

Preventing the distress and pain of lymphoedema

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Professor Sharon Kilbreath, leader of the research project.

(Medical Xpress) -- Researchers from the University of Sydney, together with Royal North Shore Hospital and the University of Queensland, have announced the largest study yet performed into early clinical detection of lymphoedema, a disorder affecting up to 30 percent of people undergoing treatment for some cancers.

Secondary lymphoedema is a feared consequence of the surgery and [treatment](#) for cancer in which limbs swell and changes to limb composition occur. [Australians](#) most at risk are patients being treated for

breast, gynaecological, prostate and melanoma cancers in which the [lymph nodes](#) are removed or damaged during treatment. In these cases, a life-threatening illness can be replaced with a life-long, painful and debilitating condition.

If diagnosed and treated early, however, the distressing and debilitating swelling of lymphoedema can be controlled and reduced, infection can be prevented, the range of movement of the affected area can be improved, and the quality of life for people with the disorder can be greatly enhanced.

Professor Sharon Kilbreath, from the Faculty of Health Sciences, said the research is aimed at enabling early diagnosis and treatment of lymphoedema.

"Our research is examining the relationship between clinical measures of lymphoedema and the underlying lymphatic function and anatomical changes among women treated for [breast cancer](#), with the aim of identifying means of early clinical detection of the disorder among high risk groups," she said.

To date, lymphoedema has not been widely researched and its incidence is often under-reported due to missed diagnosis and variations in definition and measurement.

Sixty-seven volunteers with lymphoedema and 16 without a history of the disorder or treatment for cancer have so far participated in the study.

"There are several clinical methods by which lymphoedema can be diagnosed and monitored, including changes in limb size, the amount of extracellular fluid present in the limb, and sensations experienced by patients," said Professor Kilbreath.

"To date, these indirect clinical measures used to assess and monitor lymphoedema have not been related to those of the direct measures of lymphatic function or to underlying anatomical changes."

The results of the study will enable researchers to identify the criteria for detection of lymphoedema, enabling early treatment and minimising the development of the disorder. Identifying underlying changes that occur with different levels of severity will allow researchers to learn more about different clinical approaches.

"Until we have a means of screening for lymphoedema, it is essential that high risk groups, including survivors of breast, gynaecological, prostate and [melanoma](#) cancers, learn the symptoms of lymphoedema and seek early diagnosis and treatment," said Penelope Sanderson, President of the Australian Lymphology Association.

Provided by University of Sydney

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