Management of lower extremity lymphoedema after gynecological cancer removal, combined with lymph node dissection

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Introduction: Lower extremity lymphoedema is a chronic disease that may last a lifetime in most cases, causing many patients to face physical and psychological pain, as well as impaired mobility.

Objective: To evaluate the management effect of lower extremity lymphoedema after gynecological cancer removal, combined with lymph node dissection.

Methods: A retrospective study was conducted based on the analysis of medical records of patients with gynecological cancer treated in the physiotherapy outpatient clinic of the Brazilian Institute of Cancer Control (IBCC, Sao Paulo – SP, Brazil), from August 2008 to July 2010. It was approved by the Research Ethics Committee of the IBCC (approval nº 175/2009/16).

Results:

Medical records included(n=19)

Women / Mean age: 51.47±9.06 years

All of them were treated by radical hysterectomy combined with pelvic lymph node dissection, and 21.05% with para-aortic lymph node dissection.

Lymphoedema Bilateral n=7; Unilateral n=12

Lymphoedema treatment: complex physical therapy

Manual lymphatic drainage, skin care, multi-layer bandaging and remedial exercises.

Mean of 9.8±6.9 months 77±36.5 sessions, 2x week

The patient was instructed how to change the dressing herself at the weekend

Conclusions: Complex physical therapy was effective in reducing the body mass index and the volume of the affected lower extremity, although a prolonged treatment period was needed.

Body Mass Index (BMI)

Lower Extremity Volume

Physiotherapy outpatient clinic patient, before and after 6 months of treatment