Microsurgical treatment of lymphedema following breast cancer surgery

**Record Status**
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

**Citation**

**Authors' conclusions**
Lymphedema is edema, or swelling, of a part of the body, usually an arm or leg. It is caused by the buildup of lymph in the tissues, mainly in the fat just under the skin. Lymph is the fluid that travels throughout the body's lymphatic system and carries immune system cells, called lymphocytes or white blood cells, which help fight infection and disease. In the United States, the most common causes of lymphedema are related to cancer or its treatment. In particular, cancer patients are at risk for developing lymphedema when their cancer treatment also involves radiation therapy, surgery, or removal of a lymph node. Lymphedema is a serious side effect of breast cancer treatment and may appear as early as a few days and as long as 30 years following treatment. Lymphedema most often occurs when surgical breast cancer treatment involves removal of axillary lymph nodes and vessels that drain excess fluid from the arm and return it to the blood circulation. In fact, lymphedema associated with mastectomy and complete removal of axillary lymph nodes has been reported to affect as many as 80% of patients within 3 years of surgery. Lymphedema significantly impairs patients' quality of life and can lead to infection in the affected arm. Conservative therapy involves massage, exercises, and compression bandages or garments. When these measures fail, surgery may be considered. Resection or debulking involves removal of the swollen tissue whereas microsurgery aims to create a way for the lymph fluid to drain from the arm, possibly into areas above the lymphedema or into the venous circulation.

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**Address for correspondence**
HAYES, Inc., 157 S. Broad Street, Suite 200, Lansdale, PA 19446, USA. Tel: 215 855 0615; Fax: 215 855 5218 Email: hayesinfo@hayesinc.com

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