Lymphedema Risk: A Hidden Massage Therapy Contraindication
A Webinar with Tracy Walton, MS, LMT

Background

• Author
• Educator
• Researcher
• Massage Therapist
• Specialist in massage therapy and cancer care

Things to Think about...

What questions can help you assess a client’s lymphedema risk?
How do you describe lymphedema?
Which massage elements are likely or unlikely to trigger lymphedema?
Describe the safest work with the arm of a person with lymphedema history
How do we handle lymphedema risk + undiagnosed swelling?
List lymphedema triggers encountered in everyday life
Highlights of this Webinar

• Why lymphedema risk is as important to assess as lymphedema history before beginning any massage
• How an initial lymphedema episode becomes a chronic, permanent health problem
• How to adapt massage in order to avoid provoking a lymphedema episode
• Questions to ask every client with a cancer history—even decades later

Breast cancer presents differently in different people

Breast cancer
Advanced
(mets to brain, bone, liver)
Strong chemo side effects
Treatment poorly tolerated
Lymphedema history in left arm
Meds for anxiety, sleep, seizures, etc.

Breast cancer
Successful treatment
7 years survivorship
Minor chemo side effects
Treatment well tolerated
No lymphedema (risk remains)
No meds
Breast cancer presents differently in different people

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Lymphedema
Different from natural swelling
Can occur decades later
Lymphedema
Disfiguring  Chronic  Painful  ↑ Risk of infection

Irreversible

Cause + trigger

[1st episode] → (chronic)
Lymphedema

- Caused by impairment in the lymphatic system due to
  Surgery, Radiation therapy
- Triggered by a later event

Surgery
with lymph node removal

Cancer Cells Pass through Lymph Nodes
Radiation Therapy
Lymph node injury and scarring

Nodes are Removed in Cancer Surgery

Cervical
Axillary
Inguinal

Lymph Node Dissection (LND) = some number removed

Nodes are Removed in Cancer Surgery

Sentinel Node Biopsy (SNB) = specific nodes removed
(first in drainage pathway for tissue containing tumor)
Nodes are often within a Radiation Treatment Field

- Radiation treatment can injure lymph nodes and vessels
- Scarring of lymphatic structures

Lymphedema Statistics

- 5-40% of women experience lymphedema after axillary lymph node dissection (ALND)
- Removing fewer nodes may reduce risk (3.7%-13% develop lymphedema after SNB)
- Other factors may increase risk (chemotherapy, obesity, smoking, diabetes)
- www.breastcancer.org

Lymphedema Statistics

- 5-40% of women experience lymphedema after breast cancer surgery
- Removing fewer nodes may reduce risk (3.7%-13% develop lymphedema after just SNB)
- Other factors may increase risk (radiation, obesity, chemotherapy)
  
  It is impossible to predict who will develop lymphedema and who won't!
Lymphedema is Unique

- Not “garden variety” swelling
- Can be profound, painful, disfiguring, heavy
- Can lead to complications (infection)
- Irreversible
- No curative treatment

Lymphedema is Unique

- Only specialized lymph drainage techniques help control
  - Manual lymph drainage by a lymphedema specialist
  - Compression bandaging
- Refer to lymphedema clinic
- National Lymphedema Network
  www.lymphnet.org

Lymphedema starts as a Plumbing Problem!

Mechanical problem
Fluid in tissues > Transport capacity
Nowhere for fluid to go
Lymphedema starts as a Plumbing Problem!

Mechanical problem
Fluid in tissues exceeds transport capacity
Nowhere for fluid to go
It backs up in the tissues → SWELLING

Lymphedema becomes a Chemical Problem!

Proteins collect in tissues
Proteins draw more water into tissues
Swelling worsens
“Protein-rich edema”
Which body parts are affected or at risk?

The “drainage field”
(Anything that drains into missing or injured lymphatic structures)

Which areas at risk?

• **Face/neck** (cervical nodes drain)
• **Upper extremity/trunk** (axillary nodes drain)
• **Lower extremity/trunk** (inguinal nodes drain)

Each Area Includes a *Quadrant*

• **Face/neck** (cervical nodes drain)
• **Upper extremity/trunk** (axillary nodes drain)
• **Lower extremity/trunk** (inguinal nodes drain)
Lymphedema *caused* by an underlying (hidden) weakness

Lymphedema *triggered* by a small event in the at-risk area (quadrant and limb)

Lymphedema arises

*cause*  +  *trigger*
Lymphedema triggers

• Trauma/inflammation
  - injury
  - cuts
  - pressure
  - overstretch
  - overuse
• Infection
• Heat

...anything that increases circulation!

Precautions:
Triggers to Avoid for People with Lymphedema/Lymphedema Risk

• No blood pressure on that side
• No needle sticks on that side
• Avoid burns, cuts, heat, insect bites, sunburn
  • No heavy bags/luggage
  • No restrictive clothing
  • No overexertion (5 lb. lift limit?)

Precautions (avoid triggers) for people with Lymphedema/Lymphedema Risk

• Excellent skin care in affected/at-risk area
• (If arm) Wear gloves while gardening
• (If arm) Wear gloves while doing dishes
• Do not expose affected/at-risk area to hot showers
• Do not immerse in hot bath or hot tub
Small triggers can have huge effects

When Does Lymphedema Occur?

