

Abstract.Title:

MANUAL LYMPH DRAINAGE: DO WE NEED IT?

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Abstract.Abstract1:

BACKGROUND: The basis of lymphedema (LE) care was first developed in Germany and led to the concept of Complete Decongestive Therapy (CDT), where manual lymph drainage (MLD), bandaging and garments are components. Evidence based research during the past ten years of the different parts of this combined treatment has shown that MLD per se has not been found to be as effective as previously believed.

Most lymph therapists in Sweden are licensed physiotherapists working in state hospitals or primary care centers, with a fixed salary. This gives them a unique opportunity to initiate and evaluate treatment without confounding pecuniary factors. This includes: 1) measuring excess volume of the edema, 2) ordering and fitting of compression garments and 3) focusing on appropriate physical activity in order to increase both lymphatic and venous circulation.

METHODS: All patients in the Stockholm area, who had axillary clearance due to breast cancer or malignant melanoma or inguinal/pelvic lymph node clearance following treatment for malignant melanoma or gynecological cancer are followed up by a lymph therapist 4-6 weeks after surgery. Measurement of the extremity volume is the mainstay in screening for early lymphedema. Though, for detection of early LE, palpation of skin thickness is easy and an experienced lymph therapist can easily detect a very early and small LE. Compression garments are ordered if a LE is diagnosed. If needed, a shorter period of bandaging for reduction of LE is performed and later on adequate compression garments is ordered. Patients are instructed to start physical activities, appropriate for increasing lymph- and bloodcirculation in the extremity.

RESULTS: Frequent follow-ups including adjusting the regime and the garments on regular basis provide an optimal treatment. The advantage of physical activities and weight control/reduction for the prevention of LE is stressed.

CONCLUSIONS: Manual lymph drainage is never the first choice of treatment. We seldom see the need for it since volume reduction is achieved with bandaging and garments alone in conjunction with the abovementioned regimens. This will be further elucidated in the presentation.