LYMPHEDEMA

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an occur after
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urgery

By David Bolando
The Monitor

CALLEN — Breast cancer. Two words that can
spark a rush of fear and worry. When faced
with a diagnosis of breast cancer, a woman's
concerns are many: whether or not she'll
survive complications after an operation. And
most, the most important job at hand is to find out
tety where the cancer is, and then remove it as
duly as possible.

When a doctor warns that lymphedema — a
fract of the body caused by an accumulation of
fluids — may result from having breast
urgery, that warning usually causes little concern.

In an interview with Margaret Mann, 65, who
diagnosed breast cancer in 1980. Mann
remembers clearly when her doctor warned her
not to worry about lymphedema, the condition sounded
painless compared to the threat of cancer.

And surgery was successful, and for eight years
she took the precautions her doctor suggested to
keep lymphedema at bay. She didn't lift heavy objects,
didn't draw blood from the arm that was affected
by surgery. She wore gloves while doing
sew work, gardening, and any other activity that
may have caused a bruise or a scratch that could cause
infection and trigger lymphedema.

According to Natasha Olszewski, a physical therapist
at McAllen Medical Center, many women who undergo
breast surgery are poorly warned — and
even not warned at all — about the threat of
lymphedema.

Doctors aren’t telling their patients about
lymphedema prevention, or showing them ways of
massaging and other techniques for treatment, or
illegible that a year or two after surgery, a
swelling can develop.

Mary Thomas, a physical therapist at Innovative Therapy of McAllen, recently
administers Lymph Drainage Therapy on a patient.

Data indicate where flow of lymphatic fluid is very depressed. Once the fibrous tis-
se is addressed, the therapists indicate where improvements can occur.
about lymphedema by her doctor. But despite precautions, lymphedema set in.

Eight years after Mann had surgery, her arm started to swell. And swell. And swell — until it was about twice its normal size.

Mann says she did nothing unusual to bring on the swelling. She was on vacation in the Texas Hill Country in spring of 1994. Her husband drove while Mann reclined in the passenger’s seat, resting her right arm near the window, the warm, Central Texas sun shining gently on her arm. Suddenly her arm started to swell. Apparently the heat of the sun triggered the onset of lymphedema.

Lymphedema is caused by poor circulation of lymphatic fluid. And, in the case of those who undergo breast surgery, it is usually the result of having lymph nodes removed from the area where surgery is to take place.

“Everywhere you have tissue, you have lymphatic fluid,” explained physical therapist Mary Thomas, who has studied an innovative therapy called Lymph Drainage Therapy, developed by Dr. Bruno Chibby from Arizona, who has received recognition for his work on the lymph system. Chibby’s technique combines light massage with a special wrapping of swollen areas.

Books and articles written on Lymph Drainage Therapy document dramatic results, and have been shown to reduce extreme swelling — commonly known as elephantiasis — to almost-normal proportions. Thomas uses Chibby’s technique to treat patients at her practice in McAllen, Innovative Therapy.

The lymph system complements blood flow, Thomas explained. Blood doesn’t reach all of the body’s tissues. So in order for white blood cells — which combat infection and disease — to reach the body’s extremities, white blood cells are literally pushed through the cell walls of arteries and veins, where they enter the body’s lymphatic system — foaming to infected regions via lymphatic fluid, she said.

But the blood stream needs those white blood cells back. The body’s lymph nodes allow those white blood cells to re-enter the bloodstream. Once the white blood cells are pushed out of the blood system and into the lymphatic system, the lymphatic system then sucks in those white blood cells as they’re being carried through tissue via lymphatic fluid. The lymph nodes themselves suck in the fluid that carries the white blood cells, and the lymph system does the job of collecting that fluid and dumping it back into the blood stream before blood reaches the heart, Thomas said.

Doctors can determine the extent of cancer by removing a sampling of 15 to 20 lymph nodes from the cancerous area, and then testing them for the disease. Because lymph nodes are removed, the lymphatic flow is disturbed, which can bring on the swelling of lymphedema, Thomas explained.

Pedicure lymph nodes is not for cancer, however.
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s an out-of-date practice, and is rarely used, explained Dr. Benjamin West, oncologist at the South Texas Cancer Center. These days, doctors learn how far cancer has spread by removing only a few lymph nodes.

