

## LLN September 2015 Newsletter

---

Find us (& great info) on Facebook:   
([@LighthouseLymphedema@LLymphedema](https://www.facebook.com/LighthouseLymphedema))

Follow us on Twitter:  [@LLymphedema](https://twitter.com/LLymphedema)

LLN: 21 years of serving the lymphedema community

---

[www.lighthouselymphedema.org](http://www.lighthouselymphedema.org)

---

**Make your plans now to attend!**

**18<sup>th</sup> State of Georgia Lymphedema Education & Awareness Conference**  
**Saturday, October 24, 2015, 8:00 AM-4:30 PM**  
**Doubletree by Hilton/Buckhead Hotel**

3342 Peachtree Road NE (in Tower Place complex), Atlanta, Georgia, 30326, USA  
404-231-1234

Located across the street from the Buckhead MARTA Station  
(Map & Directions page: <http://doubletree3.hilton.com/en/hotels/georgia/doubletree-by-hilton-hotel-atlanta-buckhead-ATLBHDT/maps-directions/index.html> )

### Featured presentations this year:

**Babak Mehrar, MD – “Cellular Mechanisms of Lymphedema”**

**Brandon Dixon, PhD – “Lymphedema Technology Update from the Georgia Institute of Technology”**

**Angela Cheng, MD – “Surgical Treatment of Lymphedema”**

**Karen Herbst, PhD, MD – “Update on Lipedema and Other Diseases”**

**Also: Lymphedema and Lipedema Patient Stories**

Please use the form on the next page to register for the conference (and also for therapists to register for CEUs), and mail to the indicated address.

**18th State of Georgia**  
**Lymphedema Education and Awareness Program**

**Sponsored by the Lighthouse Lymphedema Network**

October 24, 2015

Doubletree by Hilton Hotel Atlanta-Buckhead  
 3342 Peachtree Road, Atlanta Georgia 30326

Tel: 1-404-231-1234



Registration: 7:30am | Program: 8:15am-4pm

**The purpose of this program is to educate  
 and create awareness of lymphatic disease**

<b>REGISTRATION</b>			
Name	First	Last	
Address		Home or Business?	
City	State	Zip Code	
If you do not wish to have your address, phone number and email shared please check here <input type="checkbox"/>			
Best number to reach you _____			
Home	Business	Cell	(please circle one)
Email Address			
Professional Credentials		Seeking CEU?	
In order to receive your CEU credits you must attend		all day	
Patient?	Where is lymphedema located?		
Which address would you like the LLN to use for non-electronic communication?			
City	State	Zip Code	
<b>CEU's applied for</b>			

A list of attendees will be made available to all participants. This list will include participant's name, address, telephone number and email address.

Registration is \$50.00 per participant, for patients, caregivers, family members and professionals who are not seeking CEU credits. For professionals seeking CEU credits the registration fee is \$65.00. After October 13, the registration fee is \$60.00 per participant, and \$75.00 for professionals seeking CEU credits. We will be accepting credit card registrations after June 1, 2015 via our website at [www.lighthouselymphedema.org](http://www.lighthouselymphedema.org)

Send your completed registration form and your registration fee to **Lighthouse Lymphedema Network, c/o Billie Barron, 2745 Country Creek Way, Kennesaw, GA 30152**

**Program Location: DoubleTree By Hilton Hotel Atlanta- Buckhead, 3342 Peachtree Road Atlanta, GA 30326. (In the Tower Place complex)**

For hotel reservations please call 404-231-1234 before October 2, 2015 and mention the Lighthouse Lymphedema Network to receive the conference rate of \$119.00 per night. Or go to their website [www.doubletree.hilton.com](http://www.doubletree.hilton.com) and use Group Code LHL when reserving a room to get the group rate.

