



Lymphoedema Advice

Rehabilitation and Support

A guide for patients and carers

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This information is for patients who are at risk of developing lymphoedema.

The aim of this leaflet is to provide information about lymphoedema. It is impossible to include everything you need to know. Your doctor or nurse will be able to answer specific questions.



Lymphoedema

Lymphoedema is a swelling (oedema) in the tissues, it occurs when the lymph fluid is unable to drain fluid away sufficiently. It can affect people of all ages, affecting any part of the body, however it mainly affects the limbs because of the limited exit routes.

Lymphatic system

To fully understand lymphoedema, it is essential to have some knowledge of the structure and function of the lymphatic system.

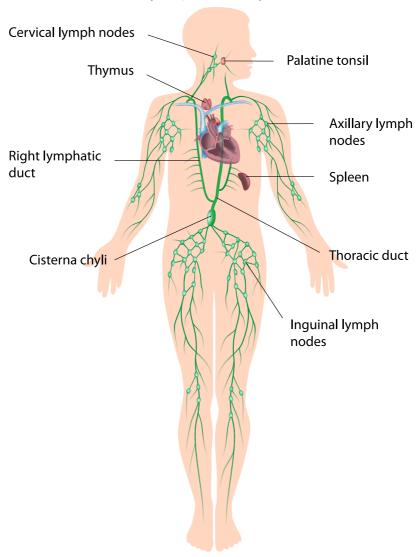
The lymphatic system is a one way system; it is made up of a network of small vessels under the skin. Situated deeper in the body are the lymph glands and lymphatic tissues such as the thymus, tonsils and spleen.

The lymphatic system has two main functions:

- 1. It maintains the balance of fluid in different parts of the body.

 The body has a continuous flow of fluid; this fluid is passed from the body's tissue into the lymphatic system. The fluid is then filtered through the lymph nodes and then enters the blood stream.
- 2. It is also an important part of the immune system. Lymph fluid is made up of water and protein and white blood cells called Lymphocytes. The lymphocytes are also found circulating in the blood, but are mainly concentrated in the lymph fluid which forms part of the bodies defence system.

The Lymphatic System





Causes of lymphoedema after cancer treatment

Lymphoedema may appear when lymph vessels or lymph nodes are damaged by cancer treatments.

- Surgery to the lymph nodes
- Radiotherapy to the lymph nodes
- Infection in the limb
- Scar tissue tightening in and around the lymph nodes

The people who might be at risk of developing Lymphoedema are those who have had surgery and/or radiotherapy to the lymph nodes. If you are concerned, speak to your doctor at the hospital, they will be able to tell you if you are at risk of developing lymphoedema, even if you are considered at risk you may never develop it.

The research around lymphoedema is not robust and there is no real evidence to explain why some people develop lymphoedema and some do not

How will I recognise lymphoedema?

If swelling is to the arm or hand, you may notice that your rings or watch become tight or clothing may feel uncomfortable. If to the lower limbs, you may notice that socks, trousers and/or shoes may feel tight or leave a mark when removed. You may also experience tightness, heaviness or aching in the area.

Swelling to the neck and/or face can take a year to settle and is particularly slow to resolve if the surgery is followed by radiotherapy. The swelling is usually worse first thing in the morning because of lying flat overnight. During the day, the swelling goes down by the effect of gravity. Sleeping in an upright position may aid drainage.

Lymphoedema can occur within a few weeks, months or even years after cancer treatments. Although it is not curable, it can be controlled.

Early swelling during radiotherapy

During your radiotherapy treatment, and for the first couple of months afterwards, you may experience a swelling to the area treated. You may also become aware of a feeling of tightness/ heaviness, aching and/or swelling that does not go away. Although these are sign and symptoms of lymphoedema, this may not mean you have developed lymphoedema. You should report the swelling to the oncology doctor or your radiographer; if you have completed treatment, see your GP or specialist nurse. This swelling may settle and may purely be the side effects of radiotherapy.



Infection/Cellulitis in the treatment area

If you are advised you may be at risk of developing lymphoedema, then you should be careful to avoid infection in the area treated. You may have developed an infection if you have pain and increased swelling, a rash or the skin is red and hot. This is called cellulitis.

The skin is a barrier to infection and any simple injury to the skin can allow bacteria to access the tissues which could lead to infection. To prevent this, any break in the skin needs to be cleaned and a good antiseptic cream applied to the area to prevent infection.

Signs and symptoms

The skin may be:

- Hot to the touch
- Red/pink or angry looking
- Tender or sore

You may have:

- A raised wound area
- You may feel unwell with flu-like symptoms

If you notice any infection you should make an appointment with your GP as soon as possible. They may prescribe antibiotics.

Self Help

Here is some advice and some simple steps you can take to help lessen the chance of developing lymphoedema.

Do

- Try and avoid cuts and scratches, if you do damage your skin, wash it and apply an antiseptic cream. If it shows signs of infection, consult your GP
- If you have been advised to do exercise, you should do this
 regularly, as this will stretch the scar tissue. If you are a breast
 cancer patient, you may have been supplied with an exercise
 sheet from the Physiotherapist
- It is important to protect your skin, if upper limbs are at risk, wear gloves and long sleeves when gardening or doing dirty jobs and especially when you remove hot food from the oven. Lower limb patients similarly need to protect their legs
- Use an electric shaver to remove unwanted hair; do not use a razor blade. If a depilatory cream is used, use with caution and ensure a prior patch test has been performed. (Lymphoedema Support Network)
- Take good care of your skin by keeping it regularly moisturised with a simple, non-perfumed moisturiser
- Wear insect repellent and sunblock during the summer months



- If surgery or radiotherapy is in the groin or under arm area, it is important to use the limb normally, as muscle activity helps lymph circulation. Exercise is also good for lymph drainage. Try to return to your usual activities gradually following treatment
- Exercise regularly as this is beneficial in helping to move fluids from the affected area. The PAL trial indicates that progressive weight-lifting might be better than not exercising an arm at risk for or with lymphoedema after breast cancer, and may actually play a role in preventing the condition

Avoid

- Injections, acupuncture, having blood samples taken and cannulas on the treated side, unless life threatening treatment is required
- Blood pressure cuffs on the arm

If you have any further questions about lymphoedema, then consult your doctor or therapy radiographer to arrange for you to speak to the lymphoedema Clinical Specialist if necessary.

Other sources of information and support

Lymphoedema Service at Clatterbridge Cancer Centre - Wirral

0151 556 5015

Lymphoedema Support Network

Helpline contact: 020 7351 4480

Website: www.lymphoedema.org

British Lymphology Society

PO Box 7153, Lichfield, WS14 4JW

Telephone: 01452 790178 Website: www.thebls.com

Macmillan Cancer Information and Support at:

Clatterbridge Cancer Centre - Wirral

0151 556 5570



Notes			

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We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

If you have a comment, concern, compliment or complaint, please call 0151 556 5203.

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