

OHSU CENTER OF EXCELLENCE  
LYMPHEDEMA DIAGNOSIS AND  
MANAGEMENT

Allison C. Nauta, MD  
Assistant Professor, Plastic and Reconstructive Surgery  
12 March 2021

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DISCLOSURES

- Nothing to disclose.

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WHAT IS A CENTER OF EXCELLENCE IN  
LYMPHATIC DISEASE?

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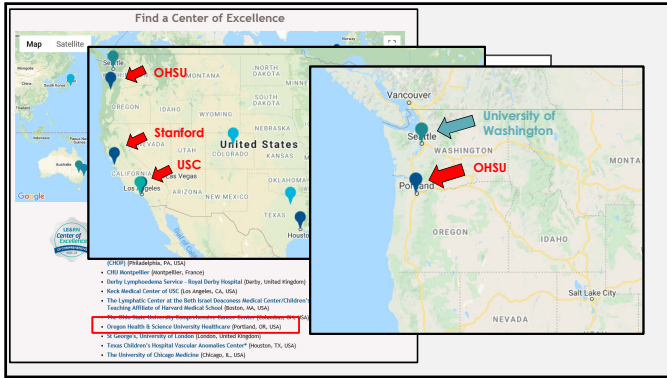
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NATIONAL CANCER INSTITUTE

"one of the most poorly understood, relatively underestimated, and least researched complications of cancer and its treatment."

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CLINICAL BURDEN

- > 10 million Americans
- 1/3 breast cancer survivors
- WHO: 250 million worldwide
- #1 cancer survivor disease
- No cure
- No approved drug therapy
- Only 3 studies worldwide seeking new treatments




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AMERICAN HORROR STORY



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MISERY



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KATHY BATES, SPOKESPERSON FOR LE&RN  
APRIL 9, 2019



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PATHOPHYSIOLOGY

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LYMPHEDEMA

- Primary
- Secondary

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PRIMARY LYMPHEDEMA



- Failure of formation
- Failure of overlap of endothelial cells (no valves)
- Failure of calcium dynamics, ability to sense nitric oxide
- 1.15/100,000 less than 20 years old

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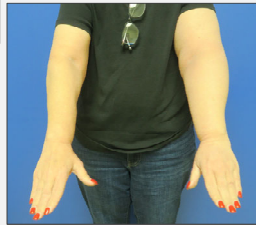
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SECONDARY LYMPHEDEMA

- 99% of lymphedema
- 1/1000 individuals
- Filariasis in developing countries, breast cancer in the US



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CANCER-RELATED LYMPHEDEMA

- Trauma to lymphatics
- Radiation
- Chemo (Taxol)
- Compression of lymphatics (bulk)
- Lymphatic infiltration by cancer



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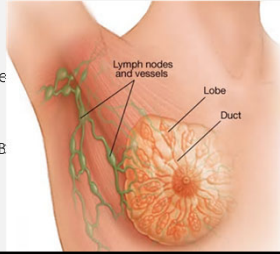
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### INCIDENCE OF BREAST CANCER RELATED LYMPHEDEMA (BCRL)

- Incidence 20-30% (5-50%)
- 1/5 patients with breast cancer
- Mean onset 14-18 months after surge
- Factors:
  - Axillary LN dissection (20-40% risk)
  - Increased number of LNs (2-7% in SLNB)
  - Radiation
  - No reconstruction
  - Chemotherapy



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### "I BEAT CANCER, I CAN'T BEAT LYMPHEDEMA"

- Significantly more hospitalizations and nearly 7X higher average healthcare charge per patient compared with cancer patients without lymphedema
- 30% of patients experience infection, warranting hospital admission for IV antibiotics within 1 year
- Each episode can result in 4 day hospitalization and >\$16,000
- Patients with BCRL averaged 3 all-cause hospitalizations each year over 2 year period versus 0.5 for all other breast cancer patients without lymphedema

