

Lymphoedema



*Secondary Lymphoedema
(melanoma)*

What is this condition?

Lymphoedema refers to gross swelling of a limb from poorly draining lymphatics. When lymph does not drain, fluid collects in the arm or leg causing it to swell. The swelling may be worse at the end of the day after applying gravity to the limb and somewhat relieved with elevation of the limb or by compression garments. However, over time, lymph fluid that is not cleared out of the limb turns to adipose tissue (fat). It is still being researched as to exactly why this happens, but this fat accumulation is irreversible.

What causes it and how common is it?

There are different causes of lymphoedema, namely *Primary* and *Secondary* lymphoedema. Primary lymphoedema is rare and occurs in 1:100 000 people. It is a congenital condition relating to a developmental problem of the lymphatics and can present at birth, in adolescence or in young adulthood.

Secondary lymphoedema is far more common and usually occurs as a complication of treatment of certain cancers (lymph node, breast or pelvic cancers) where one has had surgery or radiotherapy in the armpit or groin resulting in damage of the lymphatics and an inability for the lymph to drain.

The actual incidence is unknown and depends on the cancer type and severity.

It is thought to range from 2-5 in 10 people, and with more treatment being undertaken for cancers, is becoming more prevalent.

How do I know if I have this condition?

One would recognize this condition by a swelling in the arm or leg. This is typically in one limb only (although can be in more than one) and is a painless swelling that progresses over time. Initially the swelling improves if the limb is elevated or compression worn, but if left the swelling worsens and elevation does not relieve it.

One would be suspicious of secondary lymphoedema if one had undergone surgery in the armpit or groin or received radiotherapy of the chest /armpit or pelvis/groin and then developed swelling.

Of course, it is vital to ensure the swelling is not from a deep vein thrombosis. However, this is typically a more gradual painless swelling compare to a thrombosis which is sudden and painful.

Can it be treated?

Lymphoedema is very difficult to treat as it cannot be reversed nor cured.

However, it can be managed and surgical techniques are performed to improve outcomes as well as quality of life.

Conservative treatment includes manual lymph drainage, correct compression garments and lifestyle optimisation (skin care, diet and exercise).

Surgical intervention includes microsurgical techniques such as lymph node transplant and lymphatico-venous bypasses.

Liposuction is another technique that will remove all the accumulated adipose tissue, but does not correct the underlying condition.

How successful is it?

Compression and conservative measurements help the fluid lymph to be mobilised and prevents accumulation of lymph fluid and its complications.

Microsurgical techniques may help maintain limb condition but will not reverse limb size if adipose tissue has accumulated. The bypasses also have the risk of blocking up (up to 50% in one year).

Liposuction is indicated where fluid is managed by compression, but adipose tissue has increased limb volume irreversibly. Liposuction will remove the adipose tissue to the desirable limb size (matching the contralateral limb), however, this needs to be maintained with lifelong compression for success, otherwise the lymph and adipose will reaccumulate. If one is compliant, success is attainable and there is a significant improvement in quality of life.



Post Liposuction

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