

Barbara Korosec, RN, MS, LLCC
LLCC Case History #1
August 2008

Client: ET

Age: 50

Gender: Female

History/Medical/Surgical Diagnoses:

Breast Cancer, S/P bilateral mastectomy 2003

Left mastectomy with axillary dissection and tram flap 2/2003.
Approximately 4 nodes removed on left side per patient statement.
12/2004 reoccurrence- tiny lump removed in addition to 16 more nodes.

Prophylactic Right mastectomy with reconstruction implant. 12/04
Approximately 4 nodes removed on the right side per patient statement.

No pathology reports.
Chemotherapy (completed April 2005) 8 treatments
Received radiation (completed July 2005) 40 treatments.
Patient denies other medical conditions.

Prophylactic Lap hysterectomy 11/28/05
Brac 2 gene

Current medications:

Arimidex
Cylexa

Allergies:

NKA. Denies Latex allergy.

Chief Complaint:

Evaluated 11/10/2005

Patient presented with swelling, and c/o tightness in left axilla and arm. Stated that her jewelry is tight on her left hand. Patient c/o left posterior shoulder and neck area discomfort and feeling "full". No c/o of discomfort in the right extremity. Patient states that she was evaluated at Local Lymphedema Clinic in August, and was told that she was "OK". Fitted with a compression glove and sleeve in August 2005. Hands-on therapy was not provided and patient was not instructed in self-therapy. Patient states that she does not wear her compression sleeve very often. Patient reported that elevating the limb does not have much effect on reducing the swelling and/or discomfort.

Referred to Integrative Health Dynamics by garment fitter in August 2005. Did not make contact until 11/2005.

Pre hysterectomy Assessment/ treatment/results:

Left arm is visually larger than the right, especially in the upper arm. Mild non-pitting puffy soft edema noted left hand and arm that does not reduce with elevation. Edema palpated in left neck, shoulder, scapula, and left lateral thorax. Skin intact throughout. No redness and no increase in temperature noted in left upper extremity, equal in both extremities. Operative scars visualized. Port placement noted left clavicle area. Tissue is soft without fibrotic characteristics in the left upper quadrant of the thorax and upper extremity, except for a small area of firmness is located in the left inferior axillary apex scar area. Sensation is consistent in the upper left quadrant of the thorax and extremity, with no deficits noted. Patient presents with the characteristics of Stage I Lymphedema per classification of the International Society of Lymphology, namely edema that does not pit, and a limb that does not reduce with elevation. There is some limited range of motion of the left shoulder. Patient also c/o some discomfort during adduction, abduction, and lateral flexion/extension of the left arm. No c/o during flexion/extension and pronation/supination of the wrist/fingers.

Manual Lymph Mapping:

Superficial lymph congestion is noted in left anterior and posterior shoulder/neck/scapula, axilla, lateral thorax and upper and lower arm. Deep abdominal pathways with congestion and disorganized pathways noted. Left inguinal node group congested. Superficial lymph flow of left upper quadrant rerouting to right axillary node groups anterior and posterior and clavicle. Left inguinal node group anterior, superior shoulder rerouting to posterior pathways across watershed and into vertebrals, and posterior left upper quadrant rerouting to right axillary node groups, clavicle, lumbar, and right axillo-inguinal pathways. Minimal flow through left axilla.

Right upper quad rerouting right axillo-inguinal, and lumbar areas.

Circumferences: Measurements of the two extremities reveal that the left arm is larger than the right, especially in the upper left arm. Although not symptomatic, it is probable that the right arm's lymphatic functioning may also be affected by the right mastectomy, node removal and reconstruction.

Volume calculation: (Using 4 cm incremental measurements in the calculation.) Presently, the left arm volume is calculated at 5.7% greater as compared to the right arm. Initial lymph volume calculated for the right arm is 1895ml, and initial lymph volume for the left arm is 2004ml.

Hands-on Lymph Drainage Therapy (LDT). Lymphedema protocols followed during 11/10/05 session. Arm LDT protocols limited to above the left elbow at this time. Post rx: Mapping unchanged. Deep abdominal pathways noted to have increased organization. Increased flow through all congested areas palpated post tx. Patient stated that her shoulder felt better and that she could move her arm more easily post tx.

CDP/Bandaging therapy is not indicated at this time. The short-term goals of therapy: to reduce the edema volume through hands-on therapy, to provide specific patient education regarding skin care, therapeutic remedial exercises, self management techniques, use of compression garments, and complication prevention. Stabilization of abdominal and rerouted lymph pathways is a priority given the upcoming scheduled surgery (11/28/05), as the left arm is at risk for increased edema formation.

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

Reduction achieved in 3 treatments(approx 45-60minute sessions):

Left arm reduced by **111.54 ml**

Right arm reduced by **145.98 ml**

Post op hysterectomy 11/28/05:

Edema increased bilateral extremities, shoulders, neck
Painful/heavy arms
Abdominal bloating
Tenderness/fullness in thighs bilaterally
Mapping- as previously noted, however disorganized

After 3 treatments, deep breathing, general dietary anti-inflammation measures, and self therapy to clavicle:
1/20/06 measurements calculated and compared to original measurements 11/10/2005
Reduced by approx 126.43 ml right
Reduced by approx 147.35 ml right

Regular scheduled treatments at least 1x/month since 10/2005 and as deemed necessary by client.

1/20/06

Fibrosis began to develop left axilla/breast area (posterior axillary fold)
Fibrotic techniques applied

Total treatment span:

Sessions continue on a maintenance basis.

Regular scheduled treatments at least 1x/month since 10/2005 and as deemed necessary by client.

Outcome:

During and immediately after sessions:

Subjective-

Decreased swelling/heaviness throughout. Decreased "plastic bag feeling" posterior upper left arm noted by client, increased ROM, clothes fit better, improved sense of overall well-being.
Abdomen less "full", thighs/legs/ankles with less swelling.

Objective-

Improved quality and amplitude of flow. Improved ROM. Softening of tissue.

Lasting effects: vary depending on client activity, work schedule, travel etc.

She is able to maintain stability fairly well with self-therapy and other measures to promote lymph flow.

Coping: Optimistic, self motivated for the most part.

Some depression expressed occasionally.

Compliance: compliant

Patient diligent with daily self therapy, H2O exercise, compression not consistent

Seeks LDT as needed- at least 1x/month. Can be 1x/ week depending on travel work etc.

Garments for both arms. Wears both for air travel. Left sleeve worn for increased activity and with increase in edema

Psychosocial issues: Optimistic. Strong faith.

Patient/Family: Supportive family