**THERE IS A DESIGNATED PARKING DECK FOR THE HOTEL (TOWER PLACE PARKING 100) WHICH IS ACROSS FROM THE HOTEL, OR YOU MAY VALET PARK AT THE HOTEL. VALET PARKING IS \$10.00 - PARKING IS NOT INCLUDED IN THE PRICE OF THE CONFERENCE**

**DIRECTIONS** - From Downtown Atlanta, Take I-85 North to Exit 87 (GA. 400), follow to Exit 2, turn right onto Lenox Road, at second light turn right onto Peachtree Road, at third light take right at Bistro Niko Restaurant into Tower Place complex. The DoubleTree by Hilton Hotel Atlanta-Buckhead is located within the Tower Place complex.

MARTA transit from the airport: Exit the Buckhead Stop, turn right, going south, and walk a very short distance to Bistro Niko which will be on the corner of Peachtree Road and Tower Place Drive, turn right and you will see the hotel.

[www.lighthouselymphedema.org](http://www.lighthouselymphedema.org)



Lighthouse Lymphedema Network



@LLymphedema

# Lipedema

We are all familiar with lymphedema, but what is lipedema? According to references in Wikipedia (<https://en.wikipedia.org/wiki/Lipedema>), lipedema is:



Accumulation of lipedema fat tissue on legs of 28-year-old woman  
The feet are not affected, and the fat can form a cuff of tissue at the ankles.

---

**Lipedema or lipoedema is a chronic disorder of adipose tissue generally affecting the legs, which causes the legs and sometimes the arms to accumulate fatty tissue. It is distinguishable by six characteristics:**

1. it can be inherited;
2. it occurs almost exclusively in women;
3. it can occur in women of all sizes, from the seriously underweight to the morbidly obese;
4. it involves the excess deposit and expansion of fat cells in an unusual and particular pattern – bilateral (both legs), symmetrical, and usually from the waist to a distinct line just above the ankles;
5. unlike normal fat, lipedematous fat generally cannot be lost through diet and exercise;
6. the adipose tissue may be painful, or, there may be pain when pressure is applied to the lipedematous areas;
7. a distinctive feature of lipedema is that the feet are spared.

Lipedema usually is triggered at puberty, but can trigger or worsen during or after pregnancy, at peri-menopause, and following gynecological surgery (the uterus, ovaries, or fallopian tubes), or any surgery with general anesthesia. Lipedema can also be triggered by an extremely stressful situation such as a death in the family or a divorce because cortisol levels increase, causing an inflammation cascade, almost always misdiagnosed as simple weight gain. If lipedema is diagnosed early, which currently is very rare, it is possible to prevent a significant expansion of lipedematous fat cells and to alert patients to their heightened risk factors so they can take appropriate action.

Estimates of the incidence of lipedema vary widely, and range as high as 11% of the post-pubertal female population, with estimates of 17 million women in the US, and 370 million women worldwide affected. The cause is unknown. There are likely genetically inherited risk factors as it is more likely to occur in the first and second degree relatives of affected individuals. It appears to be related to estrogen and progesterone hormonal influences as it occurs exclusively post puberty and largely in females. There is a strong inflammation component; some patients self-report an improvement of symptoms by moving to anti-inflammatory diets and/or eliminating foods that exacerbate inflammation.

At this time, only Germany and The Netherlands have standardized ways of diagnosing lipedema. The US does not currently have a standardized diagnosis protocol, and therefore the diagnosis is typically made clinically via physical inspection (palpating the adipose tissue). Some trained clinicians and therapists can feel the physical differences in the adipose tissue, characterized as a "beans in a bag" feeling. Testing of the major components of the lymphatic system can be done through tools such as lymphoscintigraphy, but lack of noticeable lymphatic impairment does not indicate lipedema is not present, only that the major lymphatics are not (yet) affected.

**Lipedema/Lymphedema Differentiation:** Lymphedema is usually asymmetrical and can be either acquired (through surgery, trauma or infection damaging the lymphatic system) or congenital (hereditary changes in the lymphatic system). However, symmetrical enlargement of both lower limbs, from waist to ankles, is a hallmark

of lipedema. As the swelling continues and spreads from lower extremities to other parts of the body, the swelling is likely caused by slower lymphatic flow and changes in the lymphatic vessel structure caused by pressure in the lipedematous limbs. This is known as lipo-lymphedema. Lipo-lymphedema may also develop in combination with chronic venous insufficiency and other vascular disorders.

