

The First Annual Conference of the American Society of Lymphology
Chicago, Illinois
August 21-22, 1999

Manual Lymphatic Drainage Therapy: An Integral Component of Postoperative Care in Plastic Surgery Patients

Laurie A. Casas, MD, FACS. Assistant Professor of Surgery, Northwestern University Medical School Glenbrook Hospital, Evanston Northeastern Healthcare

Patricia DePoli, MD, Saint Francis Hospital

Objective: All aesthetic and reconstructive plastic surgery patients prefer a short postoperative recovery phase leading to a return to normal activity and sensation of the operated areas. As surgeons, we see patients that have prolonged postoperative swelling and soft tissue fibrosis that can take as long as eighteen months to resolve. Manual Lymphatic Drainage (MLD) was evaluated as a possible adjunct in the postoperative care of a series of patients having aesthetic and reconstructive plastic surgery. The question of whether or not MLD shortened the recovery phase of these patients, was answered.

Materials and Methods : Two Vodder-trained MLD therapists performed a series of postoperative treatments on the following patients groups (I-X): Breast Reductions; Liposuctions of Abdomen; Abdominoplasty; Facelift; Rhinoplasty; Forehead lift; Otoplasty; Liposuction of buttocks, hips, and thighs, Breast Augmentation, Mastopexy. The therapist performed MLD + deep tissue massage as needed 1-2 times per week for the first 3-6 weeks following the procedure. Deep tissue massage was incorporated as subcutaneous fibrosis developed. The end point of therapy was decided by the patients' subjective feeling that the operated area felt 'almost' normal.

Results : Patients who do not undergo postoperative decongestive therapy have a predictable and consistent postoperative course. Patients experience postoperative edema which peaks 2-4 days following surgery and is followed by soft tissue fibrosis of the operated area by day 14-42. The extent of the edema and fibrosis depend on the following variables: **1)** the operated location (dependent areas swell more), **2)** the patients activity level **3)** fluid retention **4)** previous surgery on the same area. We see complete resolution of postoperative edema and fibrosis in this group between 9 months to 18 months following surgery. In the ten groups listed above who underwent MLC and Deep Tissue Massage, postoperative swelling and fibrosis resolved within 6 weeks to 3 months, thereby shortening recovery significantly.

Conclusion: All surgical patients prefer a shortened postoperative recovery phase. Decrease in swelling, pain, and subsequent soft tissue fibrosis has been achieved by instituting Decongestive Therapy and Deep Tissue Massage to operative site in all our surgery patients' postoperative regime. In conclusion, MLD with Deep Tissue Massage significantly shortens the postoperative recovery phase in these patient groups.