LYMPHEDEMA DEVELOPMENT FOLLOWING BREAST CANCER SURGERY WITH FULL AXILLARY RESECTION

Ph. van der Veen, N. De Voogdt, P. Lievens, W. Duquet, J. Lamote, R. Sacre

Departments of Rehabilitation Research (PvdV,NDV,PL), Human Biometry and Biomechanics (WD), and Oncologic and Thoracic Surgery (JL,RS), Academic Hospital Vrije Universiteit Brussels, Brussels, Belgium

ABSTRACT

Several studies have investigated the influence of disease related, treatment related, and patient related risk factors on the development of postmastectomy edema (PME). The aim of the present study was to determine which factors present a higher risk of developing PME after breast surgery with full axillary resection (level I, II and III). To accomplish this aim, we investigated 245 women who underwent unilateral breast cancer surgery in the Academic Hospital of the Vrije Universiteit, Brussels. Information concerning treatment and disease related factors were collected from the patient’s medical records and factors related to clinical condition were obtained by a personal interview. Arm circumference was taken at 15 cm proximal and 10 cm distal to the olecranon. PME was defined as 2.5 cm difference between the arms. Height and weight of the patient were also measured. Statistical analysis was performed by calculating the Odds Ratio and the 95% Confidence Interval. We found the following factors posed an increased risk of developing PME: axillary/suprACLavicular radiotherapy, pathological status of the lymph nodes, overweight (BMI > 25 kg/m²), trauma to the arm, menopause and surgery on the dominant side.