**Lipedema can be under-diagnosed due the difficulty in differentiating it from other edemas and obesity.** Some tools including tables and a flow chart that can be used to diagnose lipedema and other edemas can be found in this article Traves KP, Studdiford JS, Pickle S, Tully AS “Edema: Diagnosis and Management” Am Fam Physician 2013;88(2):102-110.

**There is currently no known way to prevent lipedema.** Some treatments, both conservative and surgical, may help some people postpone or prevent symptom worsening sometimes. Patients tend to gain weight in lipedemic areas and lose it in non-lipedemic areas, though there are cases where weight loss has resulted in improvement of the condition. Obese lipedema patients who undergo bariatric surgery lose fat primarily from the waist up. While lipedema presents itself in various ways, diagnosis is possible as early as pre-puberty when inner thigh pads present and at any age when fat gathers and drapes at knees. Symptoms of lipedema include disproportionately large, column-like legs, legs unusually large to the knees, disproportionate hips, stomach or buttocks. As lipedema progresses, patients become increasingly heavy in the lower body. The additional, expanding fat cells interfere with the pathways of lymphatic vessels, and patients can develop secondary lymphedema, a condition known as lipo-lymphedema. Many lipedema patients cannot tolerate the compression garments associated with conventional lymphedema treatment because the underlying lipedemic fat is very painful, and those patients therefore are at risk for the side effects of uncontrolled lymphedema, including recurring blood infections and fibrosis. If not kept in check through a healthy lifestyle, lipo-lymphedema can worsen, and patients will become progressively less mobile.

**Medical treatment** is designed primarily to address the secondary lymphedema part of the lipedema patient's condition. This treatment includes a course of manual lymphatic drainage and bandaging by a lymphedema therapist, followed by the wearing of custom-fitted compression garments or devices — usually stockings and sometimes biker shorts. Compression prevents recurrence of lymphedema, and in some lipedema patients can reduce the pain of lipedemic fat. **There is currently no known uniform medical procedure to cure lipedema.** It is, however, successfully managed through a variety of consistently applied techniques to improve the health of the legs and prevent the condition from returning in more difficult to manage levels. **Management involves reducing dietary sodium intake, frequent, gentle exercise to promote circulation in the legs, such as rebound exercise, and treatments typical for lymphedema treatment.**

---

## **My Journey with Lipedema** by Marie Parmer

It never occurred to me that my unusual weight gain and body shape was an actual condition with a name. It's called lipedema, and this is my story.

I always led a healthy lifestyle and aside from being slightly pear-shaped, I never had a weight problem. As an active mother of two children, I exercised regularly, ate healthy foods and enjoyed excellent health.

In 1994, our 12-year old son, Joe, was diagnosed with cancer. We were beyond devastated. My focus was completely on Joe and my family during five years of cancer treatment. While I did notice I was steadily gaining weight, it didn't raise any red flags, as I assumed it was from the major changes in my daily routine. Naturally, my stress levels were high as we rode this emotional rollercoaster. Joe fought gallantly while he was undergoing chemo, surgery, and a bone marrow transplant. His fierce determination, steadfast faith, and positive attitude inspired me for a lifetime. At the age of 17, he left us for his Heavenly Home. We were heartbroken.

My weight gain continued for years, despite constant exercise and dieting. Changes in my body were becoming very apparent. My mobility was spiraling downhill, my legs felt very heavy and tender. I had an odd distribution of weight on my upper thighs, knees and ankles. I was incidentally diagnosed with lipedema in 2013 during a visit with my cardiologist. I was told, "It's not your fault, and there's nothing you can do about it". While I was relieved to know this was an actual disorder and had a name, I was frustrated there was no cure. I researched lipedema mostly on the internet. It is an abnormal accumulation of fat and fluid causing symptoms of swelling, pain, stress on the lymph system and decreased mobility. It can be present in the arms and upper body as well. It is believed that at least 11% of the female population is affected. Diet and exercise has an impact on regular fat, not lipedema fat. Genetics and female hormones play a role, and extreme stress can trigger the onset (as in my case). Many people are misdiagnosed as having lymphedema, which can occur in more progressed cases of lipedema.

