Breast oedema is an increasing problem which is often unrecognized by health care professionals. There are several risk factors which increase the incidence of developing breast oedema. These include:

**Seroma** – a collection of fluid close to the scar-line requiring repeated drainage.

**Post-operative infection.**

**Obesity.**

Large pendulous breasts

**Marked reaction of radiotherapy.**

**Position of the scar** – vertical more likely to develop lymphoedema than horizontal.

**Cording** – development of cords on the chest wall/axilla – cause unknown.

**TREATMENT INVOLVES:-**

**Skincare.** This is important to stop the skin stretching too much and also reduces the risk of developing infection. The skin should be washed and dried thoroughly, then moisturizer applied – your therapist will advise you on the type of cream. Any breaks to the skin should be treated with antiseptic cream.

**Bra Advice.** It is also important that you are wearing the correct bra to offer support to your swollen breast –. In general bras should be seam free, with no underwires and support the whole breast with wide straps.

Your lymphoedema specialist or Breast Care Nurse will advise you

‘Chip Bag’ or ‘lymph padding’. These are types of padding which massage the thickened areas of your breast. This should be worn inside your bra next to the skin as much as possible e.g. from when you get up until you go to bed. In conjunction with MLD/SLD it is extremely successful.
Exercise. To increase muscle pump activity which therefore reduces swelling. Continue to do the exercises your breastcancer nurse advised you to do plus these exercises should be carried out on a daily basis:

- Sit up straight on a firm chair, aim to relax your shoulders.
- Take the arms out to the side and at shoulder level bend the elbow so that fingers point directly upwards (Position 1). Bring both arms forward to the front and gently squeeze the elbows/forearms together – try to keep the elbows level with the shoulders – release, squeeze and take the arms back to Position 1 and repeat 5 times. (This exercise can also be done lying down).
- Clasp hands together, elbows bent and at chest height – elbows out to the side, push palms together and release. Repeat 5 times.
- Shrug shoulders up to ears, hold and release. Repeat 5 times.
- Take shoulders back, think about shoulder blades squeezing together either side of your spine, hold and release. Repeat 5 times.
- Rest in between each exercise.

If at any time you experience pain, discontinue the exercise and ask for advice at your next appointment.

Simple Lymphatic Drainage. This is a simplified version of MLD that you will be taught by your therapist to do yourself. It should be carried out twice daily and a partner/carer can become involved if you wish.

You will be given written information to follow and there is a video available to borrow if you feel it would be useful. Just ask!

or

Intensive Manual Lymphatic Drainage (MLD). For 1-2 weeks on a daily basis. This is a scientifically proven form of massage designed to move fluid away from the swollen area to drain freely elsewhere. The sessions last approximately 30 minutes and you will be required to undress to relevant underclothes.

Tips

If your breast is painful take painkillers prior to your session of MLD. Wear your bra and ‘chip bag’ at night as well or try wearing a supportive crop top at night. Forgotten how to do SLD/get muddled? Ask your speaciliaist or borrow a video.
Contact names and addresses:-

**Lymphoedema Clinic**
Royal United Hospital
Combe Park
Bath BA1 3NG

Tel: 01225 821501

**British Lymphology Society**
Administration Centre
PO Box 196, Shoreham, Sevenoaks, Kent

Tel: 01959 525524 Fax: 01959 525524
www.lymphoedema.org/bls

**Lymphoedema Support Network**
St Lukes Crypt
Sydney Street
London SW3 6NH

Tel: 020 7351 4480
www.lymphoedema.org/lsn