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### LYMPHEDEMA IMPACT

- Pain, heaviness, fatigue
- Decreased quality of life
- Recurrent infection
- Disfigurement



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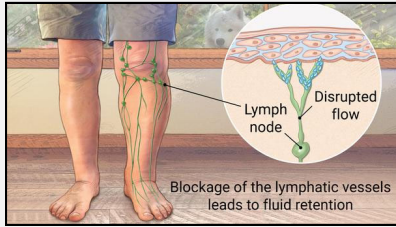
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LYMPHEDEMA

- Protein rich interstitial edema
- Inflammation
- Fibrosis/scarring
- Fat deposition
- Local immune disturbances



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MISCONCEPTION

- Toxin buildup is the problem
- Toxin buildup
- Toxin flushing
- Toxins poisoning the body



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REALITY: A HOUSE WITHOUT ITS FOUNDATION



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GENETIC PREDISPOSITION?



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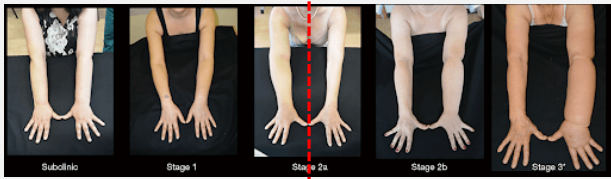
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STAGES OF LYMPHEDEMA



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SURVEILLANCE

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BIOIMPEDENCE/L-DEX



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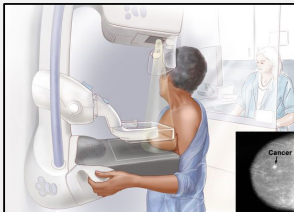
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
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SURVEILLANCE SCHEDULE

- Pre-operative baseline
- 3 months
- 6 months
- 12 months
- 18 months
- 24 months





Sarah Gang,  
CLT-LANA (OT)



Amy Woods,  
CLT-LANA (PT)

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CONSERVATIVE MANAGEMENT



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DIAGNOSIS

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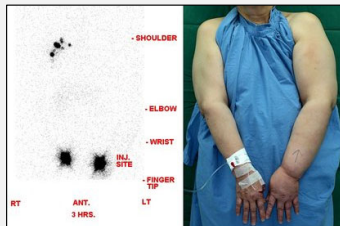
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DIAGNOSIS

- Clinical Exam
- Imaging:
  - Lymphoscintigraphy
  - ICG lymphography (near-infrared fluorescence lymphography)
  - MR lymphography



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### ICG LYMPHOGRAPHY STAGING



Yamamoto T. (2018). Near-Infrared Fluorescent Lymphography. In: Lee BB, Rockson S, Berger J, eds. Lymphedema. Springer, Cham. [https://doi.org/10.1007/978-1-4939-9732-2\\_10](https://doi.org/10.1007/978-1-4939-9732-2_10)

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### MEDICAL "CONSERVATIVE" MANAGEMENT

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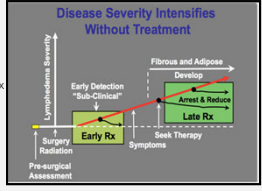
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### EARLY INTERVENTIONS

- Compression, compression, compression!
- Stretching/yoga\*\*
- Dietary/Weight loss\*\*\*
- Obesity at the time of surgery increases risk by 3-8x
- Obesity after surgery increases risk by 2-3%



\*Gierlich et al.  
\*\*Hay et al. Breast Cancer Res and Treat. 2002

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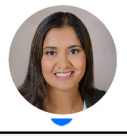
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OBESITY MANAGEMENT



Dr. Jon Punell, MD  
Obesity medicine  
Endocrinology/Cardiology



Dr. Farrah Husain,  
MD, FCS, FASMCS  
Bariatric Surgery



Dr. Robert  
Martindale,  
Surgical Nutrition

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SURVEILLANCE AND EARLY INTERVENTION

