

## DURING AND AFTER TREATMENT

# Lymphedema: Common Side Effect

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For lymphedema, standards of care are based on established evidence-based practice.

## Definition

- Lymphedema is the accumulation of lymph fluid that obstructs the flow of the lymphatic system, causing persistent swelling of the affected body part.

## Incidence

- Lymphedema is most commonly seen after lymph node dissection or radiation therapy. It occurs in 10%–40% of patients with breast cancer and 80% of patients with lymph node dissection in the groin.

## Assessment Tools and Recommended Intervals

- Prior to surgery or radiation therapy and at every visit, measure limbs and educate about prevention.
- Inquire about frequency and severity of swelling, impact on activities of daily living, pain, range of motion, and strength.

## Prevention Measures

- Complete medical procedures, such as venipuncture or taking blood pressure, on the nonaffected limb.

## Evidence-Based Interventions and Management

- Delay the initiation of programmed (supervised) exercise for at least seven days following surgery.
- Patients with cancer who are at risk for lower extremity lymphedema should use compression garments.
- Recommend massage of postsurgical scar tissue.
- Among patients with lymphedema, recommend an active treatment intervention (manual lymphatic drainage, compression pumps, resistance exercise, aerobic plus resistance exercise, water-based or yoga exercise, complete decongestive therapy plus resistance exercise plus compression pumps, or complete decongestive therapy plus compression pumps plus aerobic and resistance exercise) in addition to self-management.
- Among patients with cancer treatment–related secondary lymphedema, suggest resistance exercises in addition to self-management.
- Among patients with cancer treatment–related secondary lymphedema, suggest supervised water-based activities or yoga in addition to self-management.

## Agents and Interventions to Avoid

- Evidence is insufficient to support the use of compression garments for prevention of truncal, upper extremity, or head and neck lymphedema.

## Evidence-Based Resources for Providers

- ONS Guidelines™ for Cancer Treatment–Related Lymphedema ([www.ons.org/pep/lymphedema](http://www.ons.org/pep/lymphedema))
- *NCCN Clinical Practice Guidelines in Oncology: Survivorship* [v.3.2021] ([www.nccn.org/professionals/physician\\_gls/pdf/survivorship.pdf](http://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf))

## Evidence-Based Resources for Patients and Family

- Lymphology Association of North America ([www.clt-lana.org](http://www.clt-lana.org))
- National Lymphedema Network (<https://lymphnet.org>)
- *NCCN Guidelines for Patients: Survivorship Care for Cancer-Related Late and Long-Term Effects* ([www.nccn.org/patients/guidelines/content/PDF/survivorship-crl-patient.pdf](http://www.nccn.org/patients/guidelines/content/PDF/survivorship-crl-patient.pdf))

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## KEYWORDS

cancer; symptoms; side effects; late effects; long-term side effects; survivorship care

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