

Cancer Association of South Africa (CANSA)



CANSA Fact Sheet on Lymphoedema

Introduction

Lymphoedema is a notoriously debilitating progressive condition with currently no known cure. The unfortunate sufferer faces a lifelong struggle of medical, and sometimes surgical, treatment fraught with potentially lethal complications.

There is no known cure for lymphoedema – it can only be controlled and controlling lymphoedema involves diligent care of the affected limb or body part.

Lymphoedema refers to swelling that is generally mostly seen in an arm or a leg, although it can affect any other part of the body. Lymphoedema usually tends to affect just one arm or leg - sometimes both arms or both legs may be swollen. It is a swelling that develops as a result of an impaired lymphatic system. This may be as a result of the lymphatic system not developing properly, or through damage or trauma caused by surgery or radiation therapy.

[Picture Reference: Lymphoedema]



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

The lymphatic system is a system similar to the blood circulatory system and comprises many lymphatic vessels.

The main difference between the blood circulatory system and the lymphatic system is that the lymphatic vessels only contain a clear fluid, lymph. Another difference from the blood circulatory system is that blood continually circulates through each part of the body while lymph is only drained away from each part of the body.

(Health Direct, 2023).

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art Et Sien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved by Ms Elize Joubert, Chief Executive Officer [BA Social Work (cum laude); MA Social Work]

January 2026

Page 1

Oedema

Oedema is the medical term that refers to fluid retention in the body. It occurs when there is a build-up of fluid (mainly water) in the body's tissues. It causes swelling to occur in the affected area. It is often a symptom of an underlying condition. It can also be caused by a variety of factors such as high salt intake in the diet or being immobile for long periods of time. Some of the most important underlying conditions include:

- pregnancy
- kidney disease
- heart failure
- chronic lung disease
- liver disease
- diabetes
- malnutrition
- medication, such as corticosteroids or medicine for high blood pressure
- the contraceptive pill.

(NHS UK, 2025; NI Direct, No date).

The International Classification of Disease 10th Version (ICD-10)

The International Classification of Diseases (ICD) is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics. This includes providing a format for reporting causes of death on the death certificate.

ICD serves a broad range of uses globally and provides critical knowledge on the extent, causes and consequences of human disease and death worldwide via data that is reported and coded with the ICD. Clinical terms coded with ICD are the main basis for health recording and statistics on disease in primary, secondary and tertiary care, as well as on cause of death certificates. These data and statistics support payment systems, service planning, administration of quality and safety, and health services research. Diagnostic guidance linked to categories of ICD also standardizes data collection and enables large scale research.

For more than a century, the International Classification of Diseases (ICD) has been the basis for comparable statistics on causes of mortality and morbidity between places and over time. Originating in the 19th century, the latest version of the ICD, ICD-11, was adopted by the 72nd World Health Assembly in 2019 and came into effect on 1st January 2022.

The ICD-10 Codel for lymphoedema, not elsewhere classified – 189.0.
(World Health Organization, 2025).

Incidence of Lymphoedema

It is unknown how many people in South Africa live with Lymphoedema. The unavailability of statistics is merely part of a worldwide dilemma.

The latest edition of the National Cancer Registry (2022) does not provide information on lymphoedema because it is not a form of cancer.

In 2014, the World Health Organisation (WHO) estimated that worldwide 1-2% of the population suffers from chronic Lymphoedema

In South Africa, with the growing epidemic of non-communicable diseases, emerging infections, longer life expectancies and slow improvements of socioeconomic conditions, it is likely that the prevalence and impact of chronic wounds and Lymphoedema will increase. To put things in perspective, South Africa's population is currently said to be 56 million people; conservatively at 1-2% prevalence in the population, estimates could be as high as 1,3 million people with some form of Lymphoedema.

Lymphoedema

A medical dictionary definition of lymphoedema describes it as a common chronic and debilitating condition in which excess fluid (called lymph) collects in tissues and causes swelling (oedema) in the affected parts. The greatest problems occur in parts of the body that are not surrounded by muscle which helps pump the lymphatic system.

Lymphoedema can be described as primary or secondary.

Primary Lymphoedema is usually determined from birth and arises due to some failure of the lymphatic system itself – usually with the underdevelopment of the lymphatic system. It may occur without any obvious cause at different stages in life, but particularly at puberty.

