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Daisy C. Millett, LMT

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To Whom It May Concern:

The information provided in this Lymphedema Case Study for a 65 year-old female is true and accurate to the best of my ability.

*Daisy C. Millett*  
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**PERSONAL**

65 year-old female

Cook and bus driver at K-8 Charter School

**HISTORY****Pertinent Medical History**

Obese diabetic with mild arthritis in hands

Hypertension, on medication to correct

Surgery, age 60, to tack up bladder, uterus and walls of rectum

Double mastectomy, age 64

Ca LT breast, all lymph nodes removed in LT axilla

RT breast removed as precaution

Porta-cath LT side for first four months of treatment

**Subjective Complaint**

Bilateral mastectomy scar tissue red and hard, swelling bilaterally above and below scar tissue with more swelling below than above LT axilla "puffy" with fluid.

**Symptoms**

Swelling around Bilateral mastectomy incisions at and behind LT axilla.

Unable to sleep due to restless legs.

Upon presentation, scars were vivid and welted (like a Keloid).

There was a pucker of skin under LT arm from surgery.

The flesh at the incision was "angry," red and lumpy.

The sternum area (medial ends of scars) was full of edematous fluid.

Hardened area ¾" x 1" on LT forearm.

Marked abdominal distention.

**Diagnosis (if one made by a physician)**

**Medication/Surgery**

Bilateral mastectomy with LT axillary nodes removed.

Patient had Chemotherapy but no Radiation Therapy.

**Other treatment procedures (incl manual therapy: beginning date, frequency & type)**

Chemotherapy

Exercises given by surgeon to restore ROM

**EVALUATION/ASSESSMENT**

**MLM and other findings**

No noticeable lymph flow through LT axilla.

Some flow under axillary border of LT scapula.

Minimal flow LT arm.

Lymphatic flow minimal on RT side of chest.

No lymphatic flow on LT side of chest (stuck).

LT breast scar was "stuck," could not move skin over underlying tissue.

**Objective results**

After clearing abdominal area, lymph flowed very well.

**Subjective results**

Patient responded very well to LDT after abdomen was cleared (which resulted in unexpected benefits noted in Outcome Subjective in the LDT TREATMENT section). With self-draining and

use of prosthetic garment she can control her lymphedema with follow-up treatments in 2-3 months.

## **LDT TREATMENTS**

**Average length of sessions:** 60-90 minutes

**Number of sessions:** 71

**Total treatment span:** Feb 2, 2005 to June 19, 2006

(Bilateral clavicle, axilla, scapula, breasts and abdominal area...?

LT side, lateral to, scapula to LT inguinal and LT axilla and abdomen...?

Lymphatic flow resisted efforts...?

Worked on her 17 sessions with minimal success, changed techniques.

LDT to RT breast area below scar to axilla...?

Flow in abdomen was 'stuck' – had to release flow here before patient experienced marked relief.

Bandaged dorsal side of lower LT arm with chip mat (one day).

"Scar treatment" on all scars.

Instructed patient on basic strokes for clavicle, axilla abdomen and inguinal areas.

Suggested she wear pants with no waist band, this decreased edema.)

## **Outcome objective**

After about 10 weeks of treatment, on 04/13/05 both axilla finally cleared.

## **Outcome subjective**

"Most comfortable I've been since before having surgery."

Bowel and bladder function restored to more of a "normal" prior to surgeries.

Unexpected benefits: after five sessions she could empty her bladder fully, something she had

not been able to do since bladder/uterus/rectum surgery at age 60.

Sexual intimacy enjoyed without pain for the first time since surgery five years earlier.

After eighth treatment patient commented her "asthma was better."

**Percentage of improvement/measurements**

No measurements taken. Used a 1-10 scale for discomfort/swelling – initial visit before LDT = 10, after LDT = 5.

**Outcome immediately after sessions/lasting effects**

Lymphedema brought under control where patient could self-drain and use prosthetic garments with infrequent visits. Therapist moved away. No follow-up.

**COPING**

**Comments on patient compliance, or lack of**

This patient was very compliant in doing self-drainage techniques as directed throughout therapy.

**Psychosocial issues, if appropriate**

Patient was very comfortable with her mastectomy and it was her idea to have the RT breast removed as a precaution. Strong faith, extremely comfortable with her new body.

**Patient and/or family coping of condition and treatment**

Very supportive husband and daughter. (Daughter worked in hospital and referred patient to me.) Husband came to all but one or two sessions. Initially he had a hard time developing LDT pressure technique but eventually got the feel of it. Restoration of painless sexual intimacy a very wonderful bonus, they are very caring toward each other.