While researching lipedema, I found Dr. Karen Herbst, who specializes in rare adipose disorders. I made an appointment with her and the recommendations were: manual lymphatic drainage & wrapping, compression garments, herbal supplements, the RAD diet, exercise and water-assisted liposuction to remove lipedema fat. I followed her plan and saw results, starting by losing 12 pounds of fluid through MLD, wrapping and compression garments. My next hurdle would be liposuction.

Water assisted liposuction (WAL) is gentle on the lymph system and recommended for lipedema patients. I chose Dr. Stutz of Germany to perform my surgeries. He is the pioneer of using WAL in the treatment of lipedema and has over 15 years of experience. I had two procedures on my legs, and one for my arms. It takes 18 months or longer to see the effects of WAL, as the body starts functioning more efficiently and the loss of normal fat is now attainable. In addition, the removal of lipedema fat around the knees relieves stress on the joints and improves the gait. It has been four months since my procedures and I am steadily seeing changes. I am feeling more energetic and look forward to continued improvement.

Treating lipedema is a lifelong journey. With more awareness and research on the horizon, we can anticipate better understanding of this disease and healthier lives.

## 2015 Lighthouse Lymphedema Network Calendar Dates to Remember:

- September 26 – LLN Board Meeting, 9:30 AM
- October 3-4 - 2-Day Walk sponsored by It's The Journey (see below) The LLN will have a cheering station.
- October 16-18 – Komen 3-Day Walk
- Saturday, October 24 – 18<sup>th</sup> State of GA LLN Lymphedema Education & Awareness Conference
- Wednesday, November 12 – 2015 Georgia Gives Day (online fundraiser to benefit LLN)
- February 25, 2016 – LLN Second Physician Intensive at Snelling Center, Augusta, GA

**PLEASE PARTICIPATE IN THESE EVENTS FOR ORGANIZATIONS WHICH HAVE PROVIDED GRANTS TO LLN**



**Saturday/Sunday, October 3-4 – About It's The Journey, Inc. & the Atlanta 2-Day Walk for Breast Cancer**

*The 2015 Atlanta 2-Day Walk for Breast Cancer, which will take place the weekend of October 3-4, enables It's The Journey to support breast health programs across Georgia. Since 2003, It's The Journey has raised \$11 million and awarded 242 grants. To register for the 2-Day Walk, visit [www.2daywalk.org](http://www.2daywalk.org).*



On Saturday, June 6, 2015, the Gloria Watts-Cox Foundation (GWCF) held their 13<sup>th</sup> Annual 5-Mile Lymphedema Walk at Clifftondale Park in Atlanta to raise awareness about lymphedema and support/honor those who suffer from the condition. The GWCF was founded in 2003 by Lee Cox, in loving memory of his wife, Gloria, who suffered from lymphedema for many years and passed away in 2002



Posing with Lee Cox (back row; far left), the *Team Lighthouse Lymphedema Network* members who attended this event were (back row; middle to right): Justin Cozzone, Tammy Malone, and Debbie Labarthe; (front row; left to right): Carson Sollenberger, Kyle Cozzone, and Deb Cozzone.

---

**Physicians, please mark your calendars for February 25<sup>th</sup>, 2016: LLN will hold another Physician Intensive Program at the Snelling Center in Augusta, GA.** Our speakers will be lymphologist Stanley Rockson, MD of the Stanford School of Medicine and Brandon Dixon, PhD of GA Tech. Molly Nettles (Clinical Coordinator of Lymphedema Services at Georgia Regents University Cancer Center, Augusta, GA) will coordinate this program.

---



Once again, the Lighthouse Lymphedema Network benefited from the sale of mulligans, the ball toss game and the generosity of the members of the Southern Loss Association at their annual **Larry Hart Memorial Golf and Tennis Outing** held Wednesday, April 23, 2015 at Chateau Elan. Joan White (bottom left) and Billie Barron (bottom right), representing the LLN, were presented the \$4,500 donation at the dinner which followed the golf outing. Our sincere thanks to the Southern Loss Association! The money we receive from this outing is used to help our less fortunate patients through our Bandages and Garment Fund and the sponsorship of our annual medical conference.

