

EVIDENCE BASED STATEMENT

DOMAIN **10**, Statement **10**

TOPIC: “**Lymphedema-lipedema follow-up protocol**”

SEARCH TERMS & SOURCES

(lymphedema) AND (follow up studies)

(lipedema) AND (follow up studies)

INCLUSION CRITERIA

- Lower limb only
- Reviews
- Publication < 10 years, only ENG

SEARCH RESULT BEFORE - AFTER SELECTION

50 (before) - 5 (after selection)

AGREEMENT BETWEEN THE 2 REVIEWERS before DOMAIN WORKING GROUP DISCUSSION & FINALIZATION

(N. of papers triggering disagreement in inclusion/No of papers from the initial search
1/50 (%))

1. Borman P. Lymphedema diagnosis, treatment, and follow-up from the view point of physical medicine and rehabilitation specialists. Turk J Phys Med Rehabil. 2018;64(3):179-197.
2. Fialka-Moser V, Korpan M, Varela E, et al. The role of physical and rehabilitation medicine specialist in lymphoedema. Ann Phys Rehabil Med. 2013 Jul;56(5):396-410
3. Grada AA, Phillips TJ. Lymphedema: Diagnostic workup and management. J Am Acad Dermatol. 2017 Dec;77(6):995-1006.
4. Kruppa P, Georgiou I, Biermann N, Prantl L, Klein-Weigel P, Ghods M. Lipedema-Pathogenesis, Diagnosis, and Treatment Options. Dtsch Arztebl Int. 2020 Jun 1;117(22-23):396-403.
5. Cansız G, Arıkan Dönmez A, Kapucu S, Borman P. The effect of a self-management lymphedema education program on lymphedema, lymphedema-related symptoms, patient compliance, daily living activities and patient activation in patients with breast cancer-related lymphedema: A quasi-experimental study. Eur J Oncol Nurs. 2022 Feb;56:102081.

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IDENTIFIED REFERENCES

- 1: Dalal A, Eskin-Schwartz M, Mimouni D, et al. Interventions for the prevention of recurrent erysipelas and cellulitis. Cochrane Database Syst Rev. 2017 Jun 20;6(6):CD009758.
- 2: Carl HM, Walia G, Bello R, et al. Systematic Review of the Surgical Treatment of Extremity Lymphedema. J Reconstr Microsurg. 2017 Jul;33(6):412-425.
- 3: Scaglioni MF, Arvanitakis M, Chen YC, et al. Comprehensive review of vascularized lymph node transfers for lymphedema: Outcomes and complications. Microsurgery. 2018 Feb;38(2):222-229.
- 4: Ahn S, Port ER. Lymphedema Precautions: Time to Abandon Old Practices? J Clin Oncol. 2016 Mar 1;34(7):655-8.
- 5: Stocks ME, Freeman MC, Addiss DG. The Effect of Hygiene-Based Lymphedema Management in Lymphatic Filariasis-Endemic Areas: A Systematic Review and Meta-analysis. PLoS Negl Trop Dis. 2015 Oct 23;9(10):e0004171.

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TEXT FOR INCLUSION IN THE DOCUMENT

DOMAIN 10, Statement 10, TOPIC: “Lymphedema-lipedema follow-up protocol”

Differently from the upper limb post-mastectomy lymphedema, detailed surveillance protocols are missing for the lower limb, as well as for the lipedema.
[Borman P. Lymphedema diagnosis, treatment, and follow-up from the view point of physical medicine and rehabilitation specialists. Turk J Phys Med Rehabil. 2018;64(3):179-197]

[Kruppa P, Georgiou I, Biermann N, Prantl L, Klein-Weigel P, Ghods M. Lipedema-Pathogenesis, Diagnosis, and Treatment Options. Dtsch Arztebl Int. 2020 Jun 1;117(22-23):396-403].

Apart for the secondary lymphedema related to a specific removable cause, both conditions are currently considered incurable in a definitive way and associated with a permanent life-style adaptation.

This must include skincare, dedicated exercise protocols, compression and infection prevention.

A constant relationship with the specialist must be developed in order to detect recurrences or aggravations of the clinical condition.

Self management has a pivotal role in these patients, therefore proper awareness of the disease must be delivered to them by a multi-disciplinary pool of experts, including also the psychological component.

[Ahn S, Port ER. Lymphedema Precautions: Time to Abandon Old Practices? J Clin Oncol. 2016 Mar 1;34(7):655-8]

While there is no evidence-based data recommending a specific timeline for monitoring, it's this expert panel opinion at least yearly if not twice per year visits with the specialist should be encouraged to promptly detect recurrences, complications and aggravations.

Patient compliance to disease management should be monitored for both eventual compression prescription and correct life-style acquisition.

Compression garment should be renewed after the specific time recommended by the producer in order not to lose its efficacy.

*[Cansız G, Arıkan Dönmez A, Kapucu S, Borman P. The effect of a self-management lymphedema education program on lymphedema, lymphedema-related symptoms, patient compliance, daily living activities and patient activation in patients with breast cancer-related lymphedema: A quasi-experimental study. Eur J Oncol Nurs. 2022 Feb;56:102081].

Considering the tight interconnection between lymphatic and venous system and the potential implications in the adipose tissue, a detailed visit should be accompanied by a vascular ultrasound scanning whenever considered appropriate by the assessing specialist.

Future research lines should be addressed to identify the proper timing for the lower limb lymphedema and lipedema clinical and instrumental surveillance.

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STATEMENT FOR PUBLIC EVIDENCE-BASED AWARENESS

DOMAIN 10, Statement 10

“Lymphedema-lipedema most often become chronic: it generally requires lifelong care and proper support by expert health-professionals”

4 SELECTED REFERENCES

1. Borman P. Lymphedema diagnosis, treatment, and follow-up from the view point of physical medicine and rehabilitation specialists. Turk J Phys Med Rehabil. 2018;64(3):179-197
2. Kruppa P, Georgiou I, Biermann N, Prantl L, Klein-Weigel P, Ghods M. Lipedema-Pathogenesis, Diagnosis, and Treatment Options. Dtsch Arztebl Int. 2020 Jun 1;117(22-23):396-403
3. Ahn S, Port ER. Lymphedema Precautions: Time to Abandon Old Practices? J Clin Oncol. 2016 Mar 1;34(7):655-8
- *4. Cansız G, Arıkan Dönmez A, Kapucu S, Borman P. The effect of a self-management lymphedema education program on lymphedema, lymphedema-related symptoms, patient compliance, daily living activities and patient activation in patients with breast cancer-related lymphedema: A quasi-experimental study. Eur J Oncol Nurs. 2022 Feb;56:102081

identified LITERATURE BIAS

lack of investigations on different surveillance protocols for both lymphedema and lipedema

SUGGESTED NEXT LINES OF RESEARCH

Identification of best follow up and surveillance protocols for both lymphedema and lipedema