

# Lymphedema Screening – Physiotherapy

## Patient Assessment

### Diagnosis:

There are three types of lymphedema

1. Primary: congenital malformation of lymphatics
2. Secondary: may be related to a triggering event
3. Mixed etiology: lymphatic involvement plus/minus venous insufficiency (lymphedema + lipedema ("lipolymphedema"))

### Duration

Not duration of swelling or date of onset

### Triggering Event

- Surgery – May be a remote surgery, years ago
- Trauma – fall, motor vehicle accident, fracture, etc.
- Other – cancer history/cancer treatment, insect bites, wounds etc.

### History of Infections

If yes, note the date of last episode

History of infections increases the risk of future infections. Education must include risk reduction practices (handout), skin care, signs/symptoms of infection. Some patients may have prophylactic antibiotic prescription for recurrent infections

### Past Medical History

May require less aggressive treatment during the reduction phase to prevent system overload. Consult with physiatrist as needed

- Severe renal disease
- Cardiac edema (CHF)
- Diabetes
- Severe arterial vascular insufficiency – not an absolute contraindication to compression, may need to use less pressure (i.e. fewer bandaging layers and/or less tension, liaise with physiatrist PRN)
- Deep vein thrombosis
- Hypertension

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**Previous Treatments**

- Manual lymph drainage
- Compression pump
- Other

If past treatments were unsuccessful, emphasize that it does not mean present/future treatment may not be helpful

**Previous Use of Compression Garments**

- If unsuccessful, why? (How often/regularly did you wear them? Did they become too tight over time?) –
- Lack of success is not uncommon. The most common reason for poor results = wrong timing. (Garments may have been prescribed too early in the treatment phase, without prior girth reduction treatments.)
- The primary function of garments is to maintain, not reduce girths.)
- Other reasons for poor success: more rigid containment is required to control swelling. (i.e. Patient may need 'flat knit'/custom fit garments, which are stiffer/more structured, vs 'circular knit'/off-the-shelf.)

**Does the swelling go down overnight**

- Yes - *overnight compression likely not required.*
- No - *overnight compression likely needed*

**Potential Treatment Costs**

- Inform the patient early of potential costs (ie. bandaging supplies, garments). This allows patient to make informed decisions and investigate funding options, such as employee Extended Health Benefits coverage (if any). Referral to SW may be considered. Does the patient have 'PWD' (Person With Disability) status? (Discuss with SW.)

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