The Experience of Lower Limb Lymphedema for Women After Treatment for Gynecologic Cancer

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Advances in surgical procedures, chemotherapy, and radiation have significantly reduced mortality from the major cancers of the female reproductive system, thus increasing longevity. Reducing sequelae that may affect quality of life is an important consideration in contemporary gynecologic cancer care. Although women may be cured from these cancers, subsequent morbidity such as lower limb lymphedema can be debilitating and require intensive, costly treatment. Few documented studies exist that focus primarily on this symptom.

Lymphedema is a chronic condition that may develop after removal of or radiotherapy to lymph nodes. Lymphedema occurs when the lymphatic system is unable to maintain tissue fluid homeostasis, resulting in accumulation of protein-rich lymph fluids in the interstitial spaces of subcutaneous tissue (Logan, 1995). Lymphedema can lead to distortion of size, shape, and function of affected extremities.

No standardized guidelines are available for nursing care in the pre- and postoperative periods for women undergoing gynecologic cancer surgery involving lymph node dissection. Knowledge is needed that will inform a dynamic multidisciplinary model of continuous care for those at risk for developing lower limb lymphedema after gynecologic cancer treatment.

Researchers can only hypothesize that lymphedema in one or both legs will encroach on a woman’s quality of life and well-being after an experience with a potentially fatal disease.

Key Points . . .

- Development of lower limb lymphedema erodes women’s sense of full recovery after treatment for gynecologic cancer.
- All healthcare practitioners require more knowledge of early warning signs and appropriate referral for care of lower limb lymphedema.
- Women at risk require predischarge information about the possibility of developing lower limb lymphedema and where to seek early and appropriate treatment.

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