



**Service Priorities and Programmes
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Breast Cancer Related Lymphedema Management in Hong Kong

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Introduction

Breast Cancer Related Lymphedema (BCRL) is a serious life-long breast cancer treatment complication affecting patients' quality of life. Compression Therapy is highly recommended as the evidence based practice for the treatment of BCRL.

Objectives

To explore if compression bandaging application compared with wearing pressure garment a more effective and useful management for the BCRL in Hong Kong

Methodology

A literature review is used to critically review the 10 papers selected by appropriate critical appraisal tools.

Result

There were no significant differences in percentage reduction of the edema volume among the 2 different therapies but only actual reduction. Also there were improvements in the patients' psychosocial aspects. There are 7 themes generated and are categorized into 3 aspects in considering the effectiveness of the treatments.

The 7 themes were as follows:

1. Severity of the BCRL would hinder the effectiveness of the compression therapy
2. Promptness of the treatment
3. Duration and frequency of the treatment and follow-up
4. Self-management or Self-efficacy
5. Barriers for the treatments
6. Effective compression therapy would allow patients to have physical improvements.
7. Effective compression therapy would allow patients to have psychosocial improvements

The 3 aspects being categorized:

- 1) The characteristics of lymphedema
- 2) The characteristics of the treatments and

3) The characteristics of the study populations.

They are the factors influencing the effectiveness of the compression therapy and are interdependent to each other significantly. These imply that effective compression therapy for one may not for others. Breast care nurse needs to consider individual responses to the compression therapy and the feasibility for the individual to comply with in long term. Thus, self-management or self-efficacy is very important. Increase self-efficacy would have improvements or positive influence on all the themes identified in the studies and hence, enhancing the effectiveness.

As found in the analysis, no significant physical improvements but only some actual numerical reduction in volume. Different severity of lymphedema would require different compression therapy so as to achieve the best outcomes.

No significant differences in edema volume reduction but improvements in the patients' psychosocial aspects were found.

It is suggested to develop an individualized compression therapy in the management of BCRL. This requires time, money and man-power in doing research in this aspect.