

Lymphatico-venous anastomosis (LVA) surgery for lymphoedema

What is LVA surgery?

LVA surgery is a new approach to the treatment of lymphoedema. Lymph is a colourless fluid containing white blood cells, which bathes the tissues and drains through the lymphatic system into the bloodstream. Using specialist surgery, tiny lymph channels in your arm or leg are very carefully joined to nearby small blood vessels so that lymph can flow more freely. The aim is to achieve an improvement in your swelling so that other treatments used to manage lymphoedema may not be necessary.

Who can have this procedure?

This type of surgery is not suitable for everyone with swelling - your doctor will have discussed this with you. You will need to undergo some tests before the surgery to make sure your lymph channels are suitable to join to your blood vessels. If your lymph channels are not suitable for LVA surgery, lymphoedema therapists will offer specialist advice about how to manage your arm/leg swelling using other methods.

What preparation will I need?

The lymphoedema therapist will measure your arm or leg a few days before your surgery. If you already wear a compression garment, you should continue to wear it until you come into hospital. The surgery will be carried out under a general anaesthetic so you will need to be fit for surgery. You will be in hospital for the day and should be well enough to go home later the same day, or at the latest the following morning.

How will I look after my arm/leg following surgery?

You will have some small dressings and a bandage on your arm or leg, with stitches underneath. These will be removed at your outpatient appointment about 10 – 14 days later. When the dressing is removed for the first time, there may be significant bruising and even red or green discolouration to the arm or leg. This is a normal appearance after such surgery and fades with time.

If the surgery has been carried out on your arm, your arm will be in a sling for two or three days after your surgery. Take your arm out of the sling two or three times a day, for 20-30 minutes each time, to gently stretch the muscles of your hand, wrist, elbow and shoulder. After the first three days, you can stop resting your arm in the sling and start to use your arm for all gentle activities again. Do **not** use your arm for any activities that involve lifting, pushing or pulling for one month after your surgery. As a general guide, you should not lift anything heavier than a half-filled kettle or bag of sugar and avoid swimming and all gym activities during this time. Driving should be



avoided for the first two weeks after your surgery. After the first month, you can gradually start all your normal activities again, returning to all your usual activities six weeks after your surgery.

If the surgery has been carried out on your leg, you will need to rest your leg frequently during the first 3 days. Mobility is important, but for short periods only. Try not to walk for any longer than 10 minutes at a time and avoid standing in one position for too long. Rest your leg on a stool when you are sitting down. After the first 3 days you can gradually increase your activity. Sports, swimming and all gym activities should be avoided for the first month after your surgery. Driving should be avoided for the first two weeks after your surgery. You can then gradually start all your normal activities again, returning to all your usual activities six weeks after your surgery.

Are there any complications?

As with any surgical procedure, there is the risk of bleeding, infection or abnormal scarring. However these are rare. Some bruising around the surgical site is to be expected, but if there is bleeding through the bandage then you should inform your doctor or nurse. Some fluid leakage from the wounds is also common, but if it comes through the bandage then you should also inform us. Increased warmth, burning sensation or redness around your wounds may suggest infection which we will need to review and treat with antibiotics. The dye discolouration in the arm or leg can take several weeks or months to disappear.

What are the risks involved?

There is a risk that the surgery may not help your lymphoedema and your lymphoedema may begin to slowly progress over time. If this happens, your doctor and the lymphoedema therapists will help you to manage your swelling using other methods. There is no evidence that the surgery will do any damage to your arm or leg (apart from leaving some small scars).

What follow up appointments will I need?

Your doctor will ask you to attend the hospital for follow up appointments after your surgery, to ensure that your wounds are healing well and that there are no complications. The lymphoedema therapists will measure your arm/leg regularly. Two weeks after your surgery, when your stitches are removed, you should start wearing your normal compression garment again during the day. Other treatment, such as manual lymphatic drainage (MLD) should be avoided for at least the first month after your surgery. This can be discussed with your specialist team.

Contact details

Please contact your Specialist Nurse, or Lymphoedema Therapist if you have any questions or are worried about anything after your LVA surgery.

Clinical Nurse Specialist, Plastic Surgery: 020 7881 8318

Lymphoedema Therapist: 020 8661 3504

Secretary to Plastic Surgeons: 020 7808 2208

Alternatively, please contact:

The Royal Marsden Macmillan Hotline: 020 8915 6899

(available 24 hours a day, 7 days a week)

