

Managing Lymphedema, a Side Effects of Breast Cancer Treatment

Breast Reconstruction Specialist Dr. Constance M Chen Discusses Lymphedema Risks and Prevention

NEW YORK, NEW YORK, UNITED STATES, April 25, 2023 /EINPresswire.com/ -- The American Cancer Society says that breast cancer represents 30% (or 1 in 3) of all new female cancers each year. They also estimate that about 297,790 new cases of invasive breast cancer will be diagnosed in women in 2023. <http://bitly.ws/BrVh> Women with this diagnosis will have a myriad of treatments including some combination of surgery, radiation, and chemotherapy, that will leave them susceptible to a range of side effects, including [lymphedema](#).



Dr. Constance M Chen

“Lymphedema is characterized by swelling, usually in the arm, caused by removal or damage to the lymph nodes during cancer treatment,” says plastic surgeon and [breast reconstruction](#) specialist [Dr. Constance M Chen](#). “When the lymphatic fluid can’t drain properly, it gets backed up and causes swelling. Regrettably we cannot predict or prevent who will get lymphedema, but we can implement precautions to help minimize risk and with the earliest diagnosis possible, take care of the affected arm.”

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Dr. Chen details that “the lymphatic system is part of the body’s immune system. It circulates lymphatic fluid throughout the body. This fluid is colorless and thin and as it circulates, it collects waste and bacteria products that are ultimately flushed out of the body.

“Breast cancer surgery often entails removing several lymph nodes from under the arm on the same side as the

affected breast,” says Dr. Chen. The lymph nodes then viewed under a microscope to look for cancer cells that might have morphed from the breast into the lymph nodes. Additionally, radiation therapy can cause damage to the fragile lymphatic vessels or even to the lymph nodes themselves. When this occurs over time, the disruption and damage to the lymphatic system can

alter the flow of lymphatic fluid, which can then build up and cause the arm to swell.

All women who have had lymph node surgery or radiation therapy are at risk for developing lymphedema. The risk is even higher in cases in which a larger area of the chest and underarm are being treated with radiation and when a larger number of lymph nodes have been removed. In cases of axillary lymph node dissection, in which many lymph nodes are removed, comes with an even higher risk of lymphedema than for those women with the less invasive sentinel lymph node biopsy, in which fewer lymph nodes are removed. Women who are obese or overweight are more susceptible to developing lymphedema.

“Many risk factors including the type of cancer treatment required in individual cases are out of the patient’s control,” says Dr. Chen. “However, we can offer strategies for postoperative care that can reduce risk, and we can also strive to detect symptoms of troubles early that can make treating lymphedema more successful.” Dr. Chen offers the following three tips:

1. Elevate the arm above the level of the heart a few times a day in the first couple of days after surgery.
2. Keep the arm out of harm’s way from injury or inflammation from cuts, burns, sunburn, and bruises.
3. Do not overuse or stress on the arm – strenuous exercise, heavy lifting, extremely hot or cold temperatures – and avoid anything that constricts the arm, such as tight-fitting clothing.

“The early signs of lymphedema can be hard to notice,” says Dr. Chen. “Therefore it is particularly key for patients to be hyper-alert to small changes in feeling in the hand and arm even if there is no visible swelling, tingling or numbness.” If there are any concerns, Dr. Chen advises to see the doctor as soon as possible. The more time goes on, the more likely it is that the lymph can build up in the tissues and that lymphedema will become a persistent and damaging condition.

Dr. Chen concludes that the treatment of lymphedema can include a combination of strategies such as use of compression sleeves, specific exercises, and massage therapy to help move the lymphatic fluid out of the arm. The specific treatment will vary on a case by case basis depending on the severity of the condition. For women with a mild lymphedema, a flare up may happen occasionally with only minor swelling and respond well to periodic treatment. More extreme, later-stage lymphedema may be more challenging to treat and require ongoing attention. Late-stage lymphedema that is resistant to treatment can sometimes be treated surgically with autologous lymph node transfer (ALNT).

ALNT is the surgical treatment of lymphedema that involves transferring lymph nodes from one part of the body to another part of the body. In cases of post-mastectomy upper extremity lymphedema, this usually involves transferring superficial lymph nodes from the groin area to the armpit of the affected arm. ALNT is a microsurgical treatment that can also be performed as part of a deep inferior epigastric perforator (DIEP) flap breast reconstruction in the same surgery using the same incision. While ALNT usually does not completely reverse lymphedema, most

patients report that their affected extremity feels lighter and they no longer dread heat and the summer time. Sometimes their measurements are also noticeably reduced in that their affected extremity appears less swollen.

“Thankfully, we have options for treating lymphedema at every stage,” Dr. Chen concludes. “I cannot emphasize enough that women who are at risk must protect their hands and arms, pay attention to every small change. This is the key to minimizing the damaging effects of lymphedema.”

Constance M Chen, MD, is a board-certified plastic surgeon with a special expertise in the use of innovative natural techniques to optimize medical and cosmetic outcomes for women undergoing breast reconstruction. She is Clinical Assistant Professor of Surgery (Plastic Surgery) at Weill Cornell Medical College and Clinical Assistant Professor of Surgery (Plastic Surgery) at Tulane University School of Medicine. www.constancechenmd.com

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