

18 Steps to Prevention Revised: Lymphedema Risk-Reduction Practices

I. Skin Care - Avoid trauma / injury to reduce infection risk

- Keep extremity clean and dry
- Apply moisturizer daily to prevent chapping/chafing of skin
- Attention to nail care; do not cut cuticles
- Protect exposed skin with sunscreen and insect repellent
- Use care with razors to avoid nicks and skin irritation
- If possible, avoid punctures such as injections and blood draws
- Wear gloves while doing activities that may cause skin injury (i.e., washing dishes, gardening, working with tools, using chemicals such as detergent)
- If scratches/punctures to skin occur, wash with soap and water, apply antibiotics, and observe for signs of infection (i.e. redness)
- If a rash, itching, redness, pain, increased skin temperature, fever or flu-like symptoms occur, contact your physician immediately for early treatment of possible infection

II. Activity / Lifestyle

- Gradually build up the duration and intensity of any activity or exercise
- Take frequent rest periods during activity to allow for limb recovery
- Monitor the extremity during and after activity for any change in size, shape, tissue, texture, soreness, heaviness or firmness
- Maintain optimal weight

III. Avoid Limb Constriction

- If possible, avoid having blood pressure taken on the at-risk extremity
- Wear loose fitting jewelry and clothing

IV. Compression Garments

- Should be well-fitting
- Support the at-risk limb with a compression garment for strenuous activity (i.e. weight lifting, prolonged standing, running) except in patients with open wounds or with poor circulation in the at-risk limb
- *Consider* wearing a well-fitting compression garment for air travel

V. Extremes of Temperature

- Avoid exposure to extreme cold, which can be associated with rebound swelling, or chapping of skin
- Avoid prolonged (greater than 15 minutes) exposure to heat, particularly hot tubs and saunas
- Avoid placing limb in water temperatures above 102°Fahrenheit (38.9°Celsius)

NOTE: Given that there is little evidence-based literature regarding many of these practices, the majority of the recommendations must at this time be based on the knowledge of pathophysiology and decades of clinical experience by experts in the field.