

# Diagnosis and Treatment of Lymphedema in Patients With Breast Cancer: An Overview of an Interdisciplinary and Patient-Centered Approach

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Lymphedema is a distressing consequence of breast cancer treatment affecting the patient in all domains of quality of life. Early identification and diagnosis are key to preventing long-term consequences. The goal of lymphedema management is to slow the progression and provide symptomatic relief to maintain quality of life. Preoperative education, intensive postoperative follow-up, and long-term survivorship care are important to minimize risk factors for developing lymphedema and to provide a mechanism for early detection, treatment, and patient self-care. An interdisciplinary approach, including nutritionists, physical therapists, psychologists, and advanced practice registered nurses (APRNs), is essential to provide a patient-centered approach to the management of lymphedema. APRNs are critical in providing comprehensive assessments, ongoing follow-up care, and patient education in self-care strategies.

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Lymphedema is a progressive, chronic, debilitating condition that is considered to be one of the most distressing consequences of cancer treatment for patients with breast cancer. Chronic, untreated lymphedema has negative effects on quality of life, including range-of-motion impairments, decreased strength, functional limitations, and body-image distortions. The variability in incidence ranges is a result of a lack of consistent assessment and diagnostic criteria, causing an unclear definition and prevalence of clinically significant lymphedema. A need exists for standard criteria for the diagnosis, evaluation, and treatment of lymphedema in patients with breast cancer.

The identification of patient risk factors is critical to minimizing the chance of early lymphedema progressing to advanced-stage lymphedema. Secondary prevention, early diagnosis, referral, prompt initiation of treatment to control the disease process, and a surveillance model of care, compared to the current impairment-based rehabilitation model, enable early identification of impairments and prompt intervention.

Oncology nurses need to be aware of potential risk factors for developing lymphedema, identify patients at risk, provide

education, and make timely referrals, as appropriate. Early diagnosis and intervention is critical to optimize patient outcomes. Early intervention protocols (e.g., compression garments as initial and long-term management) have been shown to reduce the incidence of lymphedema in high-risk patients, reduce affected limb volume, and prevent progression to more advanced lymphedema for one year postoperatively.

The purpose of the current article is to discuss the goals of an interdisciplinary approach to lymphedema management, which includes slowing the progression of lymphedema, providing symptom relief, preventing medical complications, maintaining skin integrity, reducing infection, maintaining patient compliance with self-management, and maintaining quality of life. Management and treatment should be individualized for each patient.



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