"A sentinel lymph node biopsy injects dye in the axilla and can localize lymph nodes. Pathologists look at the sentinel lymph nodes, and if there's no tumor, they can remove any more lymph nodes," he explained.

But if cancer is found, then a larger number of lymph nodes — 15 to 20 — will be removed, West said.

And it's the removal of lymph nodes themselves that sets the stage for lymphedema. The more lymph nodes removed, the higher the chance for eventual swelling, and eventual complications as swelling, which is where the real danger of lymphedema lies.

"Infection can set in," West said. "When it gets to a point, I won't treat the patient — I'll refer them to a lymphedema specialist."

Thomas' office is strewn with articles, pamphlets and brochures. Some of the patients she's treated for lymphedema have undergone surgery and now learn to compensate. They don't reach with that arm. They learn how to get around without using that arm," she explained.

Chapa's concerns are backed up by both Odendaal and Thomas, who think that physicians could better inform patients about the risks and treatments of lymphedema.

"A lot of patients tell me that their doctors just overlooked it. They didn't think that swelling was a problem, or that doctors just look at the swelling and say 'That's normal.' But patients don't feel that way. They've got this heavy, huge limb that's exhausting to move around all day," Thomas said.

Some may think that lymphedema might be an issue price to pay for eliminating cancer, but the effects of lymphedema on a woman's life can be scaring.

Florence Chapa, 48, from McAllen had cancer-related breast surgery in September of 2001. She thinks that doctors don't take lymphedema seriously enough, and as a result, many women never seek therapy.

"Some women don't go through therapy. But if you ask them, they'll tell you they're fine. But what happens is they concepcted with the swelling she experienced soon after surgery. But the problems she was having were painful, and she approached it with the idea of living a normal life.

"You can't lift your arm. You have to bear down on your car door; you can't drive. The vibrations from the steering wheel cause pain. Your shoulder and ligaments can freeze up," Chapa said.

But with proper therapy, lymphedema's effects can be dramatically reduced, allowing its victims to lead more normal lives.

"I feel so much better," she said. "I've had therapy, massage therapy, it really helps. I can't see it, but I can feel it."

"I know it's not a cure, but it does help," she added.

Despite the success of the therapy, Chapa said she still gets tired easily.

"I still have to be careful what I do," she said. "But I don't have to worry about swelling anymore."
Lymphedema insurance coverage limited at best

By DAVID ROSELEDO
The Monitor

Considering that lymphedema affects one percent of the population — according to statistics from the UpJohn Institute in Florida — insurance coverage for the condition is limited at best. Most private insurance companies provide adequate to acceptable coverage for lymphedema, covering therapy and related expenses like compression wrap supplies and compression garments, explained therapist Mary Thomas from Innovative Therapy in McAllen. But according to Thomas — as well as other local therapists and lymphedema victims — Medicaid and Medicare both have serious shortcomings. Medicaid offers no compensation for physical therapy services for adults, and Medicare allows only one to three weeks of treatments once in a patient’s lifetime, but doesn’t cover sleeves, gloves and other materials needed for comprehensive treatment, Thomas explained.

Both therapists and patients — like lymphedema victim Florence Chapa from McAllen — think that having treatment early on can save everyone money in the long run.

“I have to say that every woman who goes through breast surgery should go through physical therapy six to eight weeks after surgery. Having therapy is going to save long-term on my insurance costs. Not waiting until my arm is swollen or infected,” Chapa said.

Therapies for Lymphedema

■ Lymph Drainage Therapy
Utilizes light massage to stimulate lymph flow.
Therapist works with the natural rhythm of the lymphatic system, incorporating a technique called mapping, which draws from Eastern acupuncture and acupressure body charts to find each individual specific lymph flow.

■ The Dr. Vodder Method
Uses light massage similar to Lymph Drainage Therapy, but without the mapping technique.

■ Wrapping
Non-stretch wraps are placed around the affected body parts. With each movement, the wrap stimulates the skin, encouraging lymphatic flow.

■ Complete Drainage Therapy
Combines Lymph Drainage Therapy and wrapping.

■ Pumps
Displaces accumulated fluid by sheer pressure. The pump applies compressed air to specific swollen areas and mechanically forces fluid up with external pressure. The UpJohn Institute — which trains therapists in the techniques of Lymph Drainage Therapy and Complete Drainage Therapy — cautions against the use of pumps, since pumps ignore the lymphatic system’s natural flow.

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