

cancer NEWSLINE

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>> Welcome to Cancer Newline, your source for news on cancer research, diagnosis, treatment and prevention. I'm your host Lisa Garvin. Leslie, tell us which patients are most likely to suffer from lymphedema.

>> Well, we see a lot of patients who've had mastectomies and patients with breast cancer. That's a big chunk of the people that we see because they've had lymph nodes removed. So there's definitely a relationship between how many lymph nodes the doctor removes and how severe their lymphedema is. So a big chunk of the patients that we see are lymphedema patients because of breast cancer. But we also see patients wherever lymph nodes are removed from your body, you're at risk for developing lymphedema. So you -- lymph nodes can be removed from your neck, from your armpits, so your axilla, from your groin region, so we see patients that have cancer from the head and neck. They have swelling. I mean lymphedema. So they're swollen in that area. In their arms and in their legs are the vast majority of the patients that we see. And it's not always as a result of breast cancer that patients have swelling in their arm. They may have a tumor or a melanoma that's been removed from their arm or part of their leg. And then when they're staging it, they take lymph nodes out from the armpits or from the groin area, and then that results in the swelling which is called lymphedema.

>> And I think that men think they're immune from this, but they're really not.

>> They are not. We do have patients who are diagnosed with breast cancer who are men. So also they have melanomas or any other diagnosis that results in the removal of lymph nodes. Also an important thing to be aware of is that radiation can also result in lymphedema. So just -- it's not as common, but you know, the combination of removal of lymph nodes, as well as radiation usually results in lymphedema. But it can occur just from having radiation as well.

>> Lymphedema tends to be a chronic condition, and most of the treatment is self-treatment of various kinds. Can you tell us about, I know compression is one.

>> So we think of it in four components. The first one is skin care. So we just teach patients how to really take good care of their skin because you don't want to have -- you don't want to get infected. You want to prevent infection. So stage one is skin care. Stage two is the manual lymph drainage. And that's actually a very light movement of the skin to help move the fluid out of the skin and back into your circulation back toward your heart. The third step, which is what you were just talking about, Lisa, is the compression. So people -- patients are asked to wear compression garments constantly to help move the fluid and prevent it. Because once we've used the manual lymph drainage to move the fluid back toward the heart in order to maintain that volume of the limb, we have to put a compression garment on. And that really helps maintain that volume so that the fluid doesn't return to the extremity that involved, the arm or the leg. And then the fourth component is exercise. People often feel that because

they have lymphedema they shouldn't exercise. And nothing could be further from the truth. You need to exercise and move that limb. Because the compression along with activity helps move the fluid back toward the heart. At least wear their compression continuously. We like them to wear it all the time and exercise. If they can do those two things, and of course you need to take care of your skin anyway, so that's pretty much, you know, three out of the four that you can manage fairly well. Most people, if they understand the importance of it to prevent them from getting more swollen, they're pretty compliant. We do have people that come because it's hard for them to actually continue to do all this after being diagnosed and having gone through treatment, then to have this other thing to cope with becomes challenging. But this is why we're here to keep encouraging them, and they really need to every six months if they're wearing their garments continuously, they need a new garment anyway. So they'll come see us anyway, and then we can check on them and make sure that they're okay. There are other places you can go to get compression garments. We do try our best to be as available to our patients as possible through email. They can call us, and then we just really try our best to let them know that we're there to help them because it is another challenging -- another thing that they have to overcome. But we try to make it as simple as possible for them.

>> Thank you very much. So basically it's a chronic condition but manageable.

>> Chronic but manageable, absolutely. And I would say the take-home message is the four steps you find too challenging, wear your compression garment.

>> Thank you, Leslie, very much.

>> You're welcome. Thank you.

>> For more information, visit mdanderson.org. Thank you for listening to Cancer Newsline. Tune in for the next episode in our series.

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