Secondary Lymphoedema is the result of some influence from outside of the lymphatic system that prevents it working properly. Examples of causes of secondary lymphoedema are:

- Surgery – particularly when lymph nodes are removed during treatment for cancer: breast, prostate, gynaecological, head or neck, sarcoma or melanoma.
- Radiotherapy – this kills cancer/tumour cells, but it can also cause scar tissue that interrupts the normal flow of lymph in the lymphatic system.
- Accidental trauma/injury or infection – that may damage the lymph vessels and therefore, reduces drainage of lymph.
- Reduced mobility/paralysis – muscle contractions (during activity/exercise) are important to help the lymph to move
- Problems with veins not working efficiently (varicose veins/after deep vein thrombosis) – often known as venous insufficiency. This results in the lymph system becoming overloaded and unable to function effectively.
- Obesity – this can also cause lymphoedema or exacerbate the problem.
- Cancer itself – may also result in a blockage of the lymphatic system.

Unfortunately, most of the underlying causes of lymphoedema are irreversible and as such, there is currently no known cure – however, appropriate treatment can be implemented to reduce the swelling and keep it to a minimum. (See section on 'What can be done to help?'). This medical (conservative) treatment can, in most cases, improve quality of life dramatically.

(The Lymphoedema Support Network, 2025; HSE Live, 2024).

Reimer, T., Stachs, A., Veselinovic, K., Kühn, T., Heil, J., Polata, S., Marmé, F., Müller, T., Hildebrandt, G., Krug, D., Ataseven, B., Reitsamer, R., Ruth, S., Denkert, C., Bekes, I., Zahm, D.M., Thill, M., Golatta, M., Holtschmidt, J., Knauer, M., Nekljudova, V., Loibl, S. & Gerber, B. 2025.

Background: Whether surgical axillary staging as part of breast-conserving therapy can be omitted without compromising survival has remained unclear.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art Et Sien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved by Ms Elize Joubert, Chief Executive Officer [BA Social Work (cum laude); MA Social Work]

January 2026

Methods: In this prospective, randomized, noninferiority trial, we investigated the omission of axillary surgery as compared with sentinel-lymph-node biopsy in patients with clinically node-negative invasive breast cancer staged as T1 or T2 (tumor size, ≤5 cm) who were scheduled to undergo breast-conserving surgery. We report here the per-protocol analysis of invasive disease-free survival (the primary efficacy outcome). To show the noninferiority of the omission of axillary surgery, the 5-year invasive disease-free survival rate had to be at least 85%, and the upper limit of the confidence interval for the hazard ratio for invasive disease or death had to be below 1.271.

Results: A total of 5502 eligible patients (90% with clinical T1 cancer and 79% with pathological T1 cancer) underwent randomization in a 1:4 ratio. The per-protocol population included 4858 patients; 962 were assigned to undergo treatment without axillary surgery (the surgery-omission group), and 3896 to undergo sentinel-lymph-node biopsy (the surgery group). The median follow-up was 73.6 months. The estimated 5-year invasive disease-free survival rate was 91.9% (95% confidence interval [CI], 89.9 to 93.5) among patients in the surgery-omission group and 91.7% (95% CI, 90.8 to 92.6) among patients in the surgery group, with a hazard ratio of 0.91 (95% CI, 0.73 to 1.14), which was below the prespecified noninferiority margin. The analysis of the first primary-outcome events (occurrence or recurrence of invasive disease or death from any cause), which occurred in a total of 525 patients (10.8%), showed apparent differences between the surgery-omission group and the surgery group in the incidence of axillary recurrence (1.0% vs. 0.3%) and death (1.4% vs. 2.4%). The safety analysis indicates that patients in the surgery-omission group had a lower incidence of lymphedema, greater arm mobility, and less pain with movement of the arm or shoulder than patients who underwent sentinel-lymph-node biopsy.

Conclusions: In this trial involving patients with clinically node-negative, T1 or T2 invasive breast cancer (90% with clinical T1 cancer and 79% with pathological T1 cancer), omission of surgical axillary staging was noninferior to sentinel-lymph-node biopsy after a median follow-up of 6 years. (Funded by the German Cancer Aid; INSEMA ClinicalTrials.gov number, [NCT02466737](https://clinicaltrials.gov/ct2/show/study/NCT02466737).)

Mullan, L.J., Blackburn, N.E., Gracey, J., Dunwoody, L., Lorimer, J. & Semple, C.J. 2025.

