Lymphedema

And Lymph-Drainage Techniques

Massage therapists can use these methods to ease the painful symptoms of this serious condition.

BY BRUNO CHIZZY AND SUE WEBLEY

Betty is a breast cancer survivor. Since the 72-year-old Florida woman found a lump in her right breast four years ago, Betty has had a mastectomy, radiation treatments, chemotherapy and exploratory surgery. She willingly accepted these therapies as necessary to stay alive. But neither she nor her health-care providers were prepared for the profound swelling that developed in her arm, which compromised her health and affected the quality of her life. Fortunately, Betty found a massage therapist who is knowledgeable about lymphedema and lymph-drainage techniques. With the improvement in her condition through hands-on therapy and self-care, Betty now feels more in control and better able to manage this chronic condition.
Lymphedema is categorized as either primary or secondary (Kimmorth, 1987). While primary lymphedema conditions are abnormalities of the lymphatic system due to unknown cause, secondary lymphedema is swelling caused by known factors, such as surgery, radiation treatment or infection. The most frequent cause of secondary lymphedema in the United States is the removal of axillary (armpit) lymph nodes and radiation therapy that follows mastectomy. These procedures are among the commonly used treatments for breast cancer, which is the second leading cause of death for women in this country. Depending on the study chosen, between 3 percent and 40 percent of patients receiving this type of breast cancer treatment develop lymphedema. (See Table 1, Page 84.) The information about conservatively applied manual techniques, such as lymphatic drainage, to alleviate lymphedema and other types of edema are not well known in the United States.

Understanding The Lymphatic System
Medical science, in fact, is only beginning to fully understand the role that lymph plays in the body, even though the lymphatic system was identified in 1622. The lymph is a fluid that originates in, and flows through, the connective tissue spaces of the body. Thus, the first lymphatic capillaries, this interstitial fluid, or pre-lymphatic fluid, is officially called "lymph." It absorbs excess fluid, macromolecules (trapped proteins), microorganisms, toxins and foreign substances from the extracellular compartment. Through this process, the lymphatic system regulates the fluid volume and pressure in the body, and helps maintain optimal integrity of the connective tissue. Lymph travels steadily from one region of the body to the next, transporting immuno-compliant cells (lymphocytes, macrophages) and numerous other substances, such as hormones and electrolytes. Passing through the regional lymph nodes, this fluid is concentrated and filtered. The flow of lymph through lymphatic nodes also generates production of about one-third more lymphocytes that stimulate the body's immune response.

Radiation therapy, as well as surgical excision of the lymph nodes, impairs the natural removal of fluid (physiological lymphatic drainage) from the connective tissue. This frequently gives way to lymphedema of the affected areas, particularly the chest, breast and upper extremities. Generally, if the swelling measures 2 to 3 centimeters greater than the uninvolved limb six weeks after the surgical procedure, the condition may be considered lymphedema. (See Table 1, Page 84.) More than 22 percent of lymphedema cases appear three years after surgery (Heitman, 1978); although, cases of lymphedema have been reported up to 30 years later.

Lymphedema Case History
Betsy was diagnosed with breast self-exam and referred a lump in her right breast in October 1993. In November, she had a mammogram followed by a biopsy of the lump, which tested positive for cancer. Betsy willingly agreed to immediate surgery and, on Dec. 6, 1993, her right breast and 15 axillary nodes were removed. Even though all the tissues and nodes tested negative for cancer, Betsy's physician recommended radiation therapy as a precaution due to the size and type—approximately 7 centimeters—of the lump. Betsy had 38 radiation treatments through January and February 1994. At that time, she should have been advised of precautions concerning her affected upper extremity and chest. She was not advised of any contraindications concerning her daily activities. In lymphedema cases, there are many precautions that patient should respect as they are at risk throughout their lives. Because lymphedema causes stagnation of a protein-rich fluid, this condition can breed bacterial infections, such as streptococcus or staphylococcus. In addition to being attractive to skin care, the main objectives are to avoid the four "Vs" on the affected side of the body: injury, infection, increased temperature and increased pressure. Five months later, Betsy noticed a swelling in her right arm. She later recalled lifting many boxes at a local craft show at that time. Over the next several months, the swelling decreased slightly. However, by October 1994, the arm began to swell excessively in her
The surgeon then ordered exploratory surgery of the right axillary area. He was concerned that the cancer had recurred. In September 1995, another breast area and lymph nodes were removed. Again, all tissues and nodes were negative for cancer. During a follow-up visit, the physician suggested that a sequential pressure pump be used to reduce the swelling in the arm. (Consequently, the bandage, or Betty's appointment, an in-service lesson on use of the pump, and lymphedema education was held at the physician's office.)

Betty was instructed to use this pump daily for one hour once or twice a day. It was essential to keep blood flow in the pump. The arm was measured for compression garments (braces) to be worn while not using the pump.

Betty found using the pump to be very uncomfortable. Her questions to the physician's staff went unanswered, and she became very frustrated. However, she did continue using the pump because she was not aware of any other alternative therapies.

After several weeks of this treatment, Betty noticed a limited decrease in her breast edema, but swelling had increased in the right shoulder and back area. The experienced noticeable limited range of motion, which included difficulty in bending the elbow to eat or dress. The treatment

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The lymphatic system is an important part of the body's defense against infection. Lymphatic drainage techniques can be used to improve circulation and help remove toxins from the body. The techniques are often used as an adjunct to other forms of therapy, such as massage, to promote overall health and well-being.

Lymphatic drainage techniques are performed by trained professionals, such as certified lymph therapists. These techniques involve gentle massage and compression to help move lymph fluid from the extremities and back to the heart. The techniques can be effective in reducing inflammation and swelling, improving circulation, and promoting overall health.

Lymphatic drainage techniques can be used to treat a variety of conditions, including lymphedema, which is swelling of the tissues due to a blockage of the lymphatic system. Other conditions that may benefit from lymphatic drainage include cellulitis, wound healing, and post-surgical recovery.

It is important to consult with a qualified professional before beginning any lymphatic drainage techniques, as the body's lymphatic system is delicate and can be easily damaged. Lymphatic drainage techniques should not be performed on anyone with a history of lymphoma, leukemia, or other lymphoid malignancies, or on anyone taking immunosuppressant medications.

Regardless of the condition being treated, lymphatic drainage techniques can help improve circulation and reduce inflammation, promoting overall health and well-being.
Technique

Light reflected up to a mirror placed behind the patient allows for visualization of the lymphatic system. The lymphatic vessels are then marked with a marker. The area is then shaved and prepared with antiseptic solution. A small incision is made in the skin, and the lymphatic vessels are identified and tagged with a clip. The lymphatic vessels are then ligated and divided. The incision is closed with sutures, and a bandage is applied. The patient is then allowed to recover.

References:

Additional information: