

FINALLY, the definitive clinical study we have been waiting for... proving the safety and efficacy of gradient, sequential, pneumatic compression for the treatment of Lymphedema

Stanford University Study Finds Pneumatic Compression Successful in Treatment of Lymphedema Related to Breast Cancer

NEW YORK (Reuters Health) Dec 13 - By Steven Reinberg

Intermittent pneumatic compression (IPC) added to other elements of decongestive lymphatic therapy enhances the treatment of lymphedema associated with axillary lymph node dissection in breast cancer patients, researchers report in the December 1st issue of Cancer.

"Lymphedema of the arm is a common aftermath of breast cancer treatment with surgery and radiation. The condition is debilitating, physically and psychologically, and treatment options are quite limited," Dr. Stanley G. Rockson told Reuters Health.

He added that the use of pneumatic compression pumps as a potential treatment, has fallen into disfavor because of old, poorly substantiated claims that the use of pumps can actually create more problems than they solve.

"Our study is the first prospective evaluation of the use of these pumps as adjunctive therapy to the existing physiotherapies for breast cancer lymphedema, both in acute and maintenance management. We evaluated both efficacy and the potential for creating side effects," Dr. Rockson explained.

He and his colleagues from Stanford University School of Medicine, California, assessed the use of IPC in 23 women who had not received previous treatment for lymphedema. * The women were randomized to decongestive lymphatic therapy alone or in combination with IPC.

In a second trial, the researchers randomly assigned 27 women who had received previous treatment for lymphedema to daily treatment with decongestive lymphatic therapy alone or along with IPC.

Overall, combined therapy resulted in a mean volume reduction of 45.3% compared with 26% for decongestive lymphatic therapy alone, the researchers report. In maintenance therapy, decongestive lymphatic therapy plus IPC resulted in a reduction of mean volume of 89.5 mL compared with an increase of 32.7 mL with decongestive lymphatic therapy alone.

"Our study documents efficacy in both acute and chronic maintenance, when added to conventional measures. There is no evidence that the therapy creates complications in the skin or the joints, as previously alleged," Dr. Rockson said.

He concludes that IPC is a very safe and cost-efficient method of treatment that has been inappropriately neglected; and may actually be a very effective way to improve the well-being of a large number of patients with this common disease that is currently under-treated.

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