# Axillary Web Syndrome

By therapists Kimberly Archer, OTR/L, CLT and Laura Brown, OTR/L, CLT, University Health Care System, Augusta GA

Axillary Web Syndrome (AWS) is a condition seen in some individuals who have been treated for breast cancer. It has also been known as “cording,” and was often a phenomenon not well understood, not diagnosed, and many times left untreated. AWS is common for many patients who undergo either sentinel lymph node biopsy (SLNB), axillary (underarm area) lymph node biopsy (ALNB), mastectomy, or lumpectomy for the treatment of breast cancer. It is thought that cording is due to the interruption of the axillary lymphatics. Research has shown that when the lymph nodes are removed, the adjacent vessels that are non-functional become hard and attach themselves to adjacent tissue. Research also suggests that thrombosed (clotted) lymphatic vessels are responsible for the formation of cording. This problem may occur a few weeks after surgery and is unrelated to the number of lymph nodes that are removed, or to the stage of cancer diagnosis.

## Recognizing symptoms:

Often patients experience pain, tightness and a visible “cord” that resembles a string from the armpit to elbow. This condition may appear in the axilla, but can also be found anywhere down the arm. How it appears may vary from one individual to another. There is not always a visible, palpable cord, but often the patient may experience decreased movement of the shoulder, and pain as a primary symptom.

## Managing Symptoms:

If you think you have AWS or its associated symptoms, consult your physician, who can refer you to Occupational or Physical Therapy - and specifically to a certified lymphedema therapist who specializes in breast cancer rehabilitation. Pain and reduced range of motion can limit your arm’s function, and if untreated, this problem can get progressively worse. Seek attention early for best results. Your therapist can develop a plan specific for your needs. Therapy techniques can “release” the cord, and often therapist can feel and hear the “pop” when the cord is broken. This is not painful to the patient, however. Some experts believe that the body reabsorbs the cord, and others are simply still not sure what happens to it. In other cases, the cord may release at different areas down the arm as therapy progresses.

## **Techniques used for this problem include:**

- Stretching and flexibility techniques, active range of motion/passive range of motion exercises
- Pulley exercises, wall walking, corner stretches
- Yoga
- Heat (**Caution:** *must be used with an experienced lymphedema specialist to reduce the risk of lymphedema development*)
- Manual therapy, myofascial release, scar reduction techniques
- Median nerve gliding
- Theraband™ (resistance bands to improve muscle strength & range of motion) and free weights

In most cases, AWS will improve over a few therapy sessions or months. Cording may improve, but reappear, so it is important to continue with stretches to improve range of motion, decrease pain, and improve functional activities. Some believe that because of injury to the lymphatics, AWS could suggest an increased risk in developing lymphedema, but there is as yet insufficient research to confirm this hypothesis. It is always a good idea to follow the guidelines for *Risk Reduction for Lymphedema*, and to maintain a well-conditioned arm.

---

## Moving Ahead With a State Lymphedema Treatment Bill for GA



The LLN legislative committee (Larry Ashmore, Peggy Meyer, Jamie Standard, and Sherilyn Bell) met with Rep. Debbie Buckner in February to plan our strategy for moving forward with a state lymphedema treatment bill for GA. Rep. Buckner would like to be ready to begin redrafting our proposed bill when the legislature reconvenes. If anyone would like to serve on this committee, please contact the LLN at 770-330-0036. We all have a personal stake in the outcome of this bill, and it’s an uphill battle!



## LLN BANDAGES & GARMENTS FUND UPDATE

The Bandages and Garments Fund has continued to reach new communities through Georgia in 2015. Applicants from 5 additional counties have been serviced through the Fund, bringing our total to 36 counties served throughout the state of Georgia. Generous donations from supporters like you, valuable products from numerous garment manufacturers and retailers and grant funding from It's the Journey, Inc., have allowed us to serve a broader population of lymphedema patients than ever before. Our sincere thanks to all of you who make this possible.