- Decrease infection risk
- Improve quality of life
- Decrease healthcare costs



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CONSERVATIVE THERAPIES



Complete  
Decongestive  
Physiotherapy



Wrapping



Custom Sleeves



Pneumatic Pumps

\*Exercise under compression, skin ca

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SURGICAL THERAPY

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SURGICAL THERAPIES

Physiologic

- Lymphovenous bypass
- Vascularized lymph node transfer

Ablative

- Liposuction
- Direct Excision

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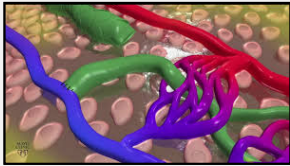
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LYMPHOVENOUS ANASTOMOSIS

- Minimally invasive
- Preop ICG: map lymphatic system on skin
- Small incisions (3 cm) over functional lymphatic and vein
- Anastomosis created to divert lymph flow to venous system



©Brien BM et al. 1977  
Kouba et al. 2001

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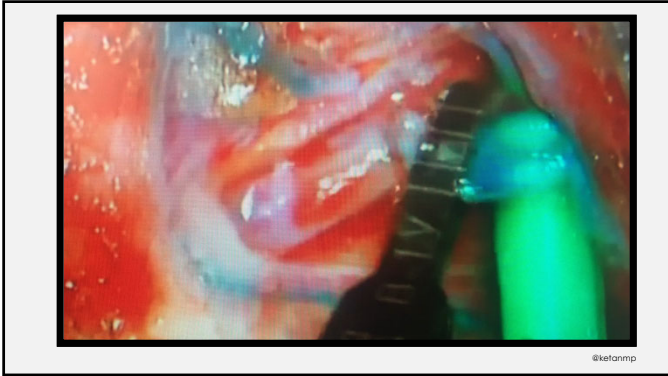
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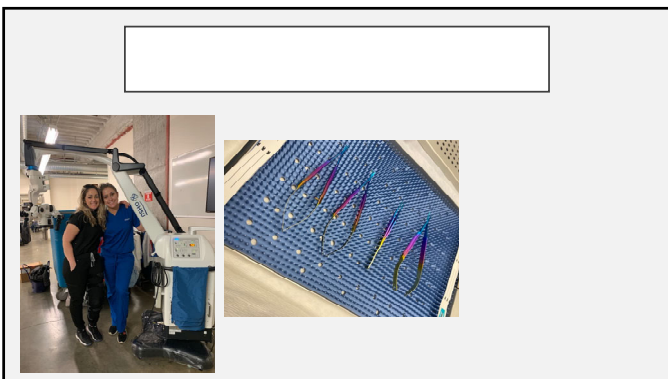
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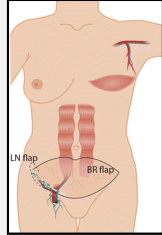
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### VASCULARIZED LYMPH NODE TRANSFER

- Free flap, microsurgical
- Used in fluid dominant phase (stages I-III)
- Scar release and introduction of non-irradiated, well-vascularized tissue bridging existing lymphatic channels
- VEGF-C production by healthy transplanted nodes → local lymphangiogenesis
- Improved local immunology, preventing infection of the involved limb
- Lymph nodes themselves act as a lymphatic-vascular interface
- VLNT as a "pump" for lymphatic fluid



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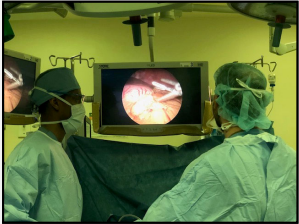
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### OMENTAL VASCULARIZED LYMPH NODE TRANSFER



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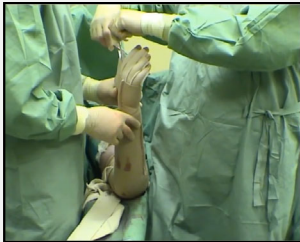
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### LIPOSUCTION



