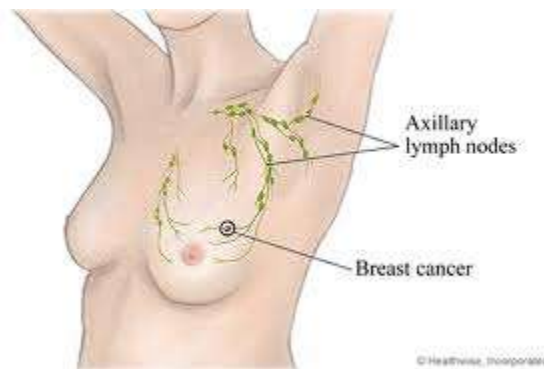


## The Value and Importance of Efficient Treatment and Management of Lymphedema

The swelling in lymphedema is caused by an abnormal accumulation of protein and water molecules in the tissue and results from the inability of the lymphatic system to perform one of its basic functions, the removal of water and protein from the body tissues. This insufficiency can be caused by developmental abnormalities of the lymphatic system ([primary lymphedema](#)), or damage to the lymphatic system such as the removal or radiation of lymph nodes in cancer surgery, or infection of the lymphatic system ([secondary lymphedema](#)).



The highest incidence of secondary lymphedema in the United States is observed following surgery and radiation for malignancies, particularly among those individuals affected by breast cancer. Generally it can be said that one out of eight women in the U.S. will develop breast cancer during the course of their lives. At the present time almost 227,000 new cases of breast cancer in females and 2200 in males are estimated in the United States annually (1).

In order to reduce the swelling it is necessary to re-route the stagnated lymph flow around the blocked area(s) into more centrally located healthy lymph vessels. This goal is achieved by a combination of different treatment modalities, all of which are integral components of Complete Decongestive Therapy (CDT), the internationally recognized “gold standard” (2,3) treatment system for the vast majority of patients affected by lymphedema. CDT components include:

[Manual Lymph Drainage](#) (MLD),

[Compression therapy](#),

[Decongestive and breathing exercises](#) and

[Skin and nail care](#)



CDT is performed in two phases; in the first phase, also known as the intensive phase, treatments are administered by trained lymphedema therapists on a daily basis until the affected body part is decongested.

The results of measurements on the affected body part (taken by the therapist) determine the end of the first phase of CDT; once measurements approach a plateau, the end of phase one is reached and the patient progresses seamlessly into phase two of CDT. Phase two, also known as the self-management phase, is an ongoing and individualized part of CDT, in which the patient assumes responsibility for maintaining and improving the treatment results achieved in phase one.

During the intensive phase, the patients are instructed in the individual components of self-management, which include a skin care regimen, home exercises, self-manual lymph drainage and the application of compression garments for daytime use.

Backed by long standing experience, CDT has shown to be safe and effective as the standard therapy for lymphedema. It is listed on the web sites of the American Cancer Society, the National Cancer Institute, the International Society of Lymphology and the National Lymphedema Network as the main component in the treatment and management of primary and secondary lymphedema.

Applied correctly by a skilled and certified lymphedema therapist, CDT shows excellent long-term results in both primary and secondary lymphedema.

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