

Breast cancer related lymphoedema

Pre-operative information

Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, please contact the PALS desk on 01271 314090 or at ndht.pals@nhs.net.

What is the lymphatic system?

The lymphatic system is made up of a network of small vessels and lymph nodes (glands) which extend throughout the body. The lymphatic vessels transport a clear colourless fluid (lymph) which contains water, protein, fats and other substances. It also contains white blood cells (lymphocytes) which help fight infection. The lymph fluid is propelled slowly through the lymphatic vessels to the lymph nodes which are situated throughout the body, but particularly under the arms, groin, head and neck. The lymph nodes filter the fluid and waste products like bacteria. The lymphatic system works with the circulatory system (blood) to maintain the body's fluid balance by transporting, draining and filtering lymph fluid.

What is breast cancer related lymphoedema?

Lymph = fluid Oedema = swelling

Lymphoedema is swelling caused by a build-up of lymph fluid in the tissues. In breast cancer this is usually caused by damage to the lymphatic system by either the removal of lymph nodes in the axilla (armpit), radiotherapy, a combination of both, or if a cancerous lump/tissue is pressing on the lymph nodes. The lymph then has to find other pathways to travel down as its normal pathway has been disrupted. If it struggles to find other ways to travel then the fluid stops moving effectively and this then causes lymphoedema.

If lymphoedema does occur it is usually in the arm and/or hand of the affected side, but depending on what surgery you have had, it can occur in the breast, chest wall, axilla, shoulder or back. If it does develop it can be weeks, months or even years after the treatment.

The symptoms of breast cancer related lymphoedema can include aching, heaviness, or pins and needles in the affected arm. This can often happen before swelling occurs.

The onset of swelling that does occur is usually a slow, gradual process. Some people notice that their clothes on the affected side feel tighter to put on or that their watches or rings leave an indentation which they wouldn't normally.

Although (breast cancer related) lymphoedema is a condition that is regarded as long term, which means it will never completely go away, it is a condition that can be managed and contained.

Am I at risk of developing it?

Following breast surgery slight swelling usually occurs at the operation site but this normally subsides within a few weeks. Some women can also develop a 'pocket' of fluid in the chest wall called a seroma. This is not lymphoedema and is usually treated by the breast care nurses.

Some women are more at risk of developing breast cancer related lymphoedema. The risks can increase if you have had treatments as mentioned above or if you injure or develop an infection in the affected arm. The more lymph nodes you have had removed from the axilla increases your risk of developing lymphoedema. Many women are now having sentinel lymph node biopsy (a surgical procedure to determine if breast cancer has spread to the lymph nodes) which is less traumatic to the lymphatic system so the incidence of lymphoedema should be less.

What can I do to reduce the risk of developing lymphoedema?

Although it is not known who will develop lymphoedema, there are some simple tips and advice to help protect you and reduce the risk of developing it in the future.

- Exercise gently post operatively with the arm exercises given to you by the breast care nurses until you regain full mobility in your arm. This helps recovery after surgery to prevent stiffness of the joints and muscles and also helps with the movement of lymph fluid. Build up exercise slowly; swimming or walking is good to start with. Try and avoid anything too strenuous to prevent muscle fatigue and if you notice any swelling or discomfort then stop and ask for advice.
- When possible try and avoid having your blood pressure or bloods taken in the 'affected' arm, along with any injections or acupuncture. You may have to advise some health care professionals to avoid using your arm if they are not aware that you have had lymph nodes removed.
- Try to avoid any unnecessary strain to the affected arm. Activities like carrying heavy shopping baskets, digging the garden or anything too strenuous may need to be reduced. This doesn't mean you need to stop doing certain things but just to be mindful of activities you are doing. You may need to change how you do things slightly.
- Take care of your skin. It is a fantastic organ but needs some looking after. Ensure you wash and dry thoroughly. Monitor for any signs of a fungal infection, particularly under the breast, mastectomy site and in the arm pit. Then use a moisturiser to keep the skin hydrated and supple (any moisturiser will do). Try and avoid biting your nails as this is an infection risk. Use nail clippers and a nail file or emery board and avoid damage to the cuticles.
- If you get any cuts or grazes treat them, however small, to prevent the risk of infection. Simply wash and dry the area and use an antiseptic if needed. It is a good idea to wear gloves for gardening, DIY and washing up to protect the skin.

- Wear a good fitting supportive bra with wide straps and ensure it isn't too constrictive.
- To remove underarm hair it is best to use an electric razor. With a 'wet razor' or waxing you are at risk of causing damage to the skin so it is not recommended. Hair removal creams can be used but always patch test first.
- Avoid getting sunburnt so protect yourself from the sun. Even on a cloudy day your skin can get burnt so wear a high factor suncream of above SPF 15.
- Try to avoid insect bites by wearing long sleeves and/or an effective insect repellent when appropriate.

What do I need to do if I notice any symptoms?

If you notice any swelling or any of the symptoms mentioned, then contact us for advice. We are available Monday to Friday, between 8.30am and 4.30pm; please see below for our contact number. Even if you have been discharged from the team you will have an open referral, which means you can speak to one of us and be seen if necessary, without a re-referral from your GP or consultant.

If you feel you have an infection in your arm, breast, chest wall or axilla then you should contact your doctor as you may need antibiotics. If it is out of hours, telephone 111 or if you are feeling unwell attend the emergency department at your local hospital.

Further information

For further information, please contact the Lymphoedema Service on 01271 341551.

Useful links

Breast Cancer Care	- www.breastcancercare.org - 0808 800 6000
Cancer Research UK	- www.cancerresearchuk.org - 0300 123 1022
The British Lymphology Society	- www.thebls.com - 01452 790178
Lymphoedema Support Network	- www.lymphoedema.org - 0207 351 0990
Macmillan cancer Support	- www.macmillan.org.uk - 0808 808 0000
NHS Choices	- www.nhs.uk/Conditions/Lymphoedema

References

Lymphoedema Framework (2006) Best Practice for the management of lymphoedema. International consensus. London: Medical Partnership (MEP) Ltd.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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