

Prophylactic Lymphovenous Bypass (pLVB) to Manage Lymphedema

Your lymphatic (lymph) system is an important part of your body's immune system. Your lymphatic system is made up of lymph vessels, lymph nodes and lymphatic tissue. If any part of the lymphatic system is damaged, or missing, lymphatic fluid can start to collect in tissues and cause swelling. **Lymphedema** is a buildup of clear lymphatic fluid under your skin that causes swelling. The location and amount of swelling is different for each person. Swelling is most often seen in one, or both of your arms or legs. This swelling can also be found in the breast, head, neck or genitals.

Lymphedema can happen to both men and women. It is a lifelong condition that does not have a known cure at this time. If lymphedema is not treated, it may cause your limb (arm or leg) to change shape and increase your risk of infections.

Symptoms of Lymphedema

Symptoms of lymphedema are different for each person. Symptoms can develop any time, but most often show up within the first 2 to 3 years after treatment. Lymphedema may develop very slowly.

Early symptoms of lymphedema include:

- A feeling of heaviness
- Swelling or tightness
- Aching or fatigue in your arm, leg or other body part
- Decreased ability to bend or move your arm or leg

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Swelling may or may not be present at first. Your jewelry may feel tight or your shoes or clothes may not fit any longer. This swelling may increase and become more uncomfortable. Your swelling may be less in the morning, after you have been lying down during the night, then become worse during the day, when you are up. Some people with lymphedema have a tingling feeling, like pins and needles in the area.

Increased swelling may cause the affected area to feel spongy and leave an indent when you push on your skin. Sometimes the skin can become thick or hardened. The area may also become shiny, may not grow hair, or you may have blisters or small growths to develop in this area.

Risk for Lymphedema

Your risk of lymphedema depends on your cancer type and the cancer treatments you received. You are at an increased risk if your breast cancer treatment included chemotherapy, radiation and removal of your axillary lymph nodes. Your risk is also increased if you are obese (a BMI above 30) or if you developed a seroma after your breast cancer surgery. A seroma is a buildup of fluid in the area of your surgery.

Prophylactic Lymphovenous Bypass (pLVB) to Treat Lymphedema

Prophylactic Lymphovenous Bypass (pLVB) is a surgical treatment option to help prevent lymphedema. Your doctor, nurse or advance practice provider will talk with you more about this type of surgery, if it is an option for you.

A pLVB is done at the same time as your **axillary lymph node dissection** to help prevent lymphedema in your affected arm. After your lymph nodes are removed, your surgeon will use contrast dye to find cut lymphatic channels. These lymphatic channels are then connected to a nearby vein to help move lymphatic fluid out of your arm.

For more information about lymphedema and treatment options, ask for the patient education handout, **Lymphedema and Treatment Options**.

For more information on Cancer-Related Lymphedema, we encourage you to visit our video library at <http://cancer.osu.edu/patientedvideos>.