

Common Myths About Lymphedema — Debunked

Introduction

Lymphedema is a chronic condition that affects millions worldwide, yet it remains surrounded by misconceptions and myths. These misunderstandings can delay diagnosis, complicate management, and cause unnecessary emotional distress for those living with the condition. It's time to set the record straight. Here, we debunk some of the most common myths about lymphedema.

Myth 1: Lymphedema Only Happens After Cancer Treatment

Fact: While lymphedema is often associated with cancer treatments such as lymph node removal or radiation therapy, it is not exclusive to cancer survivors. Lymphedema can also be **primary**,

which develops due to genetic factors or abnormalities in the lymphatic system present from birth. It can also occur secondary to trauma, infection, obesity, chronic venous insufficiency, or surgery unrelated to cancer.

Myth 2: If You Don't See Swelling, You Don't Have Lymphedema

Fact: Lymphedema often begins subtly, with sensations of heaviness, tightness, or slight changes in the skin's texture. Early or Stage 0 lymphedema may not present with visible swelling but still indicates impaired lymphatic function. Recognizing these early signs and seeking treatment promptly can slow progression and improve outcomes.

Myth 3: Lymphedema Is Curable

Fact: Lymphedema is a **chronic** and **lifelong** condition. While there is currently no cure, it can be effectively managed with a combination of therapies, including Complete Decongestive Therapy (CDT), compression garments, exercise, meticulous skin care, and sometimes surgical interventions. Early and consistent management is key to maintaining quality of life.

Myth 4: Exercise Makes Lymphedema Worse

Fact: When appropriately guided, exercise is **beneficial** for individuals with lymphedema. Physical activity improves lymphatic flow, enhances joint mobility, reduces stiffness, and helps manage weight — all critical components in lymphedema care. However, following a tailored exercise plan is essential and is often developed with a certified lymphedema therapist.

Myth 5: Only Women Get Lymphedema

Fact: Although breast cancer-related lymphedema is common and affects a large number of women, **men are also at risk**. Lymphedema can develop following prostate cancer treatments, traumatic injuries, infections, or primary lymphatic disorders in males. It's essential to recognize that lymphedema is not gender-specific.

Myth 6: Compression Garments Are Only Necessary During Flare-Ups

Fact: Compression garments are a cornerstone of **ongoing lymphedema management**, not just during periods of visible swelling. Wearing them consistently helps maintain limb volume, support lymphatic flow, and prevent progression. Skipping regular use can lead to worsening symptoms over time.

Myth 7: Massage and Spa Treatments Can "Drain" Lymphedema

Fact: Only **specialized techniques**, such as Manual Lymph Drainage (MLD) performed by a trained lymphedema therapist, are appropriate for managing lymphedema. Regular spa massages or deep tissue work can worsen the condition by putting too much pressure on delicate lymphatic structures. Always seek professionals trained in lymphedema care.

Myth 8: Lymphedema Is Just a Cosmetic Problem

Fact: Beyond swelling, lymphedema can lead to **serious medical complications** such as infections (like cellulitis), reduced mobility, fibrosis (hardening of the tissues), and emotional distress. Proper management goes far beyond appearance — essential for overall health and well-being.

Conclusion

Understanding the realities of lymphedema is the first step toward empowering those affected and improving their care. Dispelling myths ensures earlier diagnosis, more effective management, and better support for individuals with this complex condition. Education, advocacy, and access to qualified care are essential pillars for changing the narrative around lymphedema.



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