



NATIONAL LYMPHEDEMA NETWORK

Lymphedema Screening and Treatment Recommendations

Minimally Acceptable

- There is a written institutional policy and protocol addressing pre and post-treatment arm measurements.
- All patients receive risk reduction guidelines¹ prior to treatment.
- All patients diagnosed with breast cancer have pre-treatment measurements on both arms prior to treatment.
- All patients have post-treatment measurements on both arms at each visit.
- All patients have post-treatment symptom assessments for swelling, heaviness, and/or tightness in the affected arm/arms, and at-risk chest and truncal areas.
- Consistent measurement methods, as designated in the protocol, are used pre and post-treatment to facilitate measurement comparison, and are recorded in the patient medical records.
- Circumferential tape measurements are acceptable when made with a non-flexible Gulick II (or similar) tape measure. At minimum four measurements must be made: circumference at the mid-hand, wrist, and at 10cm distal to and proximal to the lateral epicondyle on both arms.
- Medical records contain pre and post-treatment measurements in a format that is easily retrievable by the medical team.
- There is documentation that those performing such measurements have been trained.
- There are institutionally defined criteria for treatment referral based upon:
 - Objective measurements (e.g., an increase of 1cm in any of the circumference measurements compared to the contralateral limb warrants a follow-up visit in one month. A 2cm change in any of the circumferential measurements in absence of such a change in the contralateral limb limits warrants immediate referral. When both limbs are at risk, referral should be made any time these changes occur);
 - Objective evidence of swelling, e.g., cording (axillary web syndrome);
 - Subjective symptom reports (perceived swelling, tightness, tingling, or heaviness).
- There is documentation that referrals for treatment have been made when indicated. Such referrals should be made to one of the following:
 - Certified Lymphedema Therapists who have met the minimum of 135 hours of lymphedema certification training as outlined by the Lymphology Association of North America (LANA), or
 - Physician, Advanced Practice Nurse, Physician's Assistant.

Strongly Recommended

- There is a written institutional policy and protocol addressing pre-and post-treatment arm measurements.
- All patients receive risk reduction guidelines¹ prior to treatment.
- All patients diagnosed with breast cancer have pre-treatment measurements on both arms prior to treatment.
- All patients have post-treatment measurements on both arms at each visit.
- All patients have post-treatment symptom assessments for swelling, heaviness, and/or tightness in the affected arm/arms, and at-risk chest and truncal areas.
- Consistent measurement methods, as designated in the protocol, are used pre-and post-treatment to facilitate measurement comparison, and are recorded in the patient medical records.

- To reduce the occurrence of false negative or false positive results, ideally these methods have little room for user error and therefore, bioelectrical spectroscopy (BIS) or infrared perometry are highly desired methods of alternative measurements.
- Circumferential tape measurements alone are acceptable under certain circumstances (physical and/or financial environment does not support use of bioelectrical impedance or infrared perometry) when made with a Gulick II (or similar) tape measure.
- If circumferential measurements are used alone, at minimum four measurements must be made: circumference at the mid-hand, wrist, and at 10cm distal to and proximal to the lateral epicondyle on both arms.
- Medical records contain pre-and post-treatment measurements in a format that is easily retrievable by the medical team.
- There is documentation that those performing such measurements have been trained to do so.
- There are institutionally defined criteria for lymphedema treatment referral based upon:
 - Objective measurements (e.g., an increase of 1cm in any of the circumference measurements compared to the contralateral limb warrants a follow-up visit in one month. A 2cm change in any of the circumferential measurements or a 5% volume change in an at-risk limb in absence of such a change in the contralateral limb and/or an L-Dex outside normal limits warrants immediate referral. When both limbs are at risk, referral should be made any time these changes occur)
 - Objective evidence of swelling in the arms, chest, or truncal areas
 - Subjective symptom reports (perceived swelling, tightness, tingling, or heaviness).
- There is documentation that referrals for treatment have been made when indicated. Such referrals should be made to one of the following:
 - Certified Lymphedema Therapists who have met the minimum of 135 hours of lymphedema certification training as outlined by the Lymphology Association of North America (LANA), or
 - Physician, Advanced Practice Nurse, or Physician's Assistant

¹ NLN Position Paper (2011), Risk Reduction Practices

For additional information:

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