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## DO MEDICAL PROCEDURES ON THE AFFECTED ARM (AFTER LYMPH NODE DISSECTION) INCREASE THE RISK TO DEVELOP LYMPHOEDEMA?

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Clinical practice and guidelines recommend to avoid the affected arm for clinical procedures on patients who had an axillary lymph node dissection due to breast cancer. Performing medical procedures on the affected arm, would give a higher chance to develop lymphoedema. Measuring blood pressure, venipuncture or intravenous infusions are performed always on the non-affected arm. Sometimes it would be easier if both arms can be used, for instance when the patient had intravenous chemotherapy. Often it will be more difficult to give an intravenous drip, because of frequent use of the same veins and the toxicity of chemotherapy on the veins. Based on a search in several professional search engines, three articles were identified and reviewed. Overall, the studies found a minimal risk of having complications (lymphoedema or other) because of medical procedures on the affected arm. There is no significant relation between medical procedures and increase of the arm volume. In conclusion, it is possible and safe to use the affected arm, if the patient had an uncomplicated operation in the past and the patient didn't have lymphoedema in the past. Even so, the preferred arm remains the non-affected arm. Measuring blood pressure doesn't give any risk to develop lymphoedema.

### References

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### Biography

Tessa Koopman is an Oncology Nurse at Martini Hospital Groningen, the Netherlands. For this study, she was awarded for the best evidence based practice (EBP) research 2017 in this hospital. From February 2018, she will start as a trainee ICU nurse at the University Medical Center Groningen (UMCG), as a trainee ICU nurse.

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