

# Individualized care best for lymphedema patients: scientist

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Millions of American cancer survivors experience chronic discomfort as a result of lymphedema, a common side effect of surgery and radiation therapy in which affected areas swell due to protein-rich fluid buildup. After reviewing published literature on lymphedema treatments, a University of Missouri researcher says emphasizing patients' quality of life rather than focusing solely on reducing swelling is critical to effectively managing the condition.

Jane Armer, professor in the MU Sinclair School of Nursing and director of nursing research at Ellis Fischel Cancer Center, said many insurance providers and [health care professionals](#) assess whether lymphedema patients need treatment based solely on how swollen their limbs are. However, several studies have shown that the volume of fluid doesn't necessarily correspond with patients' discomfort.

"Practitioners need to treat the swelling while considering patients' distress. We don't want to burden them with unnecessary or ineffective treatments," Armer said. "[Health care providers](#) should focus on managing symptoms and choose carefully among various treatments to provide individualized care plans that comfort patients, which may require modifying existing protocols."

In their literature review, Armer and her colleagues found that Complete Decongestive Therapy (CDT), a comprehensive approach for treating lymphedema involving skin care, exercise, manual lymphatic drainage and compression of the swollen limbs, may be the best form of

specialized lymphedema management.

"Patients have different medical needs and come from culturally diverse backgrounds. They have different goals, support systems, pain levels and treatment tolerances. All these factors influence patients' responses to care, which affects their well-being," said Marcia Beck, a review co-author and an MU graduate who now works at Truman Medical Centers in Kansas City, Mo.

"Caring for lymphedema patients should be flexible and adjusted to maintain patients' quality of life," said Ausanee Wanchai, another co-author who received her doctorate at MU and now teaches at Boromarajonani College of Nursing in Buddhachinnaraj, Thailand.

In a separate literature review, the researchers found that Intermittent Pneumatic Compression (IPC) therapy, in which sequential inflatable devices surrounding swollen limbs are used to increase lymphatic circulation, is beneficial as an adjunct therapy for chronic lymphedema patients who have limited or no access to medical care; [patients](#) can use the compression devices in their homes.

Armer said further research is needed to demonstrate the usefulness of various lymphedema treatments, such as CDT and IPC. The literature reviews were the third and fourth in a series of 12 to be published in conjunction with the American Lymphedema Framework Project (ALFP). As director of the ALFP, Armer works alongside clinical experts and investigators to increase awareness of lymphedema and related disorders. The ALFP was founded in 2008 and is headquartered at the MU Center for Lymphedema Research, Practice and Health Policy. Its steering committee and staff currently are partnering with the International Lymphedema Framework (ILF) in producing an updated edition of the ILF Best Practice Document from 2006.

**More information:** The article, "Palliative Care for Cancer-Related Lymphedema: A Systematic Review," recently was published in the *Journal of Palliative Medicine*.

Provided by University of Missouri-Columbia

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