

SUMMARY OF THE NATIONAL GUIDELINES FOR LYMPHOEDEMA IN THE NETHERLANDS

VOLUME MEASUREMENT ACCORDING TO HERPERTZ

- Always measure both arms or both legs and note down whether the patient is right- or left-handed.
- Place the beginning of the tape measure at the cuticle of the index finger or the second toe and roll the tape upward along the arm or leg.
- Arms: measure the distance between the cuticle of the index finger and the following four points: the wrist, the thickest part of the forearm, the beginning of the upper arm, and the thickest part of the upper arm. Legs: measure the distance between the heel and the following four points: the ankle, the thickest part of the lower leg, the beginning of the thigh, and the thickest part of the thigh. Note down these distances.
- Measure the circumference at the level of the above measuring points and note this down.
- Carry out every following measurement in the same way. Determine the relative volumes in percent by means of a special measuring rod or with the formula:

$$\frac{(\text{circumference on the affected side})^2}{(\text{circumference on the healthy side})^2} - 1, \times 100\%$$

THERAPY

- A plan of treatment for lymph oedema comprises non-pharmacological methods of treatment that are geared to one another.
The combined nonoperative therapy is concluded with the prescription of a therapeutic elastic stocking.
- Therapeutic elastic stockings must be prescribed by specialists in the field. Flat knit stockings with a high degree of stiffness (coefficient of elasticity) and little longitudinal stretch are preferred. For lymph oedema in the legs a class III (sometimes class IV) stocking is preferred, while for lymph oedema in the arms the stocking must exert a pressure of at least 15 mmHg. Such stockings should be replaced frequently.

FOLLOW-UP

- Every treatment of lymph oedema must be followed up via an objective measurement of the effects.
- Systematic trend measurement is desirable for all patients with a risk of lymph oedema following oncological surgery.

(EARLY) DIAGNOSTICS AND EFFECT MEASUREMENT

The following aspects should be referred to during the *specific anamnesis*:

- manner and time of development and course;
- effect of gravity on the oedema;
- relation with exercise, outdoor temperature and pregnancy;
- type and nature of the symptoms;
- family history pertaining to the affections and symptoms that have been determined;
- prior history and comorbidity;
- limitations of function;
- previous therapy.

The following aspects should be evaluated during the *specific physical examination*:

- presence of scars from previous surgery or radiotherapy;
- signs of venous insufficiency;
- nature of the swelling: pitting versus non-pitting, unilateral versus bilateral, proximal versus distal;
- any accompanying symptoms, such as redness, warmth, pain on palpation, hyperpigmentation, thickening of the skin with congestive papillomatosis;
- the degree of fibrosis of the skin;
- Stemmer's test; when the result is positive, it is no longer possible to make a skin crease on top of the foot at the level of the proximal phalanx of the second and third toes because the skin has become thicker there;
- abnormalities in the nails, such as onychodystrophy or slower growth;
- palpable resistance in the lymph drainage area;
- indications of recurrent tumour growth;
- presence of coetaneous pathology.

Supplementary diagnostics to determine the cause of the swelling are indicated in the following situations:

- inexplicable oedema at a young age (< 35 years);
- oedema and swelling of unknown cause and doubts concerning lymph oedema;
- oedema during the follow-up of patients belonging to a high-risk group;
- progressive development of oedema with venous and/or neurological symptoms following oncological treatment of the regional lymph node station; it is important in this context, to distinguish lymph oedema as a result of (recurrent) malignancy from benign oedema;
- unilateral persistent oedema following an erysipelas and adequate follow-up treatment with a therapeutic elastic stocking;
- a suspicion of mixed forms, such as oedema as a result of venous insufficiency, and lipohypertrophy ('lipo-oedema');
- therapy-resistant lymph oedema as assessed by a multidisciplinary lymph oedema working group;
- discrepancy between a trauma and the (persistent) swelling, for example following an insect bite, a sprained ankle or knee surgery;
- discrepancy between the subjective symptoms of a patient and the degree of objectively measured swelling of the extremity.

Productie en realisatie:



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ORGANISATION OF LYMPHOLOGICAL CARE IN CLINICS TREATING BREAST CANCER PATIENTS

