

How is Lymphedema Treated?

Complete Decongestive Therapy (CDT) is the therapy of choice for most patients suffering from primary and secondary lymphedema. CDT is a non-invasive, multi-component approach to treat lymphedema and related conditions. Numerous studies have proven the scientific basis and effectiveness of this therapy, which has been well established in European countries since the 1970s. The goal in lymphedema management is to reduce the swelling and to maintain the reduction by removing excess plasma proteins and water from the tissues, utilizing remaining lymph vessels and other lymphatic pathways. Additional goals are prevention and elimination of infections and the reduction and removal of fibrotic tissues. CDT with its four components Manual Lymph Drainage (MLD), compression therapy, decongestive exercises and skin care, is designed to achieve this goal.

CDT is applied in two phases. In phase one (intensive phase), the patient is treated by a skilled and specially trained therapist on a daily basis until the swollen extremity is reduced to a normal or near normal size. The end of phase one is determined by the results of circumferential or volumetric measurements on the affected extremity. Depending on the stage of lymphedema, the involved extremity or body part may have reached a normal size at the end of the intensive phase, or there may still be a circumferential difference between the involved and the uninvolved limb. If treatment is initiated in the early stage of lymphedema (stage one), which is characterized by a soft tissue consistency without any fibrotic alterations, limb reduction can be expected to a normal size (compared to the uninvolved limb). If intervention starts in the later stages of lymphedema (stages two and three), where lymphostatic fibrosis in the subcutaneous tissues is present, the edematous fluid will recede, and fibrotic areas may soften. However, in most cases the hardened tissue will not completely regress during the intensive phase of CDT. Reduction in fibrotic tissue is a slow process, which can take several months or longer and is achieved mainly in the second phase of CDT.

In the second phase of CDT (self-management phase), the patient assumes responsibility for managing, improving and maintaining the results achieved in the first phase. To reverse the symptoms associated with later stages of lymphedema, good patient compliance is indispensable. Compression garments have to be worn daily and bandages have to be applied during the night. This self-management phase is a lifelong process and includes self-Manual Lymph Drainage, self-bandaging (during the night) and decongestive exercises; regular check ups with the physician and the lymphedema therapist are necessary