

Educating patients and health care providers about how complete decongestive therapy (CDT) can help reduce the risk of developing severe lymphoedema

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Lymphoedema is often overlooked as a manageable condition as it is not directly life-threatening or debilitating in the early stages. Or in many cases, it is wrongly diagnosed as merely a chronic edema. But chronic edema for 3 months or longer should be diagnosed as lymphoedema secondary to a specific cause: (1) Primary lymphoedema is rare and in many cases health care providers not referring for complete decongestive therapy is because of a lack of awareness about the possible treatment options. In the past 30 years, there has been a lot of research regarding lymphoedema management, of which has added to the development of complete decongestive therapy as the gold standard for lymphoedema treatment. (2) There has also been a randomized, single blinded, clinical trials' proving that lymphoedema risk reduction protocols are successful. (3) Surgical studies have been done recently mostly showing good promise in reducing limb volume, but most of these studies are done in combination with complete decongestive therapy before, during or after surgery is performed. (4) Some studies have investigated the negative effect of lymphoedema on quality of life. (5) And even if only that is the objective of lymphoedema management, education for early referral and interventions for lymphoedema is vitally important. There are early studies using near-infrared fluorescence imaging, proving a visible effect on contractile lymphatic function after doing manual lymph drainage to create anastomoses to non-aected areas and (6) even though this has been clinically seen for many years. The goal of the session is to emphasize the