LYMPHEDEMA

Lymphedema is a chronic medical condition where interstitial fluid inappropriately accumulates in the arms, legs or trunk of the affected individual resulting in a functional disability and risk for repeat infection requiring hospitalization.

Lymphedema is caused either by an inborn congenital anatomic abnormality or damage to delicate lymphatic channels located throughout the body. Lymphatic channel obstruction can be caused by parasitic infection, surgery/trauma to the anatomic region or irradiation therapy for cancer. Such insults result in stasis of protein and lipid-rich fluid within the limb, progressive fibrosis and irreversible deposition of fat. In its most profound state, lymphedema can result in repeated bacterial infections, limb dysfunction/immobility, elephantiasis and death.

Lymphedema is a significant medical condition the world over. The World Health Organization (WHO) has related that 1.1 billion people (20% of the world’s total population) reside in high-risk areas of parasitic filarial infection – 30%, or 120 million of whom will develop lifestyle-limiting lymphedema. In the United States, 0.13% of the population suffer from lymphedema – most cases of which result from the surgical treatment of cancer to include breast, ovary, uterine, colon, testicular and prostate. Breast cancer survivors presenting with therapeutic axillary lymph node dissections and irradiation represent the largest US population that suffer from lymphedema. The National Cancer Institute estimates that 500,000 US women suffer from this devastating medical condition.

Treatment of lymphedema has largely been limited to conservative management interventions to include manual lymphatic drainage therapy, compression garments, bandaging, and pneumatic pump devices. Historic surgical interventions include massive serial excisions of redundant tissue and lymphovenous bypass procedures, both of which have resulted in less than optimal outcomes.

More recently, attention has turned to Vascularized Lymph Node Transfers (VLNTx) for the treatment of congenital and post-surgical lymphedema with or without associated local irradiation therapy. VLNTx is a microsurgical transplantation procedure where several lymph nodes and their associated perivascular fat, arteries and veins (collectively called a “flap”) are removed from a low-risk location of the body and transplanted to the affected limb. For example, a woman with lymphedema who has had lymph nodes removed at the time of her
mastectomy could have a VLNTx flap transferred from her lower abdominal wall to the axilla as a specific therapeutic intervention. VLNTx reconstruction is commonly combined with staged liposuction to address abnormal fat deposits of the extremity 6-12 months after the initial flap transplantation surgery.

VLNTx has been resulted in a decrease in limb size for most patients. Many patients rely less on compression garments, bandaging or pump devices. Moreover, those individuals plagued by repeat infection, gain relief as a VLNTx provides improved immuno-competence of the limb, an advantage specific to this procedure above and beyond more historic lymphovenous bypass procedures. Additionally, women undergoing delayed breast reconstruction can benefit from a simultaneous VLNTx without prolonging their hospitalization or recovery.

Post-operative care includes surveillance by a qualified physiotherapist with additional training in manual lymphatic drainage and staged compression garment withdrawal. VLNTx is a surgical procedure that should only be performed by microsurgeons certified by the American Board of Plastic Surgery with specific personal experience with this sophisticated technique.

St. Charles Surgical Hospital’s Center of Excellence for Lymphedema Treatment is the first of its kind to incorporate a comprehensive multidisciplinary approach including advanced, cutting edge surgical therapies for the management of lymphedema. The efforts of Dr. at St. Charles Surgical Hospital (SCSH), in concert with sophisticated imaging systems, trained care specialists, and therapists, provide patients a welcomed option for lymphedema relief. As the only hospital dedicated to breast reconstruction, SCSH is the United State’s Collaborative Research Center Applicant for the World Health Organization’s study of lymphedema.

CENTER FOR RESTORATIVE BREAST SURGERY SERVICE INFORMATION: Founded by Frank J. DellaCroce, M.D., FACS and Scott K. Sullivan, M.D., FACS, the Center for Restorative Breast Surgery was established to serve as a dedicated resource for women seeking the most advanced methods of breast reconstruction utilizing the body’s own tissue. Drs. Sullivan and DellaCroce specialize exclusively in state-of-the-art techniques (DIEP, SIEA and GAP flap procedures) that allow for breast reconstruction without sacrifice of important functional muscles. For more information about Center for Restorative Breast Surgery please visit www.breastcenter.com or call 1-888-899-2288. The Center is located at 1717 St. Charles Avenue, New Orleans, Louisiana 70130.

ST. CHARLES SURGICAL HOSPITAL SERVICE INFORMATION: St. Charles Surgical Hospital is a full-service, patient-centered hospital that provides a variety of highly specialized surgical services to its patients; and is the world leader in breast reconstructive surgery, developing and performing all revolutionary breast reconstruction techniques. The Hospital is located at 1717 St. Charles Avenue, New Orleans, Louisiana 70130. For more information please visit www.scsh.com or call 504-529-6600.