Purpose: Patients living with head and neck lymphoedema (HNL) after completion of head and neck cancer (HNC) often can experience long-term functional challenges and overall poorer health-related quality of life (HRQOL). This systematic review aims to explore components of effective HNL interventions through identification and synthesising literature on existing HNL management interventions.

Methods: Five electronic databases (MEDLINE via Ovid and PubMed, CINAHL, CENTRAL, and Scopus) were systematically searched using Medical Subject Headings and free text, as well as citation tracking and Google Scholar for grey literature.

Results: A total of 1910 studies were screened, with 12 studies meeting the inclusion criteria. Findings indicated vast heterogeneity within HNL interventions. Patients' adherence to intervention strategies was reported as low and partially adhered to, particularly at home. This impacted on function domains and overall HRQOL during the post-treatment HNC phase, as well as further increasing the demands placed on healthcare professionals.

Conclusions: Synthesis of the research findings highlighted a need to provide and educate patients with individualised HNL self-management intervention strategies. Promoting adherence was reported as being essential, with self-efficacy and behaviour change techniques being emphasised as a critical element to enhance motivation and therefore effective intervention delivery. Further work is important to address barriers to adherence and promote both motivation and behaviour change, to develop individualised self-management interventions for this cancer population.

Implications for cancer survivors: The findings from this systematic review will provide guidance in the development and delivery of individualised self-management HNL interventions for patients who have completed HNC treatment.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art Et Sien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved by Ms Elize Joubert, Chief Executive Officer [BA Social Work (cum laude); MA Social Work]

January 2026

Page 4

Conflict of interest statement

Declarations. Conflict of interest: The authors declare no competing interests.

Lowering the Risk for Lymphoedema

Lymphoedema is a high protein oedema, but eating too little protein will not reduce the protein element in the lymph fluid; rather this will weaken the connective tissue and worsen the condition. The diet should contain protein that is easily digested, such as chicken and fish.

It is not always possible to totally prevent the occurrence of lymphoedema. There are, however, some steps you can take to assist in lessening the risk of developing lymphoedema:

- do not any tobacco products (cigarettes, cigars, etc)
- avoid alcohol
- maintain an ideal body weight in line with Body Mass Index (BMI)
- eat a well-balanced diet
- reduce sodium intake – never add salt at the table
- ensure the intake of sufficient fibre in your diet

(Cancer Research UK, 2023).

Caring of a Limb with Lymphoedema

Here are some simple recommendations to combat lymphoedema and to prevent its occurrence:

- Keep the affected extremity clean with moisturising soaps such as Dove©
- Keep the skin moisturised with lotions
- Use an electric razor instead of a blade on the affected extremity/armpit if you are shaving this region
- Protect the skin from the sun with sun-screen, at least SPF-15
- Use insect repellents to prevent insect bites
- Keep the extremity in an elevated position when you are resting - this lets gravity work to move the lymph fluid
- Consider wearing a compression stocking on the extremity when flying in an airplane
- Avoid hot showers, saunas, or steam rooms
- Avoid excess alcohol and smoking
- Do not have any blood pressure measurements, injections, blood draws, or vaccinations on the affected extremity
- Maintain your ideal body weight.

For an Arm:

- Wear rubber gloves when washing dishes
- Wear protective gloves when doing work outside
- Avoid carrying heavy objects with the affected arm
- Carry heavy shoulder bags on the unaffected side
- Do not get a manicure on the affected side
- Do not wear a watch or jewellery on the affected side.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art Et Sien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved by Ms Elize Joubert, Chief Executive Officer [BA Social Work (cum laude); MA Social Work]

January 2026

For a Leg:

- Wear shoes or slippers around the house....Do not go barefoot
- Consider having a podiatrist cut your toe nails
- Get good, comfortable shoes
- Wear protective boots when doing chores outside to prevent injury.

(BC Cancer, 2020; Lymphoedema Network Northern Ireland, 2016).

Treatment of Lymphoedema

There are a number of possible treatments for lymphoedema, many of which can be used together. Only basic information is furnished here – please consult your doctor or lymphoedema specialist (specially trained professional nurse, physiotherapist, etc) for additional information.

