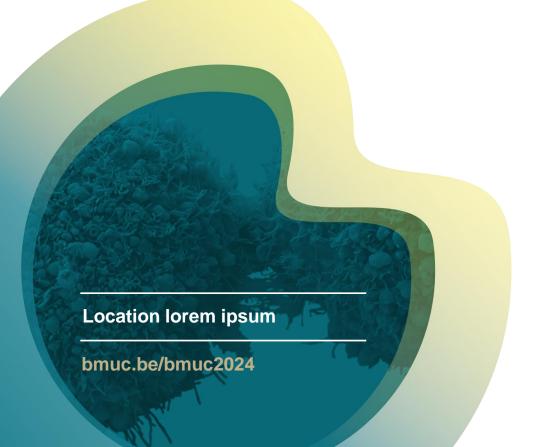
How to approach a patient with lymphoedema following pelvic therapies?

Prof. Nele Devoogdt

Center for lymphedema – UZ Leuven

Department of rehabilitation sciences – KU Leuven





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Conflicts of interest



• I have no potential conflict of interest to report

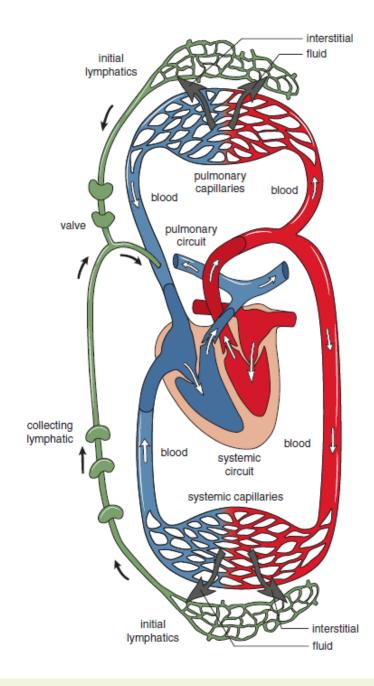


Lymphoedema

If resorption by lymph capillairies

<

Filtration out of blood capillairies





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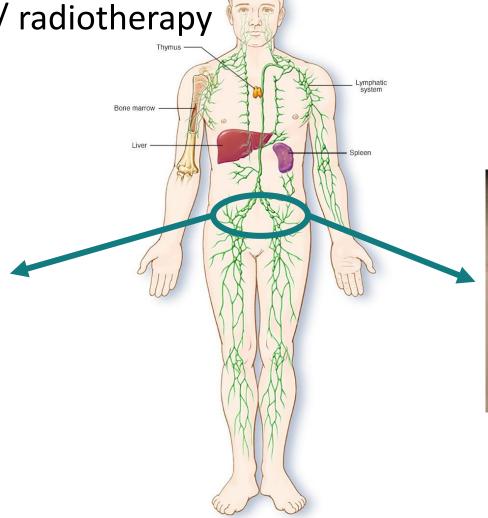
Decrease of resorption by lymph capillaries



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Lymph node dissection/ radiotherapy







Increase of filtration out of blood capillaries

UROLOGY - RADIATION ONCOLOGY - MEDICAL ONCOLOGY

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Naturally

Deep venous thrombosis or CVI

Obesity

 Accumulation of waste products in tissue (e.g. after fall)







Detection of lymphoedema



Pitting



Volume



Extracellular water



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Water content up to 2mm



Skin fold thickness



Self-reported questionnaire



Exclude:

- Deep vein thrombosis
- Cancer recurrence

Voting



- In your practice, how often after pelvic lymph node dissection & radiotherapy do you see lymphoedema?
 - A. Never (0%)
 - B. In 1-10% of patients after pelvic lymph node dissection & radiotherapy
 - C. In 11-14% of patients after pelvic lymph node dissection & radiotherapy
 - D. >15% of patients after pelvic lymph node dissection & radiotherapy



Prevalence rate of lymphoedema



	Leg	Genital region
After pelvic lymph node dissection	0-14%	0-1%
After pelvic irradiation	0-9%	0-8%
After pelvic lymph node dissection + irradiation	18-29%	2-22%

(Clinckaert 2022)

Often not reported how lymphoedema was detected!





