

Barbara Korosec, RN, MS, LLCC
LLCC Case History #2
August 2008

Client: JF

Age: 77

Gender: Female

History/Medical/Surgical Diagnoses:

Breast Cancer DCIS Right breast, S/P bilateral mastectomy 6/6/2007
Unknown number of nodes removed
Refused radiation

Bowel resection in 1980's
Appendectomy 1990s

Recent Diabetes 2

HTN

Hypothyroid

Hi Cholesterol

Right Frozen shoulder several years ago, worse since surgery

Post-op

Drains removed 2 weeks post op

Aspirations 1x/per week since OR (June- August 3.2007)

100cc each side max, usually 50cc each side

Referred by Massage Therapist for complaints of "swelling" in the bilateral chest and axillary areas post bilateral mastectomy which was done on June 6, 2007.

Current medications:

Aspirin

Levoxyl

Lipitor

Fosamax

Toprol

Glucophage

Allergies:

Sulfa and CT contrast

Denies Latex allergy.

Chief Complaint:

Evaluated 08/03/2007

Patient presents with c/o fullness, tightness, and discomfort across horizontal chest scar line and fullness in axillary areas bilaterally. Aspirations every week.

Assessment:

Patient presents with c/o fullness, tightness, and discomfort across horizontal chest scar line and fullness in axillary areas bilaterally. She denies pressure in her arms/hands. She states that she has "difficulty with her right shoulder due to frozen shoulder" and that she works with an exercise trainer 2x/week. She states that she has also been doing exercises recommended to her post operatively, "circling arms and climbing the wall". She states that she "just doesn't feel like she is healing from the surgery".

Bilateral axillary areas are visually puffy with fluid quality palpated. Lymph flow per palpation is congested through bilateral axilla. Horizontal chest incision is healed and intact without redness or drainage. Scar line is uneven with areas of budging skin. Right lateral scar area with excess skin protruding. Patient states that it is "very uncomfortable" and rubs on her clothing. Scar tissue is palpated along the scar line. Lymph congestion is palpated superficially in chest area. Deep abdominal pathways palpated with disorganized and congested pathways. Bilateral external iliac and inguinal node groups congested.

Baseline arm measurements are recorded at 4 cm increments. The right arm is generally larger than the left. Patient is right hand dominant.

Patient has been fitted for bilateral prosthesis by a certified practitioner. She complains that the pressure from the bra causes tightness and discomfort in the chest area. Redness and skin creases are observed at the right scar area where the skin protrudes after wearing the bra for a short time. Patient is encouraged to follow up with the prosthesis provider for proper fit and additional support at the shoulder area.

Manual Lymph Mapping:

Pre treatment:

Horizontal scar across entire chest. Congestion throughout chest area.

Congested flow through bilateral axilla.

Anterior/Superior to scar-

Bilaterally mapping to intercostals, clavicle, mascalni's, disorganized and weak at axilla's on each respective side.

Anterior/Inferior to scar-

Bilateral mapping is lateral to lumbar area, intercostals, minimal and disorganized to inguinals.

Posterior-

Minimal disorganized flow to axilla.

Upper quads mapping to clavicle, lumbar regions, vertebrae, sacral, minimal and disorganized to inguinals

Deep abdominal pathways disorganized and congested.

Bilateral external iliac and inguinal node groups congested.

Post 1st treatment- Abdominal pathways more efficient. Increased flow to inguinals at end of session.

Circumferences: Measurements of the two extremities reveal that the right arm is larger than the left. Approx 10%. Patient complains of both upper arms feeling full.

Treatment/results

Treatments- 8/3/2007 and 8/6/2007. Increased flow throughout. Patient reports decreased swelling and abdomen less full. States she can breathe easier.

Basic self-therapy at clavicle area taught with return demonstration by patient.

NP appointment 8/7/2007. Unable to aspirate any fluid from scar areas.

Hands-on Lymph Drainage Therapy (LDT).

After 6 sessions of Lymph Drainage Therapy (LDT). Deep abdominal pathways are noted to have increased organization and quality post treatment. Rerouting to accessory drainage areas has occurred. Increased lymph flow is palpated through all congested areas. There is a decrease in fibrotic tissue palpated across horizontal scar line after implementing gentle fibrotic techniques. Patient has been instructed in self-therapy and deep breathing techniques. She reports that her chest area and bilateral axillary areas feel less tight and full. She does wake in the morning with the sensation of fullness, however, this decreases during the day as she performs self-therapy and increases her activity. She states that she has not required further fluid aspiration.

Deep breathing exercises, general dietary anti-inflammation measures, and self-therapy to clavicle and abdomen have been implemented. At present, patient is not able to wrap arm at night although has been taught how to do so. Husband unable to assist. Continues with PT for frozen shoulder.

General maintenance therapy has been provided 1-2x per month. Patient wears sleeve and glove right arm and hand. Left hand and arm with air flight, and occasionally if the arm seems to be swelling.

Patient awaiting consult with plastic surgeon regarding revision of the surgical area especially the dog ears at the axilla bilaterally.

Volume calculation: (Using 4 cm incremental measurements in the calculation.)

Arm measurements were recorded on 10/18/07 and compared to the initial measurements dated 8/3/07. There was a reduction of 89.6 ml in the right arm and 91.6ml in the left arm. Patient has maintained the same body weight throughout, approximately 170 lbs.

Arm calculations do vary depending on patient activity, travel and weather. As of 7/08, there has been a total reduction of 118.2 ml in right arm and 102.4ml in the left.

Outcome:

During and immediately after sessions:

Subjective-

Decreased swelling/heaviness at scar area and bilateral, increased ROM, sleep has improved, improved sense of overall well-being.

Abdomen feels less bloated. Elimination has improved.

Objective-

Decreased congestion at scar site. Improved quality and amplitude of flow through. Improved ROM, although right arm remains restricted due to frozen shoulder condition. Participating in PT currently.

Softening of scar with reduced redness.

Lasting effects:

Patient performs self-therapy and other measures to promote lymph flow. Status depends on length of time wearing sleeve and glove as well as activity.

Patient works out with trainer and is active around her house.

Coping: Optimistic.

Compliance: Compliant with recommendations for the most part.

Patient diligent with daily self therapy, H₂O, and exercise. Wears compression sleeve and glove right arm most of the time during the day.

Seeks LDT as needed- at least 1x/month. .

Garments obtained for both arms. Right sleeve and glove most of the day.

Wears both for air travel.

Psychosocial issues: Optimistic. Strong willed. Self motivated. Interested in prevention and does research on health issues.

Patient/Family: Supportive husband. Daughter in NYC.