In the first 8 months of 2015, the LLN has provided over \$21,000 in garments to 27 lymphedema patients. 18 of these patients were assisted through the use of grant funds from It's The Journey for the 2014-2015 and 2015-2016 grant cycles. The remaining patients have been assisted through funds raised by LLN fundraisers, donations and all of those who partner with the LLN to serve our patients.

One of the patients we assisted this year sent a thank you note to the LLN Board. She writes, "...My [garments] have given me great relief and better mobility in my everyday life." Another recipient writes, "I appreciate your organization so much for helping me to purchase my sleeve...I wouldn't have been able to do it without you. Thanks so much for helping me... I hope one day I will be able to donate towards your organization because there are so many people that don't have the money for what they need medically."

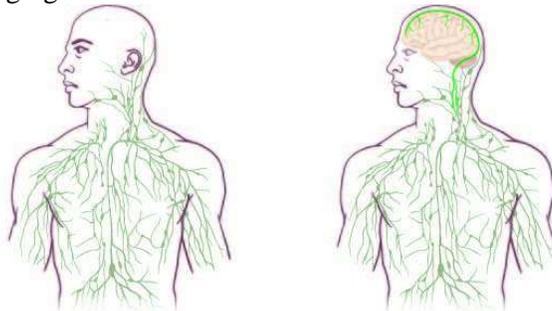
The lack of medical coverage for lymphedema garments continues to be a huge burden for individuals. As always, we encourage everyone—patients, caregivers, families, professionals, friends—to continue to support the Lymphedema Treatment Act through your letters, emails and phone calls to your representatives. If you are not already involved with the Lymphedema Treatment Act, please check out <http://lymphedematreatmentact.org> and see what you can do to become involved. This is a free and easy way to make your voice heard, and it can have a huge positive impact on lymphedema patients nationwide.

If you have any questions or comments regarding the Bandages and Garments Fund, please contact Deb Cozzone at [debcozzone@hotmail.com](mailto:debcozzone@hotmail.com)

**From Neuroscience news: (<http://neurosciencenews.com/lymphatic-system-brain-neurobiology-2080/>)**

**The brain/central nervous system has a lymphatic vascular system that connects to the lymphatic system in the rest of our body!** This work is in the journal *Nature* ([Abstract](#) for "Structural and functional features of central nervous system lymphatic vessels" by Antoine Louveau, et al. *Nature*. Published online June 1 2015 [doi:10.1038/nature14432](https://doi.org/10.1038/nature14432)).

As the brief article about the University of Virginia discovery states, all the textbooks will have to be re-written! "In a stunning discovery that overturns decades of textbook teaching, researchers at the University of Virginia School of Medicine have determined that the brain is directly connected to the immune system by vessels previously thought not to exist. That such vessels could have escaped detection when the lymphatic system has been so thoroughly mapped throughout the body is surprising on its own, but the true significance of the discovery lies in the effects it could have on the study and treatment of neurological diseases ranging from autism to Alzheimer's disease to multiple sclerosis."



**Current Lymphatic System**

**Updated Lymphatic System**

Now CNS immune diseases can now be explored from the viewpoint of a systemic immune dysfunction that affects the brain!

## Impact of Type 2 diabetes on lymphatic vessels identified

July 14th, 2015. <http://medicalxpress.com/news/2015-07-impact-diabetes-lymphatic-vessels.html>

A study by University of Missouri researchers, led by Joshua Scallan, Ph.D., a research assistant professor of medical pharmacology and physiology, has identified for the first time how Type 2 diabetes affects lymphatic vessels. It is a finding that could lay the groundwork for new therapies to improve the lives of people with the condition. (Credit: Justin Kelley/MU Health System)

Approximately 28 million Americans live with Type 2 diabetes, a condition characterized by high blood sugar levels. Until now, the disease's effect on the body's lymphatic vessels has been unknown. A study by University of Missouri researchers has identified for the first time how the condition affects lymphatic vessels—a finding that could lay the groundwork for new therapies to improve the lives of people with Type 2 diabetes.

