



Aging & Chronic Diseases

Manual lymph drainage to prevent lymphoedema

Does manual lymph drainage prevent the development of breast cancer-related lymphoedema in the long term?

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In 2012, 1.7 million women were diagnosed with breast cancer worldwide. Due to the evolution in diagnostic and treatment techniques, the survival rate is increasing. Consequently, complications related to the treatment of breast cancer have gained importance.

Lymphoedema is one of the most feared complications. It is caused by a reduced transport capacity of the lymph system (related to the surgery, radiotherapy, or both), sometimes combined with an increase in lymph load (e.g., related to infection).

Although the majority of patients seem to develop breast cancer-related lymphoedema before 12 to 24 months postoperatively, breast cancer survivors have a lifelong risk of developing lymphoedema. 20 to 33% of patients with breast cancer who develop arm lymphoedema will do so more than 12 months after surgery.

Therefore it is crucial to know the long-term effects of interventions designed to prevent lymphoedema.

A recent randomised trial from Belgium followed 160 participants over 5 years of follow-up. The experimental group received guidelines about prevention of lymphoedema, exercise therapy and manual lymph drainage. The control group received the same guidelines and exercise therapy, but no manual lymph drainage.

Incidence rates of lymphoedema were comparable between experimental and control groups at all follow-up measurements, regardless of how the lymphoedema was measured and defined. The manual lymph drainage in this study was applied from 1 month after surgery and with a frequency of 1 to 3 times a week.



It is difficult to compare the results of this study to those of other studies, because of differences in the definition of lymphoedema and in the duration of follow-up. Perhaps the manual lymph drainage should be started immediately after surgery, with the aim of stimulating the postoperative rerouting of the lymphatic system as soon as possible.

To optimise its effect, the frequency of manual lymph drainage application could be increased to 7 days a week. To make this more feasible, patients would have to be instructed to perform the technique on themselves.

In summary, this study highlights that the addition of manual lymph drainage, applied from 1 month after surgery and with a frequency of 1 to 3 times a week, to information and exercise therapy may not have a substantial effect on the development of breast cancer-related lymphoedema in the short and long-term.

However, it is still possible that applying the intervention with a different regimen may have a long-term preventive effect. Until the long-term preventive effect of manual lymph drainage is clear, patients without lymphoedema may consider spending their available therapy time on interventions with more robust evidence of preventive benefits, such as exercise.

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