

Managing Pain and Minimizing the Risks for Lymphedema

By Anna Towers

Q I had an operation on my right groin to remove a lymph node in 2011. Since then I have been diagnosed with lymphedema in my right leg. I am now experiencing the same symptoms in my left leg. Is it possible that lymphedema can spread from one limb to another? I am also experiencing throbbing pain in both legs and wonder if this is normal and what causes the pain?

A Any new lymphedema requires a thorough medical evaluation to determine the cause. If there is a new edema in the leg accompanied by pain, then this may require an urgent medical assessment to rule out a blood clot in a deep vein. There are many other causes of painful swelling that a physician will need to investigate. One cannot assume a new leg swelling is lymphedema just because one has lymphedema in the other leg. However, it does often happen that people develop bilateral lymphedema because the original cause of the lymphedema has also impacted lymphatic nodes or vessels in the opposite side. An example would be radiotherapy to the pelvis, or removal of central or bilateral lymph nodes for cancer staging or treatment.



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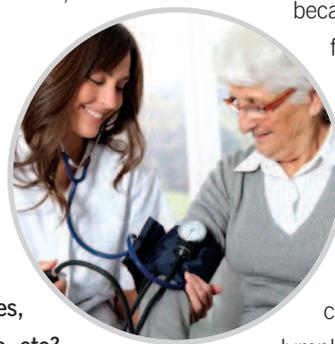
Q What are some tips and strategies to alleviate pain caused by lymphedema?

A Lymphedema is usually painless. However if there is a marked degree of swelling then this can lead to heaviness, bursting sensations, and problems in joints, ligaments or tendons that will be painful. Some therapies for cancer, such as radiotherapy or surgery can cause damage to nerves as well as causing lymphedema. In every case one should find the cause of the pain, and then this can be treated with physiotherapy or analgesics if the cause cannot be removed. Good control of lymphedema, maintaining limb volume as small as possible, will help minimize pain.



Q I have had a double mastectomy and now have BOTH arms at risk for lymphedema. What are my options when I require blood pressure and/or IV punctures, blood work, cortisone shots, etc?

A One arm will be at a greater risk than the other, which your doctor should advise you of. However, medical tests and injections are done under techniques that are at low risk for producing infection. Manual blood pressure devices are preferred over automated blood pressure



units. Many blood tests can be delayed with no great harm to one's health. Also, you might ask that blood tests be combined to minimize needle pricks. Using feet or legs for blood tests is sometimes suggested. However, this is not very practical. Injections could be given in the legs or buttocks, which some clinics prefer, particularly for vaccinations that produce an inflammatory response, such as annual flu vaccines. If you specifically need cortisone injections in the at-risk shoulder joint or wrist because of arthritis or another inflammatory disorder such as carpal tunnel, then you need to weigh the risks. If you have so much pain that mobility is reduced, and you require a cortisone injection or minor surgery because other treatments have failed, then you need to know that lack of mobility is in itself a risk factor for developing lymphedema. You want joints that are pain free so that you can move normally to reduce your chances of developing lymphedema, or having existing lymphedema get worse. **LP**

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