- Can be at any point after cancer treatment
- Right away
- Years, decades later
- Risk is lifelong
What about massage?

Think in terms of ingredients. What should be left out?

What is left in?
Elements of Massage

To Adjust

- Contact
- Lubricant
- Pressure
- Joint Movement
- Friction
- Position
- Site of massage
- Draping
- Speed
- Rhythm
- Session length
- Session timing
- Session intent
- Medical consultation
- Medical referral

How Cancer Affects Client

Cancer

Where?

Signs, Symptoms

Effects on Organ Function

Tissue Instability

Medical Treatments

Side Effects

Trauma/inflammation
- injury
- cuts
- pressure
- overstretch
- overuse

Infection

Heat
Modify pressure

The Massage Therapy Pressure Scale*

*Gratitude to Gayle MacDonald and Dawn Nelson for describing "lotioning"
Massage and Lymphedema ("lymphedema history")

- NEVER attempt to treat lymphedema with massage
- Conventional massage techniques can aggravate
- Refer lymphedema (or undiagnosed swelling) to physician and lymphedema specialist

In "drainage field" (limb + quadrant)

- ONLY "hold with soft hands" (Pressure = 1) and
- Position to elevate extremity and minimize pressure on it and
- Follow any additional instructions from the physician or lymphedema specialist

In other quadrants

- Limit pressure to level 2 and
- Refer client for lymphedema care
Massage and Lymphedema RISK

- Use care with anyone at risk of lymphedema

- **Who** is at risk of lymphedema?

- What is the minimum number of nodes removed that can put someone at risk of lymphedema?

Massage and Lymphedema RISK

- Use care with anyone at risk of lymphedema

- **Who** is at risk of lymphedema?
  ...(Anyone with history of lymph node removal or radiation in which areas?)
• Use care with anyone at risk of lymphedema

• **Who** is at risk of lymphedema?
  ...(Anyone with history of lymph node removal or radiation in...cervical, axillary, inguinal area)

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**Massage and Lymphedema RISK**

In “drainage field” (limb + quadrant)

• Don’t try to raise circulation
• Avoid heat treatments
• Never redden the skin
• Avoid strong joint movement

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**Massage and Lymphedema RISK**

In “drainage field” (limb + quadrant)

• Limit time to a few min.
• Pressure level 2 max safest for most people
• Thoughtful positioning
Massage of the Arm
(Pressure level 2 max)
2 Different Massage Protocols

**Lymphedema Hx**
- In **affected quadrant**, hold with soft hands only
- In other quadrants, pressure max = 2
- Position to elevate extremity
- No increase in circulation
  - With heat
  - With ice
  - With friction
  - With joint movement
  - With strokes
- Refer to MD or lymphedema specialist

**Lymphedema Risk**
- In **at-risk quadrant**, limit pressure to level 2 max
- Limit time to a few min.
- In other quadrants, limit pressure to level 3 for most people
- Thoughtful positioning
- No friction or strong joint movement
- On at-risk extremity, don’t aim strokes directly at missing/injured nodes
- Work at-risk extremity in segments from proximal to distal strokes toward
- On back, “sweep” strokes from at-risk quadrant to other intact quadrants
- Refer to MD or lymphedema specialist
Lymphedema HISTORY or RISK?

Lymph node removal or radiation (RISK)
+ Undiagnosed swelling

= Lymphedema history

Massage and Lymphedema

- Read up on lymphedema/lymphedema risk in resources
  - MacDonald, *Medicine Hands*
  - MacDonald, *Massage for the Hospital Patient*
  - Walton, *Medical Conditions and Massage Therapy*
  - Chapman, Cheryl
  - Breastcancer.org
  - National Lymphedema Network at lymphnet.org
Questions to Ask about Lymphedema/Risk

• Did you have any lymph nodes removed? If so, where?
• If not, why wasn’t it necessary?
• Any removed that were “negative?”
• Any radiation therapy? Where?

Questions to Ask about Lymphedema/Risk

• Any swelling or tendency to swell?
• Any puffiness anywhere?
• Any lymphedema history?
• Did your doctor or nurse talk with you about lymphedema risk?
• Did they urge you to not get your BP taken in certain places, or avoid needle sticks?

Language to Use

• We recognize that the risk of lymphedema is always there, whenever one or more nodes have been removed or treated with radiation. Because of this risk, we work gently in the area drained by the missing/injured lymph node(s). This includes...[list areas]

• Did your nurse or doctor talk with you about lymphedema risk? Did they tell you anything about blood pressure readings or needles on that side?

• I am borrowing the concern about lymphedema from standard medical and nursing practice. Because they are concerned about blood pressure, I will take care with massage pressure. Because they are concerned about circulation to the skin, I will take care with my strokes.
References


Resources in Cancer and Massage

Articles in massage publications


- Curties, D. Massage Therapy & Cancer. Available at www.curties-overzet.com

- Wible, J. Drug Handbook for Massage Therapists


DVD

- Society for Oncology Massage

www.s4om.org

Resources in Cancer and Massage

The Society for Oncology Massage

www.s4om.org

Thank you!
Questions?

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Question 2

Possible Answer Options

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