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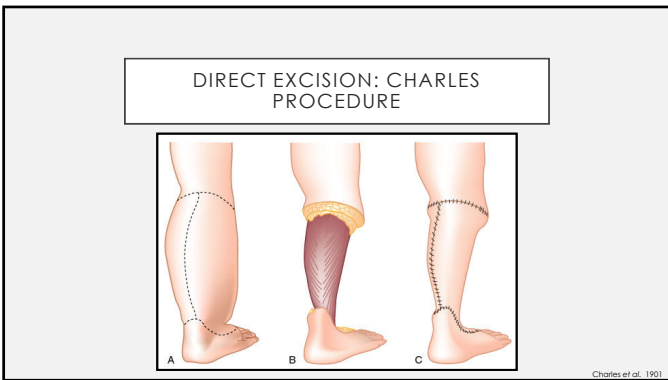
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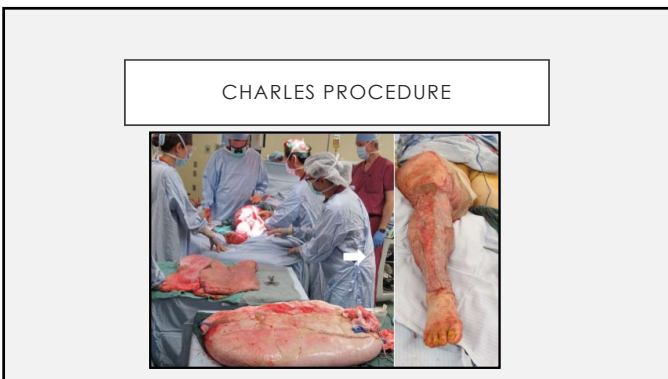
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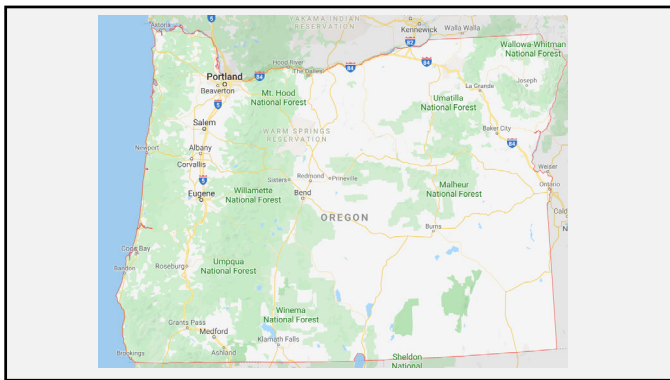
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Missing:  
Dr. Arpana Naik, Dr.  
Sarah Crandall

