

Pregnancy and Lymphedema

Pregnancy can increase lymphatic filtration and may result in aggravation of the lymphedema. However, this is usually reversible.

Consider the risk of an offspring or sibling of an affected individual inheriting the same condition.



WHAT IS RECOMMENDED

- Standard monitoring of pregnancy and focus on lymphedema.
- Contact the patient's center of expertise for genetic counseling for risk of lymphatic problems in the fetus and the option of prenatal diagnosis.
- More frequent assessments by the lymphedema therapists. They may need extra help with bandaging or compression garment fitting.
- Continue compression and bandage treatment as long as possible but adapt to the patient's needs (e.g. use thigh length stockings instead of tights).
- Encourage control of the weight gain.
- In the event of a sudden increase in volume, a venous Doppler ultrasound of the lower limbs is indicated to exclude an underlying deep vein thrombosis (rare).
- Consider the guidance of an obstetrician during pregnancy, including advice for delivery.
- If the patient is on prophylactic antibiotics, ensure that they are not harmful to the fetus.



WHAT YOU SHOULD NOT DO

- Stop all compression treatments.
- Ignore a sudden increase in swelling.
- Start anticoagulants because of the lymphedema swelling alone.