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## Effectiveness of follow-ups on persistence of lymphedema reduction

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**L**ymphedema (LE) is an abnormal accumulation of protein rich fluid in the interstitial spaces of the limb leading to swelling. Breast cancer related lymphedema is caused by disruption of the axillary bed by excision of lymph nodes and or nodal radiation. Left untreated lymphedema leads to functional impairment and psychological morbidity. The increasing number of breast cancer survivors and the high prevalence of the disease will continue to make lymphedema a major consequence of breast cancer treatment. Complete Decongestive Therapy (CDT) is recognized and recommended as the effective nonsurgical initial treatment for lymphedema. The long term results of CDT (phase II) are harder to determine. Early diagnosis, intervention and compliance to management, is the key to long term maintenance of the results. Effective outcome of home based management is largely dependent on patients' compliance to prescribed follow-up visits. Follow-ups are crucial in understanding the therapy outcome and help to provide appropriate timely guidance and involve patients in their management better. Similarly, regular and prolonged follow ups help in improving patient's motivation in lymphedema management, continued reduction and long-term maintenance of lymphedema results. Therapists' prescription of required follow-up visits and patient's adherence to the same is an important predictor of adherence to self-management. A successful home-based management is a route to increased self-control, independence and self-efficacy.

### Biography

Manjusha Vagal has her proficiency in rehabilitating patients with musculoskeletal conditions and in lymphedema management. Her 23 years of professional experience made her create various innovative and award winning orthotic and assistive devices and therapy protocol for functionally independent and productive living of physically challenged. Her exceptional patients' service skills have fetched her professional excellence award.

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