

Breast lymphoedema

Breast lymphoedema, also known as chronic breast oedema, can develop after treatment for breast cancer. It is common to develop some acute breast oedema (swelling) following surgery and radiotherapy, which usually settles down gradually but can take six to eight weeks. There may also be permanent changes to your breast as a result of your treatment, such as scarring, shape or size changes and differences between your breasts.

Chronic breast oedema or lymphoedema is swelling which persists after the initial six to eight weeks and can develop with or without arm swelling. There are several risk factors which may increase the incidence of developing breast lymphoedema:

- Extent of axillary surgery (removal of lymph nodes from axilla/ armpit)
- Radiotherapy to the breast and/or axilla (armpit)
- Post-surgery complications such as seroma (collection of fluid) and cording (tightness or pulling of cords from the chest wall or arm)
- Lack of support to the breasts
- Large or pendulous breasts (cup size larger than C)
- Infection after surgery such as cellulitis
- Being overweight.

Signs and symptoms

There may be symptoms prior to the onset of visible swelling, which may include altered sensation, fullness, discomfort and heaviness. Swelling can be identified by assessing for any new differences between your breasts. You may notice marks from bra straps and seams, which may also be a sign of breast oedema. Skin changes can sometimes be observed - the swollen breast may be flushed or darker in colour, or peau d'orange (cellulite puckering) may also be present.

Managing breast oedema

Breast lymphoedema is best managed with a combination of approaches. Learning how to self-manage is the most successful approach to treatment.

- **Bra fitting** - during the day, it is essential that you wear a firm supportive bra to lift and fully support each individual breast. Wear a sleep/soft cup bra overnight to support the breast and prevent further build-up of fluid in dependent areas. This is particularly important for large breasts.
- **Skin care** - the area between skin folds or under breasts is prone to damage and infection. To prevent injury and infection, the skin should be washed and dried thoroughly each day, and then hydrated with a non-perfumed moisturiser.



- **Exercising** and keeping active is important to improve lymph flow and therefore reduce swelling. Try to use your arm and shoulder normally and continue your arm exercises as advised prior to your surgery/ radiotherapy. It is important to maintain good posture and deep breathing exercises will also be beneficial.
- **Weight management** - keep your weight within normal limits. If you are overweight, try to reduce your weight, as weight loss will improve lymphoedema.
- **Specialised lymphatic massage** called manual lymphatic drainage (MLD) or self lymphatic drainage (SLD) may be indicated. This is a form of skin massage using specialised skin movements to redirect fluid from congested areas to unaffected areas. Your lymphoedema therapist will assess you and give further advice if this treatment is indicated.
- **Kinesiotape** is a medical adhesive tape which may be applied to encourage drainage in the swollen breast and relieve congestion.
- **Foam/ lymph padding** can be worn inside the bra to add more support and compression to the breast. Ridged foam can also massage breast tissue to treat firmer swelling.

Tips to ensure you are wearing the correct bra

A well-fitting supportive bra is essential to support the breast and allow fluid to drain. You should aim to return to a supportive bra as soon as any skin sensitivity settles down after treatment. It is important to be re-measured after treatment to ensure you are wearing the correct sized bra. It is a good idea to be re-measured annually as any change in weight will alter your bra size.

- Make sure the band of your bra fits firmly but comfortably around the narrowest part of your back. This band provides the main support. You should (just) be able to fit two fingers under the band once it is fastened.
- Check that the band of your bra is the same height all the way round - it should not ride up at the back.
- The underband and side support should lie flat against the body and around the contour under the breast. The side support section should be wide/deep to offer maximum support to this area.
- Both breasts should fit neatly into the cups of the bra and be enclosed. Nothing should be spilling out below or over the top (cup too small). There should be no wrinkling of the fabric (cup too big).
- The middle part of the bra, between the breasts, should lie flat against your body.
- Before adjusting the straps, check the breasts are in a natural position (usually halfway between shoulders and elbow). There should be no digging in or straps slipping off the shoulder. Choose a bra with wide straps and regularly check and adjust the straps as washing and wearing can loosen straps.
- Fasten your bra on the middle hook as this allows movement for weight fluctuation and allows you to tighten it up as the bra stretches, giving more wear.
- Bras should be cared for as per manufacturer instructions and replaced regularly, approximately every six to nine months.
- If wearing a prosthesis, it is important to ensure that your bra is supporting your natural breast.



