Decongestive Physiotherapy for the Treatment of Lymphedema

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In the United States, approximately one in four women diagnosed with breast cancer will develop secondary arm lymphedema after axillary dissection. These patients experience significant functional limb impairment, psychological morbidity and a reduction on their perceived quality of life [1]. The efficacy of pharmaceutical interventions for lymph edema is uncertain; therefore, most therapies prescribed are non-pharmaceutical [2]. While the mechanisms are poorly understood, decongestive physiotherapy (consisting of skin care, manual lymph drainage, lymphatic/pneumatic pumps, exercise and compression wrapping) is effective for the treatment of lymphedema [2]. In support, passive limb movement, [3] exercise, [4-5] and manual lymph pumping [6-7] have been shown to enhance lymphatic flow in animals. Therefore, it is likely that by enhancing lymph flow, these therapies aid in the release and redistribution of lymph pools, which may reduce lymph edema.

While non-pharmaceutical treatments such as decongestive physiotherapy have been shown to relieve the symptoms of secondary lymphedema, [1-2] many therapists are reluctant to perform these treatments on patients with cancer, for fear of promoting metastasis through the lymphatic system [8]. This concern is validated by early studies demonstrating that massage certain primary tumors promotes metastasis in mice; [9-11] however, the mechanism responsible for this pathogenesis still warrants study.

In conclusion, there is no consensus that manual physiotherapies designed to reduce lymph edema promote metastasis. Many clinicians agree the benefit to patients suffering with lymphedema secondary to breast cancer far outweighs the potential risk of adverse events. Nonetheless, clinicians remain divided on their approach to the treatment of lymphedema in these patients, substantiating the need for evidence-based research to identify the potential risks of decongestive physiotherapy in patients with cancer.

References

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