. Keep working with your clinician until you find a garment that meets your needs. 

Lymphoedema Support Network

www.lymphoedema.org

The LSN is a national charity that provides information and support for people with lymphoedema.

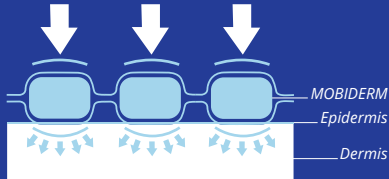


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Effective

- Reinforces the effects of daytime treatment
- Maintains the volume reduction of the oedema

Ease of Use

- Enhance self-management of oedema
- A single garment to put on

Comfortable

- Unintrusive and discreet treatment
- Does not disturb sleep

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