

Practice Recommendations Based on Patient Presentation

Main findings - Table 4. From article

PATIENT PRESENTATION	PRACTICE RECOMENDATIONS
All Patients At Risk for Secondary Upper Quadrant Lymphedema	<p>Self-reported symptoms of swelling, heaviness, and numbness should be investigated for early diagnosis (Grade B) Palpation for fibrosis, pitting, and overall tissue quality may be clinically helpful for staging; however, it has not been investigated for diagnostic purposes (Expert Opinion)</p> <p>If a questionnaire is used to assist with diagnosis, the Norman Questionnaire or Morbidity Screening Tool should be considered (Grade B)</p>
At Risk/Early Upper Extremity Lymphedema (ILS Stage 0-I)	<p>Bioimpedance Analysis: Bioimpedance analysis (BIA) should be used to detect subclinical/early stage lymphedema (Grade B)</p> <ul style="list-style-type: none"> • Cutpoint of >7.1 L-Dex score should be used for diagnosis of breast cancer–related lymphedema when preoperative baseline measures are not available (Grade B) • Cutpoint of >10 L-Dex score above preoperative baseline should be used for diagnosis of breast cancer–related lymphedema (Grade B) • Preoperative assessment using BIA may enhance the ability to detect changes in tissue fluid earlier indicating lymphedema (Grade B) <p>Volume Measures: Volume determined from circumferential measurements should be used to diagnose lymphedema (Grade B) but may not capture subclinical and early-stage lymphatic transport impairment (Expert Opinion)</p> <ul style="list-style-type: none"> • When using circumferential measurements, volume should be calculated (Grade B) • Calculated volume differential between sides ≥ 200 ml, or a volume ratio of >1.04 (affected: unaffected), will help rule in lymphedema, but values <200 ml cannot be used to rule out (Grade B) • Water displacement may be used in diagnosing lymphedema but is limited by clinical utility (Grade B) • Volume can also be assessed by perometry, but diagnostic criteria need to be evaluated for this method (Expert Opinion) • Methods of volume measurement are not interchangeable; use the same method at each time point (Grade A)
Moderate or Established Upper Extremity Lymphedema (ILS Stage II)	<p>Bioimpedance Analysis: Bioimpedance analysis (BIA) is less useful in diagnosing lymphedema at this stage, and self-reported symptoms or volume measures should be used (Grade B)</p> <p>Accuracy with BIA in diagnosing moderate to late stage lymphedema may decline due to tissue changes/fibrosis (Expert Opinion)</p> <p>Volume Measures: Volume measurements should be taken and used in the diagnosis of lymphedema (Grade B)</p> <ul style="list-style-type: none"> • When using circumferential measurements, volume should be calculated (Grade B) • Calculated volume differential between sides of ≥ 200 ml, or a volume ratio of >1.04 (affected: unaffected), will help rule in lymphedema, but values <200 ml cannot be used to rule out (Grade B) • Water displacement may be used in diagnosing lymphedema but is limited by clinical utility (Grade B) • Volume can also be assessed by perometry but diagnostic criteria need to be evaluated for this method (Expert Opinion) • Methods of volume measurement are not interchangeable; use the same method each time point (Grade A)
Late Upper Extremity Lymphedema (ILS Stage III)	<p>As tissue changes progress, excess fluid may decrease, but excess volume may remain because of fibrosis, increased fat deposition, and other skin changes (Grade B)</p> <p>Volume Measures: Volume measurements should be taken and used in the diagnosis of lymphedema (Grade B)</p> <ul style="list-style-type: none"> • When using circumferential measurements, volume should be calculated (Grade B) • Calculated volume differential between sides of ≥ 200 ml, or a volume ratio of >1.04 (affected: unaffected), will help rule in lymphedema, but values <200 ml cannot be used to rule out (Grade B) • Water displacement may be used in diagnosing lymphedema but has limited clinical utility (Grade B) • Volume can also be assessed by perometry, but diagnostic criteria need to be evaluated for this method (Expert Opinion) • Methods of volume measurement are not interchangeable; use the same method at each time point (Grade A) <p>Ultrasound: Ultrasound should be utilized to detect underlying tissue changes (Grade B)</p>
Hand Lymphedema	<p>Little research is available to guide diagnosis of hand lymphedema</p> <p>Water displacement and figure of 8 method of circumferential measurement may be used for assessment but have not been studied as diagnostic tests (Expert Opinion)</p>
Trunk or Breast Lymphedema	<p>Little research is available to guide diagnosis of truncal or breast lymphedema Ultrasound has the potential to determine tissue changes consistent with different stages of lymphedema (Expert Opinion)</p> <p>Tissue dielectric constant is an emerging diagnostic tool that may be useful in assisting with assessment of lymphedema (Grade C)</p>
Head and Neck Lymphedema	<p>Modified Head and Neck External Lymphedema and Fibrosis Assessment Criteria when combined with circumferential measurements may be useful for diagnostic purposes (Expert Opinion)</p> <p>Circumferential measurements at the upper neck point may be used in assessment (Expert Opinion) Tissue dielectric constant is an emerging diagnostic tool that may be useful in assessing lymphedema (Expert Opinion)</p> <p>Recommend a combined approach involving both the Modified Head and Neck External Lymphedema and Fibrosis Assessment and either circumferential measures or tissue dielectric constant (Expert Opinion)</p>