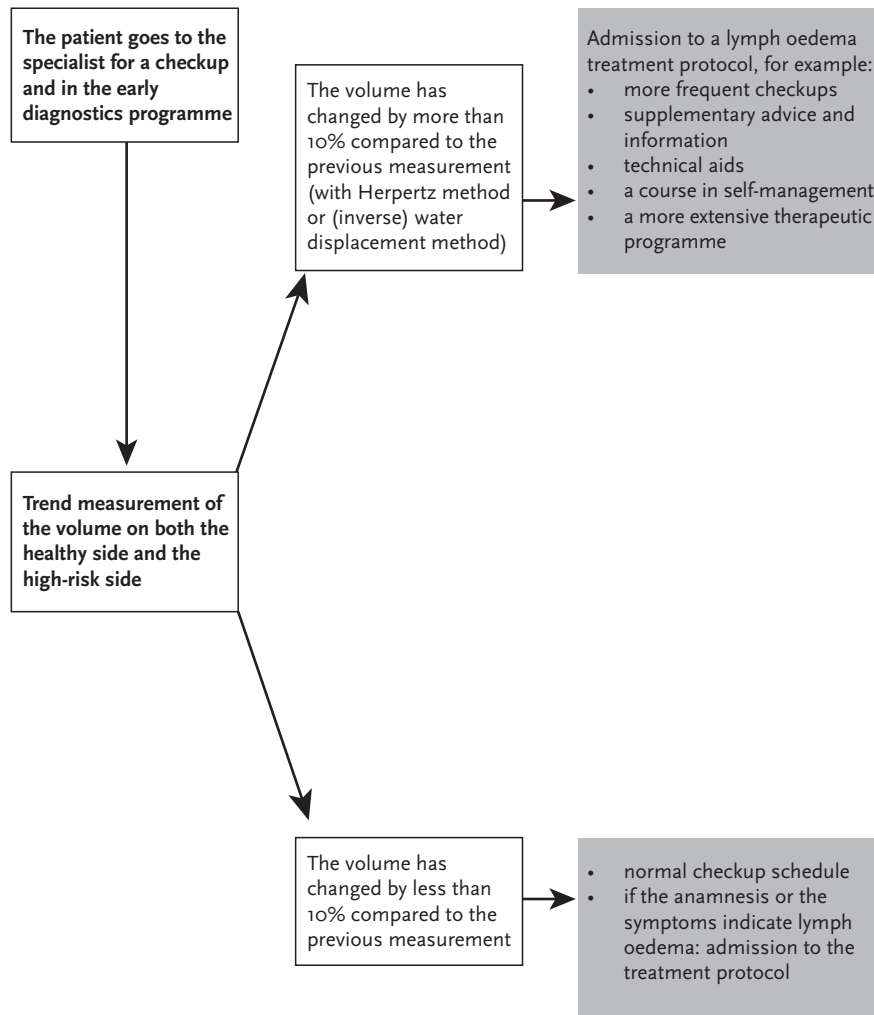


Figure 1: Recommended routing for patients with (suspected) lymph oedema

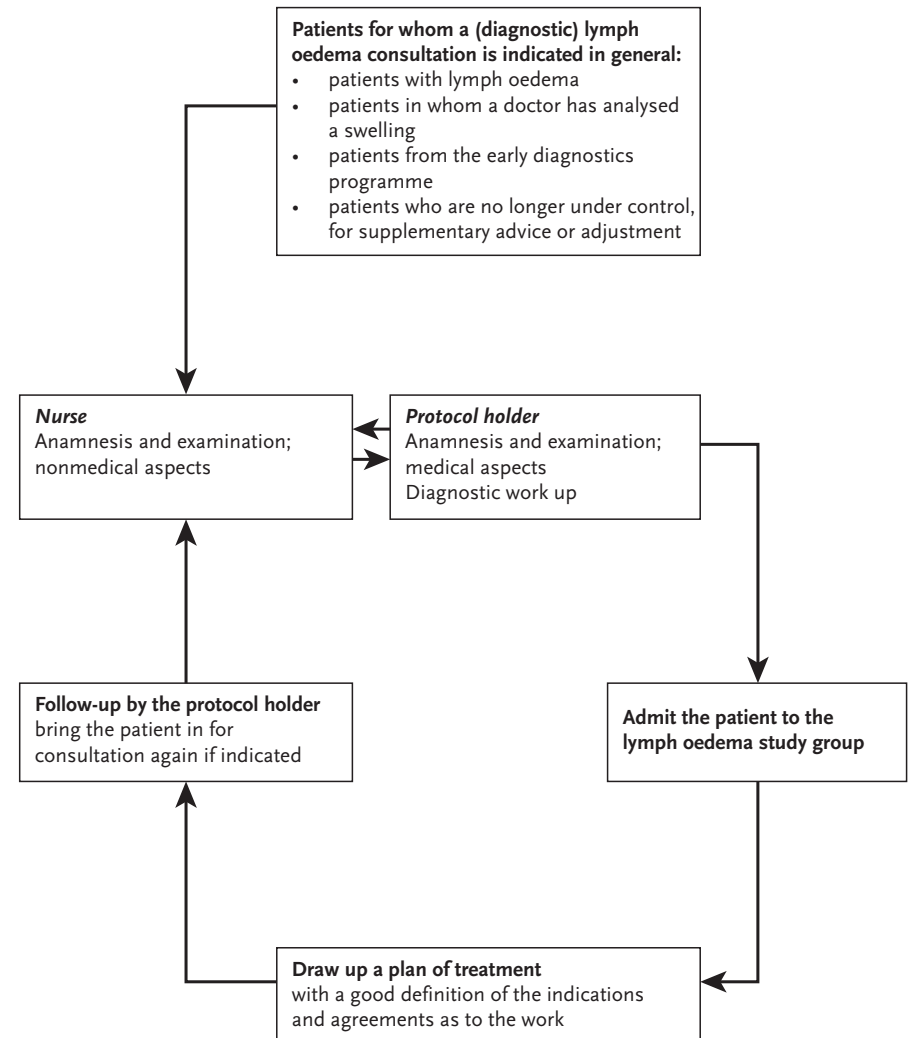


Figure 2: Recommended screening for patients with (suspected) lymph oedema