

Treating Lymphedema with Surgery

What to expect

This handout explains how lymphedema is assessed and how it may be treated with surgery.

Clinic Visit

At your first clinic visit, your surgeon will assess your lymphedema. This may include measuring your arm or leg. You will talk about surgery and whether it is a good treatment option for you.

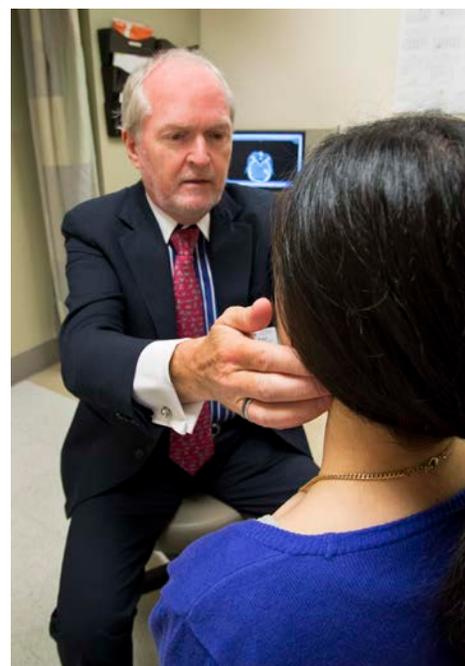
Your surgeon may advise you to have *lymphatic mapping*. This procedure will help us know if surgery is right for you.

Most times, mapping is done using *magnetic resonance imaging* (MRI). To help us see your lymph nodes more clearly on the MRI images, you will be given injections of *gadolinium* and *feraheme*, types of *contrast* (X-ray dye).

If you have a metal implant, an allergy to gadolinium or iron, or severe kidney disease, you cannot have an MRI. Instead, mapping can be done with an injection of *indocyanine green* (ICG) dye and a special X-ray machine called a *fluoroscope*.

MRI Exam

- We will give you a prescription for numbing medicine. You will put this medicine between your fingers or toes before the exam.
- During the exam, contrast will be injected between the fingers or toes (*web spaces*) of your affected arm or leg.
- After your exam, your doctor will talk with you about the results, either during a clinic visit or by phone.



Talk with your surgeon if you have any questions about treating your lymphedema with surgery.

Types of Surgery

Lymphaticovenular Anastomosis (LVA)

- During LVA, an existing lymphatic vessel is connected to a vein. The surgery is done under *general anesthesia* (sleeping medicine). Once you are asleep, you will receive an injection of contrast in your arm or leg. The contrast helps us see your lymphatic channels more clearly.
- LVA takes 3 to 4 hours. You will be able to go home the same day. You will have 1 or more small incisions on your arm or leg.
- For 4 to 6 weeks after surgery, avoid any lymphedema therapies (pumps, garments, or massage) or intense activities using the affected arm or leg.
- Avoid air travel for at least 3 weeks after surgery.

Vascularized Lymph Node Transfer (VLNT)

- During VLNT, your surgeon will remove a small cluster of lymph nodes and connect them to a blood supply within the affected arm or leg. These nodes are often taken from the neck just above the collar bone, or the groin. If nodes will be taken from the groin, you may need to have an injection of contrast between your toes to help us see where the lymph nodes are. You will be given a prescription of numbing medicine for this.
- This surgery takes 4 to 6 hours. You will be given general anesthesia. A drain will be placed where the lymph nodes are removed. You can expect to stay at least 1 night in the hospital.
- Avoid any lymphedema therapies (pumps, garments, or massage) or intense activities using the affected arm or leg for 4 to 6 weeks after surgery.
- Avoid air travel for at least 3 weeks after surgery.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Weekdays from 8 a.m. to 5 p.m., call the Center for Reconstructive Surgery at 206.598.1217.

After hours and on holidays and weekends, call 206.598.6190 and ask for the Plastic Surgeon on call to be paged.

Liposuction

- If lymphedema has caused a buildup of fatty tissue on your arm or leg, you may be able to have liposuction to help reduce the fatty tissue. This surgery uses general anesthesia and lasts 1 to 2 hours. You can return home the same day.
- You can resume compression therapies right after surgery. There are no restrictions on flying.

After Surgery

- You will have a follow-up visit about 2 weeks after your surgery with your surgeon or your surgeon's physician assistant (PA).
- Most patients see their surgeon about every 3 months after surgery. At these visits, your surgeon will assess your lymphedema. You will also talk about any other treatments or surgeries that might be helpful.