Complex Physical Therapy

This is called Complex Physical Therapy (CPT) because a number of physical therapeutic approaches are combined to produce results. CPT consists of four (4) main parts:

- Regular skin care to improve the skin condition and to prevent any infection which will add to the lymphatic load
- A special form of massage each day, which assists in the removal of excess lymph from the tissues, softens the tissues and opens alternative lymphatic pathways so that unaffected regions can help to drain the affected region
- Compression bandages which are applied to the limb after each massage session to minimise the re-accumulation of lymph and the fitting of a compression garment after the whole treatment to stop the reduced limb from rapidly resuming its former size
- Special limb exercises which supplement the massage.

Medication

Consult your medical practitioner to prescribe specific medication. Do not use alternative or complementary medicines without discussing it with your doctor first.

Compression Garments

The use of compression garments are necessary to:

- prevent lymphoedema occurring or increasing
- try to maintain the size of an affected limb when treatment is unavailable or unaffordable
- maintain the reduction achieved after treatment, and to continue the remodelling of an affected limb.

If no other treatment is used, good compression garments will limit the amount of swelling and thereby slow the advancement of lymphoedema.

Compression Bandages

The use of compression bandages are essential during complex lymphatic therapy since the limb's size changes rapidly and so the size of the compression 'garment' and the amount of compression must also change rapidly. This is necessary partly because of the destruction of the elastic fibres of the skin

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art Et Sien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved by Ms Elize Joubert, Chief Executive Officer [BA Social Work (cum laude); MA Social Work]

January 2026

in lymphoedema, to maintain the reductions gained by massage in the newly lax tissues, and to reshape the affected limb. Compression bandages should only be applied by specially trained and competent individuals.

The use of Pneumatic Pumps in Treating Lymphoedema

Pneumatic compression pumps are proposed as a treatment option for patients with lymphoedema who have failed conservative measures e.g., compression garments and manual massage. A variety of different pumps are available. It can be single- or multi-chamber pumps and have varying design and complexity. This type of device should only be used on the recommendation and under supervision of a qualified person.

A pneumatic compression garment paired with a pump producing various pressure gradients simulates normal actions of the circulatory system by using external pressure. Inflation of the garment both proximally and distally produces pressure causing lymphatic fluids or blood to circulate out of the affected limb, reducing swelling and preventing potential blood clots and wounds from forming. There are pneumatic compression garments available for application to limbs as well as the torso.

Exercise

A specific exercise program, designed to assist the lymph drainage from your swollen limb is an important part of your overall management for lymphoedema and something that you can do to help yourself.

During exercise, the muscle contraction that occurs when the muscles are tensed puts increased pressure on the lymph vessels. This “muscle pump” squeezes the vessels to enhance the lymphatic pumping mechanism (see diagram), which in turn helps to move lymph fluid into and along the lymph vessels, back towards the chest and away from the affected area. There are one-way valves in the deeper lymphatic vessels which help stop backflow and help to direct the lymph fluid centrally away from the limbs towards the trunk. Specific exercises thus help to drain fluid out of a swollen limb. Exercises are also important to maintain mobility of the joints and to stretch and strengthen muscles.

When exercising, remember the following:

- Perform exercises slowly and smoothly, in a gentle manner, it should not be painful
- Wear bandages/compression sleeve while exercising if available – this will further enhance the pumping action of the lymphatic vessels
- Exercises start with the trunk to help with lymph drainage centrally, followed by exercises of the affected limb
- An exercise programme should always be tailored to an individual and will depend on their age, occupation, lifestyle, level of fitness and current health
- Always get a doctor or lymphoedema therapist’s approval and guidance for any exercise programme. If any exercise seems to cause any problems or seems to result in further swelling, STOP, and seek professional advice.

(Mayo Clinic, 2022; Cleveland Clinic, 2022; Johns Hopkins Medicine, 2026; MacMillan Cancer Support, 2023).

South African Resource

Lymphoedema Association of South Africa



e-mail: info@laosa.co.za

Visit the LAOSA Website to find a therapist in your area:

<https://www.laosa.co.za/find-a-therapist/>

Lymph Africa



Lymph Africa prides itself in providing leading products for the treatment and management of Lymphoedema, Oedema and Lipoedema in South Africa.

Contact Details:

Website: [https://lymphafrika](https://lymphafrika.co.za)

Email: orders@lymphafrika.co.za

Telephone Number: +27 79 8499 258

Summary for the Average Reader

Lymphoedema is a chronic, long-term condition characterized by localized swelling caused by a compromised or dysfunctional lymphatic system. It occurs when the lymphatic system—part of the immune system responsible for draining excess fluid, proteins, and toxins—fails to move "lymph" fluid back into the bloodstream. While there is currently no cure, it can be effectively managed with lifelong care.

