

Microsurgical versus complex physical decongestive therapy for chronic breast cancer-related lymphoedema: a Cochrane Systematic Review

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Background

Breast cancer-related lymphoedema (BCRL) causes swelling, pain, infections, and reduced quality of life. Complex decongestive therapy (CDT) is the current standard, alleviating symptoms but not curative. Microsurgical procedures such as lymphovenous anastomosis (LVA) and vascularised lymph node transfer (VLNT) aim to restore drainage and improve long-term outcomes.

Objective

To systematically review and assess the existing literature on the effects of microsurgery compared with CDT in people with BCRL.

Methods

Identification of studies via databases and registers

Identification

Records identified from:

Databases (n = 969): [Embase (n = 382), Medline (n = 219), WoS cc (n = 333), CENTRAL (n = 35)]

Registers (n = 428): [WHO ICTRP (n = 216), CT.gov (n = 212)]

Screening

Records screened (n = 810)

Reports assessed for eligibility (n = 14)

Included

Studies included in review (n = 7)

Results

Microsurgery showed greater arm volume **reduction** (5–57%) and improved QoL. **Outcomes**, however, were **heterogeneous**, using diverse **QoL instruments** and **variable reduction measures**. Most studies were small and at risk of bias, limiting comparability.



Conclusion

Microsurgery offers **improvements** beyond CDT. However, the **lack** of high-quality, prospective comparative trials prevents firm recommendations. **Well-designed RCTs** and **standardized outcome measures** are urgently needed to clarify the role of microsurgery in standard care.