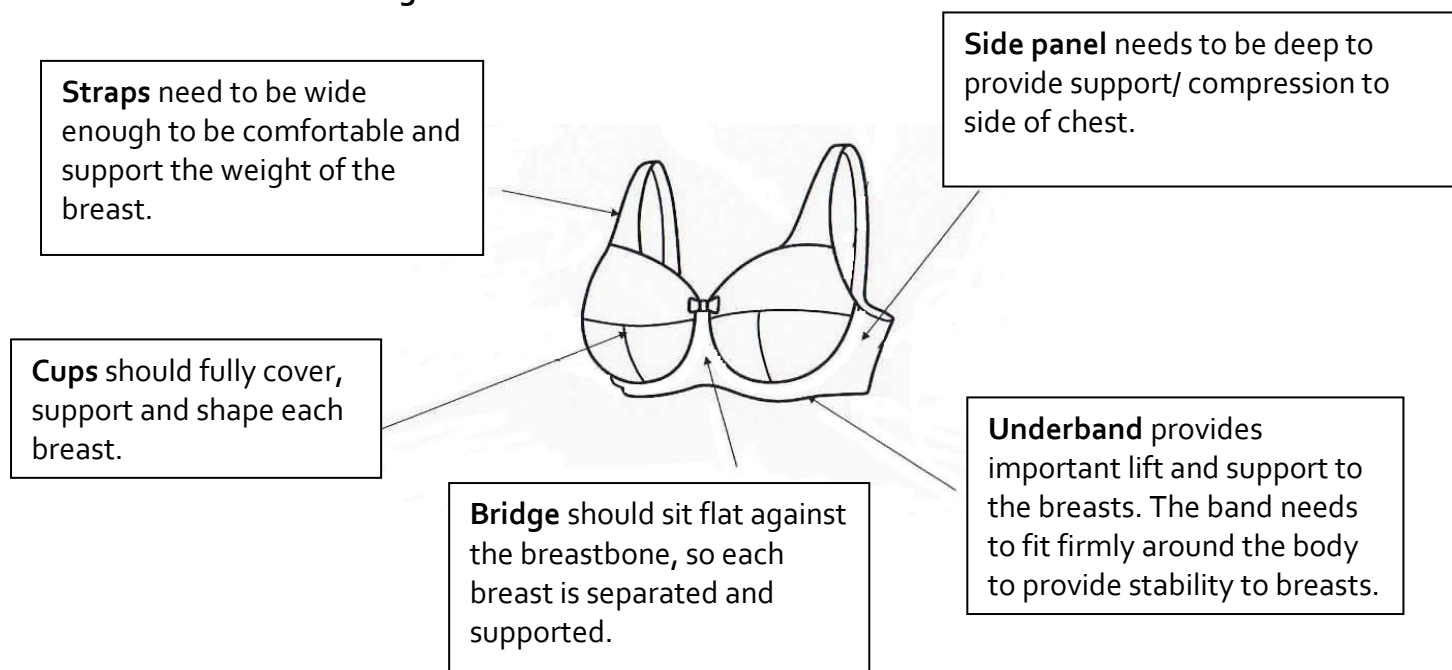
Types of bras that may be suitable

- Firm support bras: with deep cups, wide supportive straps, and wide underband and side panels
- Sports bras: with moulded supportive cups that apply good compression over the breasts.

Putting your bra on properly

The ideal way is to put your straps on first, then lean over and place your breast tissue inside each cup. Next, hook the back of the bra behind you. Then adjust the cups and your breast tissue slightly so that your breasts are comfortable and well supported.

Guidelines for selecting a suitable bra



Contact details

If you have any further questions, please contact the Lymphoedema Service:

Chelsea 020 7808 2981

Sutton 020 8661 3504

Alternatively, please contact:

The Royal Marsden Macmillan Hotline: 020 8915 6899

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