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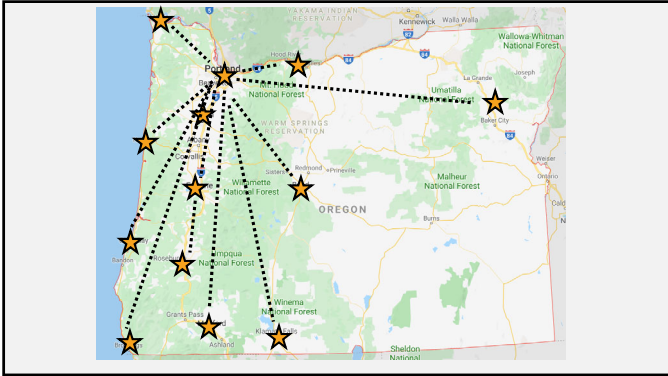
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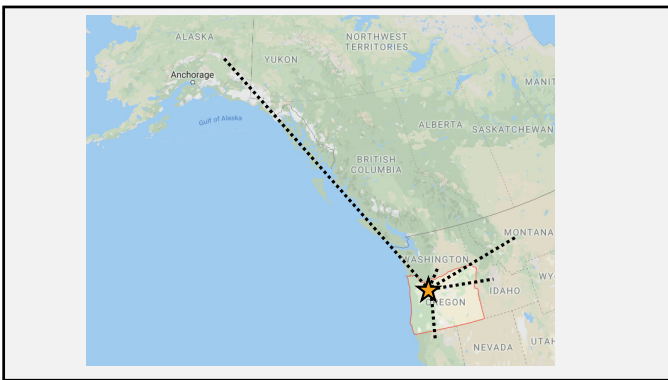
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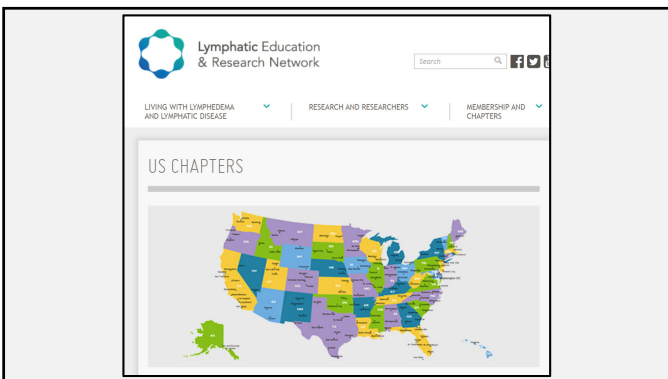
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**2019**

**Honoring our patients for World Lymphedema Day**  
March 6, 2019

At Oregon Health and Science University, our goal is to put our patients first. Today and every day, we are honoring all of our patients battling through lymphedema.



All OHSU lymphedema prevention and treatment is important to us and our patients. So we are establishing a comprehensive program to serve our region with the goal of education, prevention, reconstructive therapy and surgery.

To learn more about our lymphedema treatments or to make an appointment, call 503-696-6676.  
[www.oHSUknightcancer.edu](http://www.oHSUknightcancer.edu)

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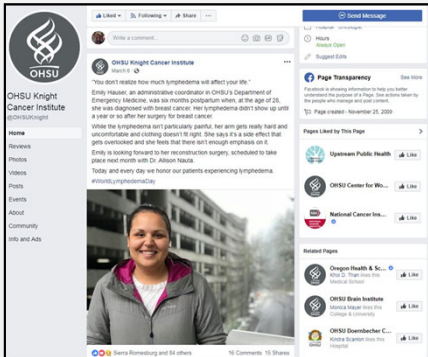
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**OHSU Knight Cancer Institute**

You don't realize how much lymphedema will affect your life. Emily Haeber, an administrative coordinator in OHSU's Department of Emergency Medicine, was six months postpartum when, at the age of 38, she was diagnosed with breast cancer. Her lymphedema didn't show up until a year or so after her surgery for breast cancer.

While the lymphedema isn't particularly painful, her arms get really hard and uncomfortable and clothing doesn't fit right. She says it's a side effect that gets overlooked and she feels that there isn't enough emphasis on it. Emily is looking forward to her reconstruction surgery, scheduled to take place next month with Dr. Alison Haskin.

Today and every day we honor our patients experiencing lymphedema. #WorldLymphedemaDay

