Case History Report for Lymphedema Re-Certification
By Julie A Whitehill, OTR/L, LLCC

Case History of DM

Personal:
DM is a 50 year old woman who continues to be a public school educator at the high school level. She was referred by the Cancer Center at Cape Cod Hospital who has been following her since her surgery in 2006. This patient was seen by this therapist two plus years after her surgery.

History:
DM had a lumpectomy in April of 2006 for breast CA. She was being seen in physical therapy for a herniated disc at the time she was referred for lymphedema management. She was receiving PT three times per week initially and as she improved was reduced to two times per week. She had been experiencing back pain and numbness in her right foot and was working on core stabilization exercises. At the time she presented to this therapist many of her back symptoms had been improved.

DM had noticed an increased heaviness in her R breast some ten months previously. She finally followed up with her surgeon when increased redness was evident and two months later she presented to this therapist. At some point since seeing her surgeon she had been put on steroids for her back pain and since then she felt her breast was less swollen and was without pain. Patient indicated she was taking lisinopril and HCTZ, for high blood pressure, tamoxifen to decrease her estrogen level and levoxyl to replace low thyroid hormone levels. Dosage amounts were not indicated.

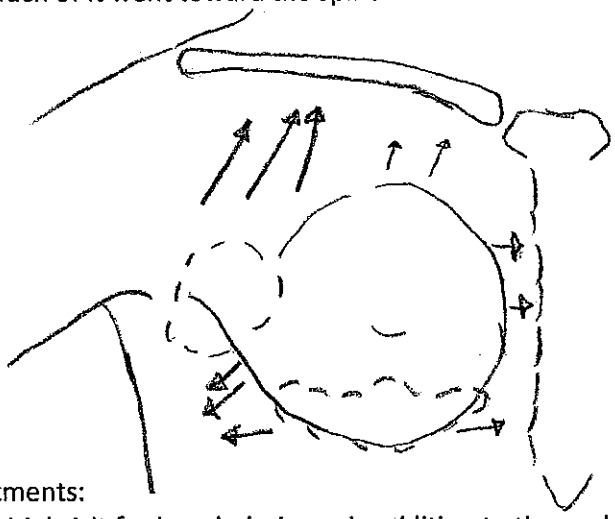
Evaluation/Assessment:
DM came for an evaluation with questions about what was happening and a concern for how to improve her situation. She reported she had not been given instruction at the time of her surgery about possible post-surgical risk factors following the removal of lymph nodes. She presented with edema of the chest wall and R breast. The skin condition was as follows:

Color: reddened
Texture: normal
Firmness: firm to very hard
Temperature: normal
Firbrosis: mild to moderate

DM denied pain. She described her surgery as a partial mastectomy in which two or three lymph nodes had been removed. She was not sure of the actual number. She had had radiation but denied any infection throughout the entire process. She denied any limitations in ROM or functional ability to use R UE for reaching, dressing, carrying. She had stopped wearing a bra as it had become uncomfortable to wear and she feared causing more tissue damage. She had been wearing underwire bras. She also had found exercising more difficult and had limited her participation in that activity.

Patient was evaluated with observation and palpation of affected area. She was found to have pockets of edema on the lateral side of her R breast from about 9 o'clock to about 10:30. That area irregularly reached toward the inferior axilla of her side. The inferior area of her breast was also found to be involved. Manual lymph mapping was done to determine the direction of lymph flow. The area superior to the lateral pocket was found to move superiorly toward the clavicle. The area inferior to the lateral pocket was found to move laterally across the watershed to the back. The inferior pocket area

was noted to move both laterally across the watershed to the back and medially toward the sternum. From the back area, much of it went toward the spine and some went to the inguinal lymph nodes.



