

Should we really forget about MLD in patients with BCRL and other lymphoedemas?

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Introduction: After several studies concluding that Manual Lymphatic Drainage (MLD) is not effective in lymphoedema of the lower limbs and upper limbs such as e.g. in breast cancer related lymphoedema (BCRL). A part of these studies have concluded that the efficacy of MLD is only limited to psychological, social effects, but that the clinical effect of MLD has not been demonstrated. We launched a study to observe if there was a clinical effect of the MLD on BCRL patients as well as Lower limb lymphoedema patients.

Methods: We decided to conduct a study with 32 patients (mean age 57.2 years) who are suffering of Lymphoedema, and were treated before being admitted in our hospital by Complex Decongestive Therapy (CDT) excluding MLD. And we re-integrated the MLD in their CDT. Inclusion criteria were: Patients considered to be “chronically” stable, treated with CDT without MLD for at least 6 months; Without any change in volume or circumference for at least 6 months; Whose last two confectioned garments have shown NO further decrease in volume or circumference. To be able to study the efficacy of MLD as a part of the CDT, several assessments were conducted on the limbs: circumferential measurements were taken with the PeriKit each 4 cm beginning from the wrist/ankel till the basis of the limb. Pictures were taken, skin fold, as well as the Cross-Wave test (preliminary study) were performed. To be sure to attribute to MLD any change if it occurs, measurements were taken: Straight Before and Straight After MLD.

Results and Conclusion: A clear clinical differences in volume, circumference, skin fold as well as elasticity and mobility tests were observed at the end of MLD session and this change in circumference resulted in ordering few weeks or months later of a new garments, smaller (in circumferences), this difference was noted between 1 to 9 cm. The efficacy of MLD was proven in this study. These results/ goals of MLD differ from and cannot be achieved by other CDT modalities (compression, exercise and skin care). These results showed that MLD is an important ingredient for a successful treatment of CDT, and its efficacy is not only psychological or social, but the effects are clinically proven and they affect positively the quality of life (QOL) too.