

## BOOK REVIEWS

### **Lymphedema: Diagnosis and Therapy**

by H. Weissleder and C. Schuchhardt (Eds.)

Third Edition, 14 chapters, 428 pages

ISBN 3-934371-24-8

Viavital Verlag GmbH

Köln, Germany, 2001

### **Phlebolympoedema: From Diagnosis to Therapy**

by A. Cavezzi and S. Michelini

English translation by P. Bar

27 chapters, 214 pages

Edizioni P.R.

Bologna, Italy, 1998

### **Lymphoedema and Breast Cancer: A Physiotherapeutic Approach**

by Karin Johansson

123 pages

ISBN 91-628-5117-9

Studentlitteratur

Lund Sweden, 2002

### **Coping With Lymphedema**

by J. Swirsky and D. Nannery

Avery Publishing, 286 pages

Garden City Park, New York, 1998

### **A Primer on Lymphedema**

by D. Kelly

8 chapters, 165 pages

ISBN 0-13-022410-3

Prentice Hall

Upper Saddle River, New Jersey, 2002

### **The Lymphoedema Handbook**

by N. Piller and M. O'Connor

9 chapters, 117 pages

ISBN 0-85572-327-0

Hill of Content

Melbourne, Australia, 2002

During the past several years, there has been an outpouring of clinical soft-cover books/pamphlets on the subject of lymphedema. Many of these are directed at patients and therapists, others are designed primarily for physicians and medical students for what each of the authors maintains is still a sorely neglected subject in medical education and clinical practice.

Perhaps the most sophisticated and well-done soft-cover contribution is that edited by Weissleder and Schuchhardt with text contributions from several well respected German physicians. Published in both English and German editions, the text is an updated Third Edition with more than 170 color illustrations covering 428 pages including a detailed index. After three enlightening chapters on anatomy, physiology, and pathophysiology of lymph flow dynamics, 50 pages is appropriately devoted to clinical assessment and the wide variety of imaging techniques now available to highlight lymphatic abnormalities. The text nicely outlines the advantages and disadvantages of these methods with abbreviated but nonetheless highly instructive pictures to bolster their recommendations.

Although the book is entitled *Lymphoedema: Diagnosis and Therapy*, the subject matter includes other lymphatic malformations such as cystic hygromas, Klippel-Trenaunay syndrome, myxedema, and lymphangiectasia. In short, the text and illustrative material covers the full gamut of lymphatic circulatory problems including those resulting from trauma, filariasis, venous dysfunction, malignancy, radical node dissection and irradiation (iatrogenic causes), benign tumors, and genetic syndromes.

Currently accepted treatment protocols are also outlined in detail with primary emphasis on nonoperative decongestive physiotherapy. Even the latest approach for selected advanced secondary lymphedema of the arm after breast cancer treatment, namely liposuction as advocated by Brorson of Malmö, Sweden, is mentioned although caution is recommended from his early successful experience.

All in all, as a clinical booklet, it is superb with a clear text, beautiful illustrations, a well-selected bibliography and a text that covers a wide range of lymphatic transport disorders. It should be in the library of every physician who sees and treats patients with these vexing disorders.

The soft-cover book by Cavezzi and Michelini from Rome, Italy, has a different emphasis by tying together the lymphatic and venous systems in a text entitled *Phlebo-lymphoedema: From Diagnosis to Therapy*. Considerable portions of the book are devoted to decongestive physical therapy including the optimal way to perform manual lymph drainage, bandage-wrapping, and proper compression with low-stretch elastic garments. They apply this technique before and after a variety of ablative venous operations as well as for lymphedema.

Overall, the book focuses on venous dysfunction, which may in some instances be associated with lymphatic dysfunction (hence phlebo-lymphedema) and venous-lymphatic interactions. Its greatest strength lies in extensive details and illustrations on the technique of decongestive physiotherapy. Photographs are mainly black and white, and there is no index.