Types and Causes

Lymphoedema is categorized into two main types based on its origin:

- **Primary Lymphoedema:** Rare (affects about 1 in 100,000) and caused by genetic mutations that lead to an abnormally developed lymphatic system from birth. It can appear at birth, during puberty, or later in adulthood.
- **Secondary Lymphoedema:** Much more common and caused by external damage to a previously healthy lymphatic system. Major causes include:
 - **Cancer Treatment:** Most common cause in Western countries, specifically from surgery to remove lymph nodes or radiotherapy.
 - **Infections:** Globally, the leading cause is lymphatic filariasis, a parasitic infection caused by thread-like worms.
 - **Lifestyle Factors:** Obesity and lack of physical activity.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art Et Sien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved by Ms Elize Joubert, Chief Executive Officer [BA Social Work (cum laude); MA Social Work]

January 2026

- Other Conditions: Chronic venous insufficiency (varicose veins), trauma, or blood clots (DVT).

Common Symptoms

Symptoms typically develop in the arms or legs, though they can affect the neck, face, and genitals.

- Swelling: Persistent swelling that may initially come and go, often worsening during the day and improving at night.
- Physical Sensations: A feeling of heaviness, tightness, or aching in the affected limb.
- Skin Changes: Hardening or thickening of the skin (fibrosis), skin discoloration, or the development of wart-like growths.
- Restricted Movement: Reduced flexibility in joints near the swelling.
- Stemmer Sign: A pathognomonic sign where it is impossible to pinch a fold of skin at the base of the second toe or finger.

Management and Treatment

Management focuses on controlling swelling and preventing complications like cellulitis (a dangerous skin infection).

- Complete Decongestive Therapy (CDT): The "gold standard" treatment involving four pillars:
 1. Manual Lymphatic Drainage (MLD): Specialized gentle massage to move fluid toward working lymph nodes.
 2. Compression Therapy: Use of multilayer bandages or fitted compression garments (sleeves, stockings) to provide a counterforce to muscles.
 3. Exercise: Targeted movements to stimulate the "muscle pump" that moves lymph fluid.
 4. Skin Care: Daily moisturizing and hygiene to prevent cracks and subsequent infections.
- Surgical Options: Reserved for advanced cases; includes liposuction to remove excess fat or microsurgical techniques like lymphaticovenular anastomosis to create new drainage routes. (AI Overview, 2026).

Medical Disclaimer

This Fact Sheet is intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in this Fact Sheet. So far as permissible by law, the Cancer Association of South Africa (CANSA) does not accept any liability to any person (or his/her dependants/ estate/heirs) relating to the use of any information contained in this Fact Sheet.

Whilst the Cancer Association of South Africa (CANSA) has taken every precaution in compiling this Fact Sheet, neither it, nor any contributor(s) to this Fact Sheet can be held responsible for any action (or the lack thereof) taken by any person or organisation wherever they shall be based, as a result, direct or otherwise, of information contained in, or accessed through, this Fact Sheet.



Sources and References Consulted or Utilised

AI Overview. 2026.

https://www.google.co.za/search?q=lymphoedema&sca_esv=d51e216224ab4eeb&udm=50&fbs=ADc_l-aN0CWEZBOHjofHoaMMDiKpaEWjvZ2Py1XXV8d8Kvll3vWUtYx0DZdicpfE1faGYenqWn-q4MFiffTvjTKeAVxBf9XF8ByrMpEedseJb6C24e7QdJQdIE3TPpl5mEwf0HZUp1chSI04q3NzUG-sivE9fh2upv_LUI1i41J2OLX0ntDV3FbKmn59pJf5BBBarEFT9msi8Zx3tjpgPrbRkWHc8AvYww&aep=1&ntc=1&sa=X&ved=2ahUKewjeybfKpIWSAxUoYEEAHcCjNm8Q2J8OegQIDxAE&biw=2124&bih=1060&dpr=0.9&aic=0&mstk=AUtExfDF31inIS6CWtJDnVL6u7Qh4xD7lo0x-5lJlCNxNP8Uv2zDjQ2YeY5eKtTs3Zb2RcDDDTX5Vns2E3EDm3MmNAVtB8e6P3jPTW9eylcvOzcS4QGzproFzUgHbq342nn2pZW5P5nGLmaC-lbNbpFoRMtollU1snlzBkE&csuir=1. Accessed on 12 January 2026.

