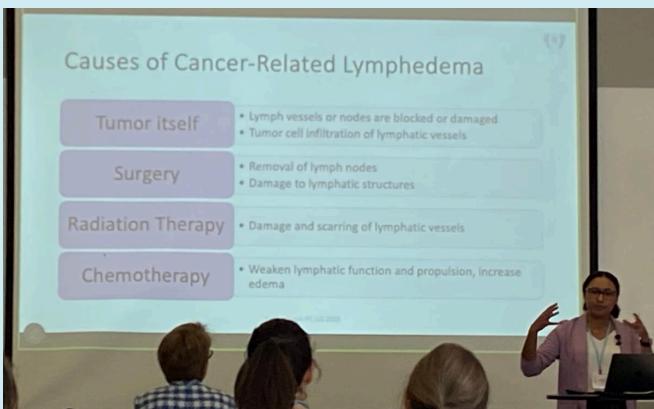


Cancer-Related Lymphedema and Patient Quality of Life



Oncology-Related Lymphedema and Its Impact on an Individual's Everyday Life

Presentation Summary

Dr. Alexandra Hill, PT, DPT, OnCS, WCS, CLT-LANA, is a dual board-certified Clinical Specialist in Women's Health and Oncologic Physical Therapy. She owns OncoPelvic PT, specializing in pelvic health, oncology, and lymphedema rehabilitation for all genders.

Cancer and its treatment often lead to secondary lymphedema. Depending on the type and stage of cancer, the type and extent of treatment, and pre-existing conditions, from 5 to 90% of oncology patients are likely to experience lymphedema. Lymphedema is sometimes found before cancer treatment, as tumors can affect the lymphatic system.

Early education about cancer-related lymphedema (CRL) is essential for patients and caregivers to prevent later stages of the condition. Early signs of lymphedema include swelling, pressure, tingling, a feeling of tightness or heaviness, recurring skin infections, changes in skin texture or appearance, and loss of flexibility or range of motion. These feelings may not remain constant or be extreme in early stages, but should be noted and reported to physicians, nurses, or other medical caregivers.

Later complications of lymphedema include difficulty performing daily activities such as dressing, hygiene, driving, walking, etc. Neck mobility, swallowing, and speech may be affected after head and neck cancer. Lower extremity lymphedema can affect balance. Pelvic lymphedema puts pressure on the bowel, bladder, and sexual organs.

Regardless of the location, lymphedema can impact sexual, emotional, and mental health. Anxiety and depression accompany the experiences of cancer treatment, change in body

image, disturbance of social connections, and changes in job or identity loss. Cancer and lymphedema may also significantly impact an individual's finances and productivity.

Currently, barriers to cancer rehabilitation include a lack of referrals to therapists from medical providers, a lack of access to therapists in rural areas, a lack of insurance coverage for lymphedema treatment, social prejudice, and delays in screening and treatment.

Patients and their caregivers must be aware of these barriers and educate themselves about lymphedema. Standard treatment for cancer survivors should include early assessment and surveillance for lymphedema so it can be detected and treated before it reaches later stages. Patients should be aware of their risk profiles and communicate with their medical providers about the symptoms of early lymphedema.

Patients may need to request a referral to a Certified Lymphedema Therapist, who can assess, provide education, perform manual lymphatic drainage, document for insurance coverage, recommend compression therapy, provide exercises, and develop a plan to empower self-care and maintenance for the affected body part(s) with lymphatic dysfunction.

[Alexandra Hill's Website](#)



Patient Story - Men's Breast Cancer and Lymphedema

When **Cris Hayes** found a lump near the nipple of his right breast in April 2025, he didn't ignore it. His doctor scheduled a mammogram, and Cris "stepped into a world unknown to most men." His impression of the "squisher /smasher" mammogram made him sympathetic to every woman's experience.

A biopsy revealed breast cancer, and Cris had a successful mastectomy, which required no radiation or medication follow-up. Cris was given the all-clear for cancer treatment and education about lymphedema.

When cording and swelling symptoms developed, Cris sought treatment and was referred to **Alpa Gajjar**, a therapist at Northside Hospital, Forsyth.

Alpa helped Cris develop a home exercise program that included "helpful stretching without harmful strain."

Cris was also prescribed compression vests, which have helped greatly with his swelling. Wearing them has been an adjustment, both mentally and physically. But he now appreciates the device for helping him return to activities he loves.

Cris still experiences anxiety after the cancer treatment and lymphedema, but he is moving forward. When questions arise, he quiets his mind by taking a walk, performing self-care, or sending a message to his favorite therapist.

[Read Cris Hayes' Full Story](#)



Presentation Reviews by Sharon Shepard, Editor, who thanks Deb Cozzone, Cris Hayes, Dr. Shelley DiCecco, and Alpa Gajjar for their contributions.

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