Lymphedema (LE) is described as chronic swelling caused by impairment in lymphatic system drainage. The cause of LE is either primary or secondary (Holcomb, 2006). The experience can be disturbing. Patients and healthcare providers often overlook the initial presentation because of subtle changes. With a basic understanding of LE, oncology nurses can monitor for the presence, educate about preventive measures, and assist in treatment of LE.

Primary LE affects one to two million people in the United States (Holcomb, 2006). Causes of primary LE include the following (Holcomb; Story, 2005; Williams, Frankis, & Moffatt, 2005).
- Congenital LE presents at birth.
- LE praecox, which accounts for 65%–80% of primary cases, can present from birth through 35 years of age.
- LE tarda develops after age 35 and is the rarest primary form.
- Gender is a factor; women are affected more than men.
- The lower extremities are affected more often than upper extremities.
- LE generally is bilateral.

Secondary LE affects two to three million people in the United States (Holcomb, 2006). Causes of secondary LE include the following (Holcomb, 2006; Story, 2005; Williams et al., 2005).
- Alteration in the lymphatic system
- Trauma, such as burns
- Surgery that dissects or removes lymph nodes
- Radiation therapy
- Infection
- Tumor growth or metastasis to lymph nodes
- Scarring
- Chronic disease such as cerebrovascular accident, rheumatoid arthritis, and spina bifida
- Filariasis—a parasitic infection
- Obesity
- Lack of exercise
- Overuse of an affected extremity
- Hematomas
- Seromas
- Cellulitis
- Wounds
- Tight or constrictive clothes
- Airplane travel
- Long distance travel
- Infection in or trauma to an affected extremity
- Prolonged standing
- Diabetes

With secondary LE, presentation is either acute or chronic. Acute LE is associated with surgery, radiation, insect bite, or minor trauma (Dell & Doll, 2006; Holcomb, 2006). Generally, acute LE lasts no longer than three months and develops no later than two years after surgery or causative incident. See Figure 1 for LE risk factors and Figure 2 for upper- and lower-extremity prevalence.

Patients with suspected LE may complain of heaviness, aching, weakness,