Lymph Drainage Treatments:
DM was seen at this initial visit for lymph drainage in addition to the evaluation. Treatment protocol was followed. DM responded well to both the first and second rhythms. The direction of her lymph flow as perceived in the MLM was followed and a decrease in firmness in the pocket areas was noted. Patient was able to note the difference. She was very interested in learning to manage her lymphedema by herself. Some instruction occurred at this meeting. A compression garment was discussed with the possibility of a swell spot. She expressed concern about insurance issues that also would need to be addressed.

DM was seen for under an hour in this initial visit. She was seen for three more visits lasting from a half an hour to three quarters of an hour. The focus of each visit was to instruct the patient in self LDT, to see the progress she was making with self LDT and to provide her with information on managing her lymphedema. The information she was given included a handout from the National Lymphedema Network on risk reduction practices, information from Upledger Institute Workbooks on Lymphedema as well as other general guidelines. Patient also had a husband who was willing to help her.

During the last two visits it was noted that there was a change in the direction of the lymph flow as noted by MLM. The direction of the lymph flow tended to go more directly to the R side inguinals with less strong a flow to the spine area. During the course of therapy the firmness of the tissue was noticeably decreased. Redness also decreased. Areas of pocketing were still observed and the issue of a compression garment became where she might be able to obtain one with as little expense as possible. The Belisse Bra Company in Vermont was contacted and a sample bra was sent to the therapist. Measurements were taken according to the guidelines specified and a swell spot considered. A company on the West Coast was contacted, Bio-Horizon who felt they might have some success in achieving re-imbursement from the insurance company. The patient also internet searched for possible options. A local vendor was contacted and the patient ultimately decided to buy from her.

The patient planned to purchase a swell spot and agreed to follow-up with this therapist for fit but did not return. Follow-up phone call elicited no response. Her chart was subsequently discharged. DM was seen "on the street" recently and reported she was fine, had no swelling and was back wearing her own bras. She did indicate she continued to do her LDT and felt it was continuing to be helpful.

Coping:
DM was not the first patient to have denied being given general information regarding risk factors relative to lymph node removal and radiation. She was initially fearful about the meaning of the edema and at the same time wanted to deny the need for intervention. She had survived the trauma of dealing with breast cancer, the surgery and radiation and seemed to have difficulty coping with any further issues related to the initial diagnosis and subsequent treatment. She seemed to struggle accepting that she would always have to be watchful to care for that area of her body. It seemed difficult for her to understand what the removal of lymph nodes meant. She did appreciate the immediacy of the LDT and has reportedly used those skills to good advantage. She also reported her husband's willingness to help her with LDT, although she confided he had a little difficulty being as light with the touch as she had been instructed. And though she now reports she has returned to wearing regular bras, it is hoped she remembered the recommendation not to wear underwire bras.

Conclusions:
DM was one of the first patients this therapist had seen with chest wall lymphedema. Chest wall lymphedema was more challenging to this therapist because it was harder to measure. Since this patient, efforts have been made to measure the parameters of pockets of fluid in an effort to more adequately report progress in the reduction of size. The patient seemed to be relieved significantly by the softening of the firm tissue.

Compliance by this patient was not as good as this therapist would have wished. More follow-up to make sure the patient was benefitting from her garment and assessing the placement and success of the swell spot would have been ideal, however, each patient has the right to make their own choices regarding their care. Hopefully, enough information was given the patient to be able to make the best choices possible. Additionally, this patient knows she can return for additional care, should she need or desire it.

This patient was chosen to be reported upon for two reasons. The first was the therapist wished to review the work she had done, to reflect on its successes and things that might have been done differently. The addition of measurement of the size of the pockets of fluid as mentioned above was one of the things that could have been done differently. Knowing what ultimately was discovered during the process of getting a bra and hot spot as well as dealing with the idiosyncrasies of insurance coverage will help this therapist on future occasions. The second reason was that the occurrence of chest wall edemas has been less frequent, but more challenging in some ways and this therapist is looking for additional help that can be offered to her patients.

The information provided in this report is true and accurate to the best of my ability.

Julie A. Whitehill

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