- Regarding the treatment of lymphoedema, manual lymph drainage is an essential part of the treatment:
 - A. Yes
 - B. No





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Intensive phase



Transition phase



Maintenance phase

Skin care + exercises + education

If needed: psychologist, dietician, social worker, nurse



Aim = reduce oedema, improve functioning



Aim = stabilise oedema, further improve functioning





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If pitting
If wound

















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Compression genital region







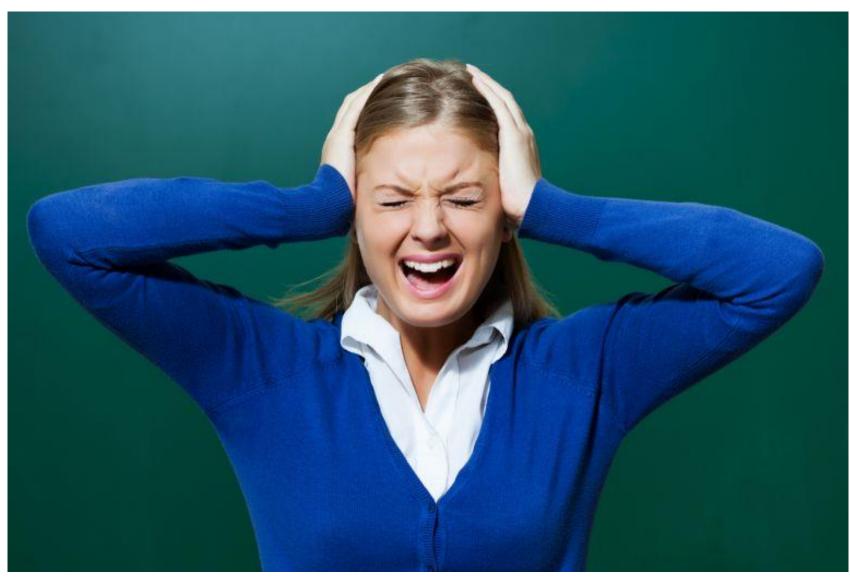
Improve selfmanagement



No manual lymph drainage



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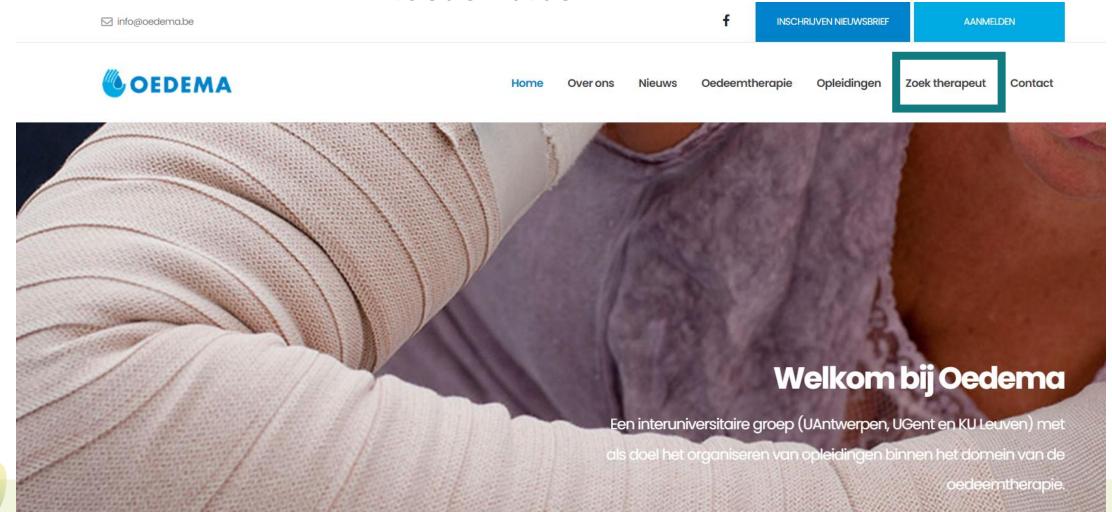


Find physical therapist specialised in oedema therapy?



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Oedema = interuniversity group organising courses for physical therapists www.oedema.be



Multidisciplinary care programme for lymphoedema



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Multidisciplinair zorgprogramma lymfoedeem **Intensive treatment:**

- Moderate to severe lymphoedema
- Duration 1, 2 or 3 weeks
- Average 5h treatment/ day

lymfoedeem@uzleuven.be

Or

016/34 68 50 (secr dpt of vascular surgery)

Physical therapist:

- Oedema therapy
- Exercise therapy
- Education

Nurse: Wound & skin care

Bandagist: Compression

garments

Psychologist/ dietician/ social

worker: Consultation

informatie voor patiënten

Also organised in:







Trial reconstructive lymphatic surgery

11th Belgian Multidisciplinary **Meeting on Urological Cancers**

Multicentre RCT

Funded by: KCE

Period: March 2022 - 2027











180 participants with arm or leg lymphoedema

Reconstructive lymphatic surgery (n=90)

No surgery (n=90)

Conservative treatment + Follow-up up to 36 months after start



Interested? Mail to nele.devoogdt@kuleuven.be



Physical therapists







Compression specialist





Social worker, dietician & psychologist



Nurses



