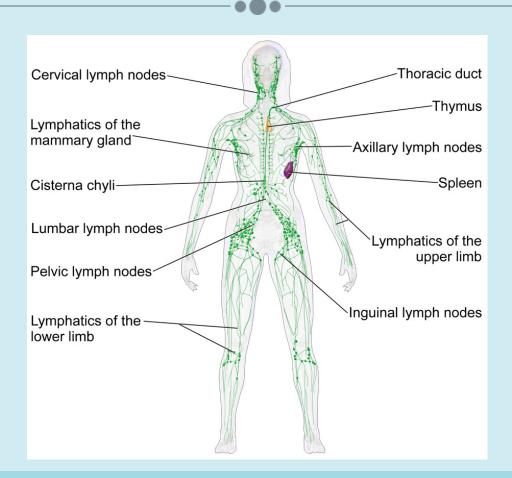


Cancer and Lymphedema Therapy



Optimal Lymphedema Management For Cancer Survivors

By Sharon S. Shepard Newsletter Editor

Cancer is an overwhelming diagnosis, with a steep learning curve, painful treatments, and heavy emotions for patients and their loved ones. But treatments have greatly improved, leading to better survival rates for many types of cancer. Lymphedema resulting from cancer affects 5 to 60% of survivors, depending on the extent of treatment, location/type of cancer, and study parameters. Early education, diagnosis, and treatment of lymphatic dysfunction is important to cancer survivors and their quality of life.

Cancer survivorship guidelines emphasize patient education and screening for early detection of lymphedema using symptom assessment, clinical

examinations, and measurements or diagnostic testing for inflammation. Patients should be educated about early symptoms like fullness, tightness, heaviness, and pain, and report these to their medical providers so they can be treated with the gold standard of complete decongestive therapy, or CDT, as early as possible. This includes compression (bandages and garments), manual lymphatic drainage, exercises, and skin care/education. This corresponds with the Prospective Surveillance Model of cancer rehabilitation explained in the consensus document of an expert panel from the American Cancer Society/Lymphology Association of North America's 2023 Lymphedema Summit, which included Joan White representing the Lighthouse Lymphedema Network, and Dr. Alexandra Hill, our 2025 conference speaker. ¹

As lymphatic dysfunction becomes better understood, I hope patients and medical providers feel empowered to diagnose and seek treatment early. According to the Revised Starling Principle, all edema is related to lymphatic dysfunction.² So, swelling that has not reduced with standard treatments of rest, elevation, and mild compression should be addressed by a certified lymphedema therapist (CLT). This is especially true for anyone who has undergone any form of cancer treatment. A CLT can help the patient reduce the current symptoms and avoid later stages of the disease, which are more painful and hard to reverse.

When I was diagnosed with bilateral early-stage breast cancer in 2017, my cancer team included a physical therapist who was certified in lymphedema therapy. She measured my arms for a pre-surgical baseline and educated me about signs of lymphedema. She also sponsored a free post-surgical seminar and lymphedema evaluation. After the seminar, I obtained a prescription for preventative compression sleeves as I fly often. The sleeves and a CLT helped when an insect bite first triggered my lymphedema. I have researched lymphedema prevention ever since and kept my swelling in the subclinical stage through trigger avoidance, regular exercise, occasional use of compression, and appointments for lymphedema therapy when I have visible swelling.

I have experienced optimal lymphedema management, thanks to good education, personal research, and sometimes-fierce self-advocacy. Most of my medical providers have been unaware of lymphedema and needed education. Someday, I hope all cancer survivors' medical files will be flagged to help medical providers watch for lymphedema symptoms and protect patients with lymphatic damage in their upper or lower bodies. Meanwhile, I bring information from the Lighthouse Lymphedema Network and other experts to every medical appointment.

I look forward to hearing more about this topic at our upcoming conference in Dr. Alexandra Hill's presentation. So, please join me by Zoom or in person, so we may learn together about new research and options for oncology-related lymphedema.

1 Brunelle, C.L., Jackson, K., Shallwani, S.M. et al. Evidence-based recommendations regarding risk reduction practices for people at risk of or with breast cancer-related lymphedema: consensus from an expert panel. Med Oncol 41, 298 (2024). https://doi.org/10.1007/s12032-024-02510-6.

of lymphatic disease. The Journal of clinical investigation, 124(3), pp.915-921.

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Oncology-Related Lymphedema and

Its Impact on an Individual's

Everyday Life

Alexandra Hill, PT, DPT, OnCS, WCS, CLT-LANA, earned her Doctor of Physical Therapy

at the University of Florida and completed a Women's Health Physical Therapy Residency at Duke Health. Dr. Hill is a dual Board-Certified Clinical Specialist in Women's Health and Oncologic Physical Therapy and a LANA Certified Lymphedema Therapist. She is presently a physical therapist in Jacksonville, Florida specializing in pelvic health, oncology, and lymphedema rehabilitation for all genders.

Click for more information about Alexandra Hill



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2025 Speakers



Practical Applications of Neuro-Lymphatic Therapy
Carmen Recupero, BS, MBA, LPTA, CMT, CLT-LANA
Executive Director and Instructor, Monarch Consulting and Education, Christiansburg,

Pre-Conference and Keynote Speaker



Glymphatic Basics: A Primer

M Mark Melin, MD, FACS, RPVI, FACCWS

Medical Director of the Gonda Vascular Center Wound Clinic at the Mayo Clinic,
Rochester, MN

Pre-recorded with Q&A in the next LLN newsletter



Oncology-Related Lymphedema and Its Impact on an Individual's Everyday Life Alexandra Hill, PT, DPT, OnCS, WCS, CLT-LANA Oncology and Pelvic Health Physical Therapist, Jacksonville, FL



Insurance Coverage for Garments: Pitfalls to Avoid
Brandy McKeown, OTR/L, CLT-LANA, CLWT
Director of Lymphedema at Rehabilitation Services and Chief Executive Officer,
International Lymphedema & Wound Training Institute, Tifton, GA



Pregnancy's Impact on Lymphedema and Lipedema

Shelley DiCecco, PT, PhD, CLT-LANA, CI-CS
Lymphedema Therapist and Associate Professor at Philadelphia College of Osteopathic Medicine, Georgia Campus

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