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2020




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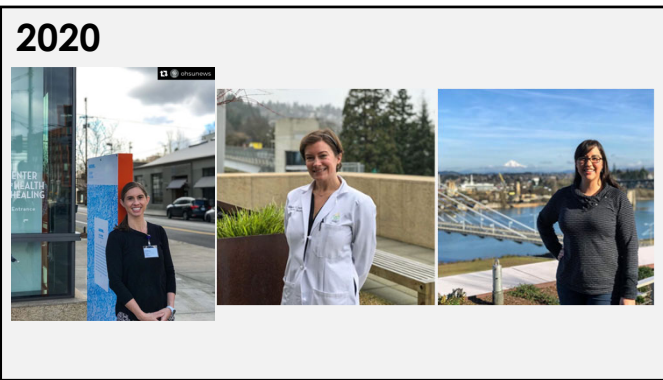
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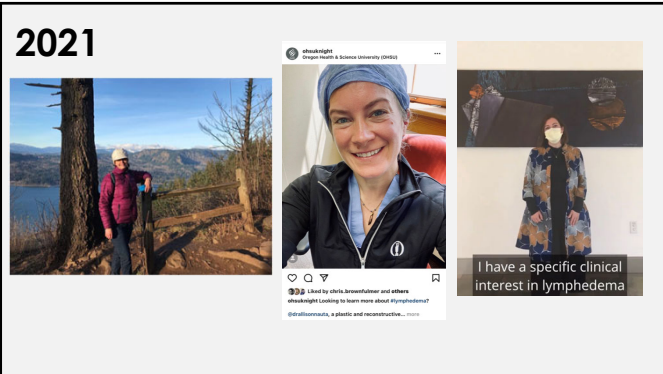
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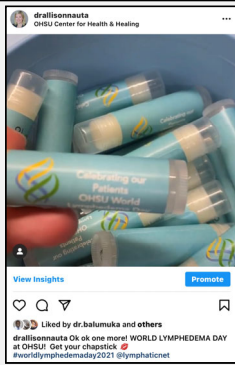
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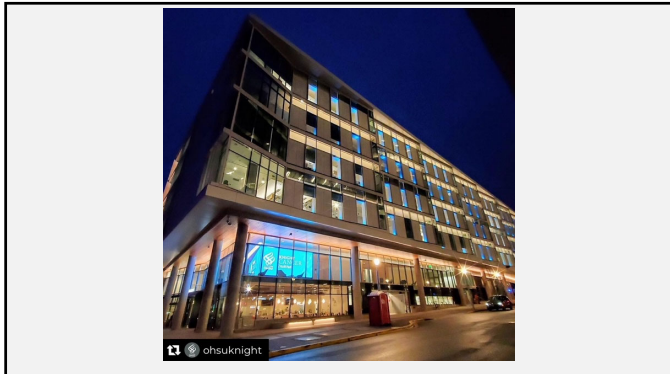
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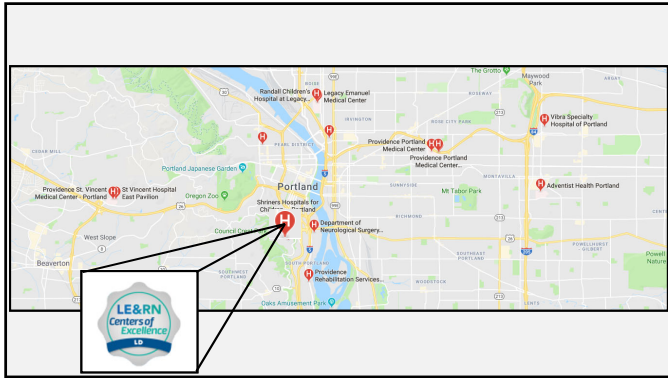
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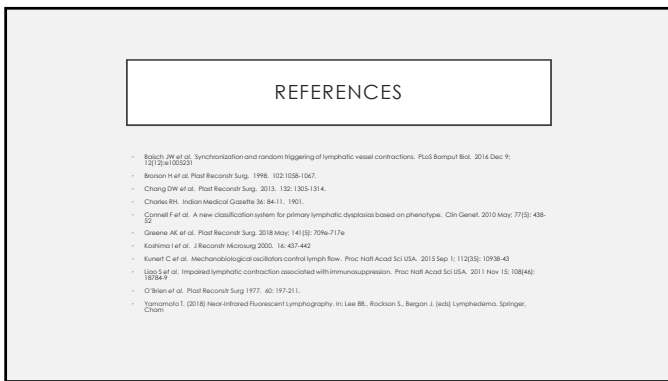
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