



## Service Priorities and Programmes Electronic Presentations

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### **A Multidisciplinary Program for the Breast Cancer Related Lymphedema**

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#### **Introduction**

Lymphedema is a common complication of treatment of breast cancer. Resection or irradiation of lymph nodes and vessels may cause lymphatic congestion. If congestion becomes severe, swelling will result due to accumulation of protein-rich fluid. In 2001, Physiotherapy Department collaborates with the Breast Centre of Surgical Department to set up a lymphedema clinic that serves the lymphedema patients.

#### **Objectives**

to review the efficacy of the joint program of physiotherapists and breast care nurses in the treatment of lymphedema

#### **Methodology**

Patients recruited from 1/ nurse-led clinic or surgical follow up; 2/ detected swelling at follow up with the physiotherapists; 3/ walk-in cases that report self-detected increased swelling/ heaviness of the affected limb. All subjects were assessed on their arm circumference. Measurements of the arm were obtained 10 cm above the radial styloid process, 10cm above and below the olecranon process and 10 cm below the acromion process. The difference between the total circumference of the ipsilateral arm and the contralateral arm was measured. A bioimpedance machine measured amount of extracellular body fluid of the ipsilateral and contralateral limbs. Quality of life and satisfaction on the lymphedema service were also assessed. All patients needed to attend the exercise class which demonstrates a set of self lymphatic drainage procedure and upper limb exercise. They then went for physiotherapists' treatment that might include laser therapy, manual lymphatic drainage, compression therapy and upper limb exercise advice.

#### **Result**

From Jan 2011 to December 2011, a total of 27 patients referred to the clinic. The

baseline outcome measures were compared with that at 1 year follow up. There was an average decreased of 72.6% in the total limb circumference. 2 people defaulted after the initial session due to medical problem. Another 4 patients were discharged after one session of treatment as they subjectively felt that they could continue with home exercise on their own. Improvement was also shown in the extracellular body fluid distribution of the affected arm by a drop of 22.9%. Patient satisfaction towards the service provided was 75%. Multidisciplinary service for the treatment of breast cancer related lymphedema is effective and worthwhile.