The book/pamphlet by Johansson represents a narrower perspective and represents her thesis for a doctorate in physical medicine. Its general aim is "to identify risk factors, evaluate treatments, and explore from a physiotherapeutic perspective, the experiences of patients with arm lymphedema following breast cancer treatment." As anticipated, patients operated upon with

added radiotherapy had more problems earlier and persistent with lymphedema. Of interest, arm physical activity did not increase the risk of subsequent arm lymphedema but a higher body mass index did increase the risk. Bandage-wrapping, manual lymph drainage compression garment, and sequential pneumatic compression pumping were all effective in reducing secondary arm lymphedema in her studies with compression bandaging being most effective and manual lymph drainage augmenting this effect. Equally important, the quality of life assessment in these women revealed multiple concerns including depression independent of arm swelling. Although of limited scope with facsimiles of scientific articles, some women undergoing treatment for breast cancer may find the text helpful in understanding a rational physiotherapeutic approach to the likelihood of developing arm lymphedema.

*Coping With Lymphedema* developed from one of the author's experience with breast cancer treatment and later arm lymphedema, who combined forces with an award-winning health and science writer to produce a superb narrative on this disabling condition. In contradistinction to most texts, the style of this book is simple and clear, avoids technical jargon and nicely explains in lay terminology how lymphedema develops, its physical and psychological implications, its impact on everyday life and the current treatment modalities available. Different from scientific treatises, this down-to-earth book contains an extensive listing of clinics and therapists interested in lymphedema with websites and other resources for information and assistance.

As advertised, this book is "a practical guide to understanding, treating and living with lymphedema" and it is recommended highly to every patient who wishes greater insight and assistance in managing this condition. There are no illustrations, rather just good sound advice on how to cope with lymphedema.

*A Primer on Lymphedema* by Kelly, a professor of Physical Therapy, is the latest effort to explain lymphedema with straightforward illustrations of structure and function followed by treatment modalities including decongestive physical therapy and alternative options such as pneumatic compression, Reid sleeve, CircAid, and other wrapping techniques. Drugs and operations are mentioned but appropriately with reservation or caution. Several patients with advanced lymphedema of both arms and legs are shown who have responded well with decongestive non-operative therapy. Perhaps unique to this book is a lengthy section on reimbursement (by Kuperstein) and a section on establishing a practice in lymphedema management. Taken together, this treatise is an excellent resource for patients and particularly lymphedema therapists, which complements the earlier book *Coping With Lymphedema*.

The last book reviewed here and edited by Piller and O'Connor with contributions from several authors writing individual sections is a short, practical handbook from Australia. After a brief anatomical and physiologic explanation of what is and what is not lymphedema, attention is directed to its management with practical tips on skin care, nail cutting, the risk, or lack thereof, of medical procedures including operation on the swollen limb, or traveling by bus, car or air. Several chapters emphasize the role of decongestive physical therapy, the importance of exercise, the use of compression pumps, garments, even laser therapy (used in over 2,000 patients in South Australia). One chapter is devoted to surgery for lymphedema from the minimally-invasive to the most radical, but the authors' overall impression is less than enthusiastic for any of them. The final chapters delve into psychological and lifestyle issues, nutrition (namely, avoiding obesity), careful foot care, and an abbreviated

list of references, resources, and a short glossary of medical terminology. Whereas the book is of use to lymphedema therapists and patients, it does not have an index nor the superb narrative of *Coping with Lymphedema* nor the illustrations and clarity of *A Primer on Lymphedema*.

In summary, *Lymphedema: Diagnosis and Therapy* is most appropriate for physicians with its extensive and comprehensive coverage of clinical conditions resulting from lymphatic dysfunction. It includes excellent coverage of diagnostic imaging and differential diagnosis. Therapists most likely would be interested in *A Primer on Lymphedema*, which nicely covers lymphedema from a treatment perspective including extensive practical advice on techniques and options including reimbursement issues and setting up a clinic. Patients would find *Coping With Lymphedema* an excellent resource and also perhaps *The Lymphoedema Handbook* because it is written in a straightforward style without too much detail. Clinicians and therapists may gain valuable information on venous-lymphatic interactions including imaging and treatment in *Phlebolympoedema: From Diagnosis to Therapy*. Finally, some patients and therapists may be interested in *Lymphoedema and Breast Cancer: A Physiotherapeutic Approach* with its narrower focus on a rational physiotherapeutic approach to the management of arm lymphedema following treatment for breast cancer.

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