

COMMENTARY**MINIMIZING SECONDARY ARM LYMPHEDEMA
FROM AXILLARY DISSECTION****ABSTRACT**

Regional complications after axillary lymphadenectomy are common and usually involve perioperative skin dehiscence, wound infection, and seroma formation and later arm lymphedema. Gentle handling of tissues during operation, and routine use of closed catheter suction drainage with direct external axillary compression with immobilization of the shoulder after nodal dissection are advocated to minimize both the early and late sequelae. Healing by primary intent is facilitated and the opportunity for reconnection of divided lymphatics (lymphangiogenesis and lymphovasculogenesis) are thereby optimized.