Based on our analysis of the current literature, we believe that the above-mentioned interventions after non-complicated axillary dissection do not increase the risk of lymphoedema or other complications” van der Linden et al (2015).

Abstract:

Annually, around 11,500 patients are treated surgically for breast cancer. In the past, 5-25% of these underwent an axillary dissection. This procedure can entail complications such as lymphoedema. Known risk factors are obesity and infections or wounds in the arm concerned. There is a traditional assumption that interventions on this arm, such as venepuncture, infusion or measurement of blood pressure, may induce lymphoedema.

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This assumption has been queried in recent years. Based on our analysis of the current literature, we believe that the above-mentioned interventions after non-complicated axillary dissection do not increase the risk of lymphoedema or other complications. We recommend changing the policy that prohibits interventions such as venepuncture after axillary dissection.

Reference:

**Thank you to our partners for supporting IVTEAM**