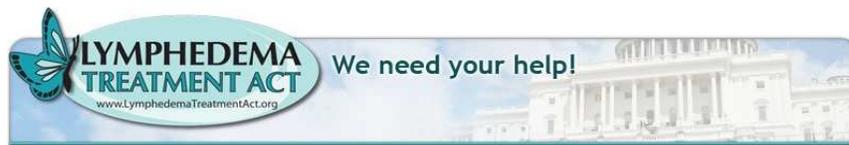
"The lymphatic system's primary role is to transport lymph—a clear fluid that contains white blood cells that help rid the body of antigens or destroy cancer cells—to lymph nodes where immune responses are activated," said Joshua Scallan, Ph.D., a research assistant professor of medical pharmacology and physiology at the MU School of Medicine. "We now know for the first time that when individuals have Type 2 diabetes, the walls of their lymphatic vessels are defective and become increasingly permeable, or leaky."

Scallan likens the permeability of a healthy lymphatic vessel to a porous garden hose, which is designed to allow water to escape through small holes in the hose. However, a lymphatic vessel in a person with Type 2 diabetes is like a porous garden hose that has been drilled with large holes, letting too much water escape. When the lymphatic vessel is too permeable, lymph and antigens are not transported to the lymph nodes.

Studying lymphatic vessel function in animals has been a challenge for researchers, because unlike blood vessels, lymph vessels are clear and appear almost invisible. However, Scallan developed a new investigative method to measure lymphatic vessel permeability and found that the vessels in Type 2 diabetes produced nitric oxide levels much lower than healthy lymphatic vessels.

"When an individual has Type 2 diabetes, cells in the lymphatic vessels aren't producing enough nitric oxide, which is essential to maintaining the integrity of their endothelial layer so that they function properly," Scallan said. "We found that by giving the lymphatic vessels L-arginine, an amino acid commonly found in red meat, poultry, dairy products and nutritional supplements, we were able to boost their nitric oxide production and restore their ability to act as a barrier."

While more studies are needed, Scallan is hopeful the findings could lead to further research for developing new treatments or therapies for individuals with Type 2 diabetes.



See the latest news at <http://lymphedematreatmentact.org/>

**The Lymphedema Treatment Act (LTA)** is a federal bill that aims to improve insurance coverage for the medically necessary, doctor-prescribed compression supplies that are the cornerstone of lymphedema treatment. **Make Your Voice Heard** by contacting members of Congress and asking them to support this important bill. The Lymphedema Treatment Act's advocacy tools make it easy to take action.

## *Thank you, Lighthouse Lymphedema Network:*

Please accept my gift/donation in appreciation for your efforts to support, educate, and create awareness about a serious medical condition called lymphedema.

Donor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Enclosed is my tax deductible donation of \$\_\_\_\_\_, to be used for the General Fund \_\_\_\_\_, or the B.A.G. Fund \_\_\_\_\_

The Lighthouse Lymphedema Network is a 501(C) (3) non-profit organization. Please make all checks payable to the Lighthouse Lymphedema Network and mail to the LLN, 10240 Crescent Ridge Drive, Roswell, GA 30076. Call 770-442-1317 for information. You can also make a donation on-line by credit card: The donation page is: <http://lighthouselymphedema.org/get-involved/donate.htm>.

**Change of Address Request:** We try to keep our mailing list updated constantly; if you have any changes that should be made to your mailing or e-mail addresses, please send this information to the LLN address above, or by e-mail to [elaine.gunter@comcast.net](mailto:elaine.gunter@comcast.net).

---

**Remember: Don't forget to give us your e-mail address if you want to be reminded about meetings, to receive the LLN newsletter as a PDF file (in color!), and to help us save mailing costs! [elaine.gunter@comcast.net](mailto:elaine.gunter@comcast.net)**

**LLN's website is <http://www.lighthouselymphedema.org>**

---

---

---

Return service requested to:

***LLN Newsletter Editor  
1625 Sprucewood Court  
Decatur GA 30033 USA***