BC Cancer. 2020. Managing Lymphedema (swelling) in Your Arm or Leg.

<https://www.bccancer.bc.ca/managing-symptoms-site/Documents/Lymphedema-Arm-Leg.pdf>. Accessed on 12 January 2026.

Cancer Research UK. 2023. Lowering your risk of lymphoedema.

<https://www.cancerresearchuk.org/about-cancer/coping/physically/lymphoedema-and-cancer/lowering-your-risk>. Accessed on 12 January 2026.

Cleveland Clinic. 2022. Lymphedema. Overview.

<https://my.clevelandclinic.org/health/diseases/8353-lymphedema>. Accessed on 12 January 2026.

Health Direct. 2023. Lymphoedema. *What is lymphoedema?*

<https://www.healthdirect.gov.au/lymphoedema#:~:text=Complications%20of%20lymphoedema-What%20is%20lymphoedema?,%2C%20chest%2C%20head%20or%20neck>. Accessed on 12 January 2026.

HSE Live. 2024. Causes of Lymphoedema. <https://www2.hse.ie/conditions/lymphoedema/causes/>. Accessed on 12 January 2026.

Johns Hopkins Medicine. 2026. Treating lymphedema.

<https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/treating-lymphedema>. Accessed on 12 January 2026.

Lymphoedema

Naturally Heaven Therapy. No date. Find Relief with Our Top Lymphoedema Treatments in Newcastle.

<https://www.naturallyheaventherapy.co.uk/blog/find-relief-with-our-top-lymphoedema-treatments-in-newcastle/>. Accessed on 12 January 2026.

Lymphoedema Network Northern Ireland. 2016. Treating lymphoedema

<https://lnni.org/content/treating-lymphoedema>. Accessed on 12 January 2026.

Mayo Clinic. 2022. Lymphedema. *Treatment.*

<https://www.mayoclinic.org/diseases-conditions/lymphedema/diagnosis-treatment/drc-20374687>. Accessed on 12 January 2026.

MacMillan Cancer Support. 2023. Lymphoedema. *Treating and Managing Lymphoedema.*

<https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/lymphoedema>. Accessed on 12 January 2026.

Mullan, L.J., Blackburn, N.E., Gracey, J., Dunwoody, L., Lorimer, J. & Semple, C.J. 2025. Evaluating the effects of lymphoedema management strategies on functional status and health-related quality of life following treatment for head and neck cancer: a systematic review. *J Cancer Surviv.* 2025 Feb;19(1):121-139. *PubMed.*

NHS UK. 2025. Swollen ankles, feet and legs (oedema). Common causes of swollen ankles, feet and legs.

<https://www.nhs.uk/conditions/oedema/>. Accessed on 12 January 2026.

NI Direct. No date. Oedema. <https://www.nidirect.gov.uk/conditions/oedema>. Accessed on 12 January 2026.

Researched and Authored by Prof Michael C Herbst

[D Litt et Phil (Health Studies); D N Ed; M Art Et Sien; B A Cur; Dip Occupational Health; Dip Genetic Counselling; Dip Audiometry and Noise Measurement; Diagnostic Radiographer; Medical Ethicist]

Approved by Ms Elize Joubert, Chief Executive Officer [BA Social Work (cum laude); MA Social Work]

January 2026

Reimer, T., Stachs, A., Veselinovic, K., Kühn, T., Heil, J., Polata, S., Marmé, F., Müller, T., Hildebrandt, G., Krug, D., Ataseven, B., Reitsamer, R., Ruth, S., Denkert, C., Bekes, I., Zahm, D.M., Thill, M., Golatta, M., Holtschmidt, J., Knauer, M., Nekljudova, V., Loibl, S. & Gerber, B. 2025. Axillary Surgery in Breast Cancer - Primary Results of the INSEMA Trial. *N Engl J Med.* 2025 Mar 13;392(11):1051-1064. *PubMed*.

The Lymphoedema Support Network. 2025. What is Lymphoedema.
<https://www.lymphoedema.org/information/what-is-lymphoedema/>. Accessed on 12 January 2026.

World Health Organization. 2025. International Statistical Classification of Diseases and Related Health Problems (ICD).
https://icd.who.int/browse10/content/statichtml/icd10volume2_en_2016.pdf. Accessed on 05 January 2026.