

Lymphedema

focus

A Public-Service Newsletter presented by TuDor Physical Therapy Centers

Surgical Options for Lymphedema

Our present knowledge of the lymphedema disease process has advanced excessively in recent years. While non-surgical management remains the first line standard of care, safe surgical alternatives now exist which can provide effective and long-term improvements.

Standard Treatment for Lymphedema

The goal of standard lymphedema treatment is to managed the symptoms and either reduce swelling or halt its progression. Lymphedema treatment plans are tailored according to each patient's needs, which commonly include compression garments, manual lymph drainage (a type of massage therapy), exercise, or a combination of these therapies. Health care providers also council patients who have lymphedema in proper skin care to guard against lacerations and infections.

Over the past century, various surgical techniques have been tried in an attempt to reduce or even cure lymphedema. However, most of these techniques have been abandoned because they are ineffective or the results could not be reproduced by other practitioners. Only recently have advances in microsurgery made the surgical management of lymphedema a viable alternative.

At first, lymphedema swelling is composed mostly of lymphatic fluid. In this early stage, the swelling is more amenable to conservative treatment. Patients have also responded well to lymphedema surgery to reverse or greatly decrease the fluid swelling. Over time, the lymphatic fluid can bring about permanent deposits of solids in the tissues that are difficult to treat. Lymphedema swelling also greatly increases the risk of dangerous infections, called cellulitis, which can be severe in patients with lymphedema. Arm or leg swelling can often progress to cause functional impairments that interfere with work and activities of daily living.

Effective lymphedema surgeries have existed for many years and continue to be refined and improved. We have found that best results are achieved when surgery is performed as part of a comprehensive treatment system incorporating specialized lymphedema therapy before and after surgery. The success of lymphedema surgeries also highly depends on the training, experience, and relevant expertise of the surgeon and lymphedema therapist.

LOCATIONS

CORNBURG

2959 Canfield Road
Suite 5
Youngstown, Ohio 44511
Phone: 330-799-1680

COLUMBIANA

225 East State Route 14
Suite B001
Columbiana, Ohio 44408
Phone: 330-482-3680

WARREN

2598 Elm Road Building D
Cortland, Ohio 44410
Phone: 330-372-0207

HEMECARE DIVISION

1300 South Canfield-Niles Rd.
Austintown, Ohio 44515
Phone: 330-259-1758

For additional information

Contact our Lymphedema
Center at 330-799-1680 (or)

Visit our website at...
www.TudorTherapy.com



Surgical Treatment Options for Lymphedema

Vascular Lymph Node Transfer (VLNT) This is a microsurgical procedure used to treat patients with advanced lymphedema affecting the skin tissue in the arm or legs. VLNT surgery involves the microsurgical transfer of a small number of lymph nodes and surrounding tissue from another part of the body, called a donor site, to the area affected by lymphedema. Multiple donor sites have been reported and include the groin, torso, supraclavicular area (near the neck above the collar bone) and submental areas (underneath the chin). The surgeon then divides the existing blood vessels that supply the nodes and connect them at the site where the lymph nodes are needed. The surgeons use reverse lymphatic napping to reduce the chance of lymphedema occurring in the areas where lymph nodes were harvested.

Lymphaticovenous Anastomosis (LVA) This surgery is an intricate super-microsurgical procedure used to treat patients with mild to moderate lymphedema. LVA surgery is the direct connection of lymphatic vessels to nearby veins. These connections are very small, usually much less than 1mm in diameter. Connections usually are made into veins with competent valves to allow the one-way movement of excess lymph back into the venous system.

Lymphaticolymphatic Bypass (LB) This surgery involves connection of lymphatics in the affected arm or leg directly to healthy, functioning lymphatic vessels in the donor area. The donor lymphatic vessels are mobilized for long distances from the surrounding tissues, the distal (far) ends divided and the entire length of vessel tunneled past the area of lymphatic blockage.

Suction Assisted Protein Lipectomy (SAPL) The solid-predominant swelling often found in later stages of lymphedema can be treated effectively with a surgery called SAPL. This surgery allows removal of lymphatic solids and fatty deposits that are otherwise poorly treated by conservative lymphedema therapy. SAPL has been proven to be an effective and long-term solution for lymphedema in many patients. The procedure is different from standard cosmetic liposuction, which is not suitable to treat lymphedema.

Importance of Integrated Lymphedema Therapy

Lymphedema therapy that is carefully integrated into any surgical treatment plan is of paramount importance. A lymphedema surgeon must work closely with a lymphedema therapist to insure the best lymphedema therapy course is given both before and after any surgical procedure. This is especially true for the SAPL procedure, where pre- and postoperative planning, measurements, and lymphedema therapy are vital to the success of the surgery. Ideally, long-term lymphedema therapy is administered by the patient's local Certified Lymphatic Specialists under the direction of the lymphedema surgeon, or surgical lymphedema therapist.

We still have no definitive "cure" for lymphedema. However surgical options now exist that have significantly improved the management of lymphedema. Ultimately, it takes teamwork among the lymphedema surgeon, lymphedema therapist, and the patient to achieve the most successful outcome. When employed as part of an integrated treatment system for properly selected patients, lymphedema surgery can be an excellent treatment tool.

For further information on surgeries for lymphedema please contact Dr. Mark L. Smith co-founder of the American Society for Lymphatic Surgery (ASLS) at marksmithmd.com or 516-941-1280.

To learn more about Lymphedema, please contact TuDor's Lymphedema office and talk to one of our Therapists at (330) 799-1680.

Certified Lymphatic Specialists since 2005