

PATIENTS AT RISK OF LYMPHOEDEMA WHO NEED SURGERY

Lymphoedema is a condition in which lymphatic fluid does not drain properly from an arm, leg or breast, causing swelling and discomfort. You can read more at the Macmillan cancer information and support website here: bit.ly/3s2qNx6

Every patient who has had cancer surgery involving the removal of the glands (lymph nodes) can be at risk of developing lymphoedema in their limbs, although the risk is small. It can also uncommonly develop following other types of surgery. Radiotherapy, chemotherapy and obesity can also increase the risk.

Lymphoedema may develop several years after surgery, which is why it is important to tell doctors and nurses about any previous cancer surgery you have had. It can also be associated with weight gain.

If you have an operation under general anaesthesia, healthcare staff at the hospital will use a blood pressure cuff to measure your blood pressure and will put a cannula (a thin plastic tube) into a vein in your arm. If you are having a hand or wrist operation, the surgeon usually uses a tourniquet (a tight band) during surgery to reduce blood loss.

If you have lymphoedema, these procedures could make lymphoedema worse. If you are having such a procedure, whenever possible, staff will use the arm on the other side. Sometimes they may mark the 'at risk' arm to remind everyone not to use it. If they have to use a tourniquet on that limb, they will then only do so for a short time.

If there is no lymphoedema in the 'at risk' arm, it is safe to put in a cannula or use a blood pressure cuff on the affected arm.



If you have had glands removed from both sides of your body, your anaesthetist will usually put a cannula in your non-dominant arm (the one you don't usually write with) or sometimes may put one in your foot.

You should discuss these risks and the best options for you with your anaesthetist.

Further information on lymphoedema can be found via the links below:

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