

REVIEW ARTICLES

The 5th World Symposium for Lymphedema Surgery—Recent Updates in Lymphedema Surgery and Setting Up of A Global Knowledge Exchange Platform

CHARLES YUEN YUNG LOH, ^{MBBS, MSc, MRCS},¹ JERRY CHIH-WEI WU, ^{MD},¹ ALEXANDER NGUYEN, ^{MD},²
JOSEPH DAYAN, ^{MD},³ MARK SMITH, ^{MD},⁴ JAUME MASIA, ^{MD},⁵ DAVID CHANG, ^{MD},⁶
ISAO KOSHIMA, ^{MD},⁷ AND MING-HUEI CHENG, ^{MD, MBA}^{1*}

¹Division of Reconstructive Microsurgery, Department of Plastic and Reconstructive Surgery, Chang Gung Memorial Hospital, Chang Gung University, College of Medicine, Taoyuan, Taiwan

²Integrative Lymphedema Institute, Dallas, Texas

³Division of Plastic Surgery, Memorial Sloan Kettering Cancer Center, New York, New York

⁴Division of Plastic Surgery, Mount Sinai Beth Israel Hospital, New York, New York

⁵Department of Plastic Surgery, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain

⁶Section of Plastic and Reconstructive Surgery, Department of Surgery, The University of Chicago Medicine and Biological Sciences, Chicago, Illinois

⁷Department of Plastic Surgery, Tokyo University, Tokyo, Japan

The successful completion of the 5th World Symposium for Lymphedema Surgery (WSLS) marks another milestone in the development and advancement of the management of lymphedema. We present our experience in organizing such a scientific lymphedema conference as well as a summary of seven variable live surgeries used for treating lymphedema. An update of current knowledge and determination of future direction in the treatment of lymphedema was made possible via WSLS 2016.

J. Surg. Oncol. 2017;115:6–12. © 2016 Wiley Periodicals, Inc.

KEY WORDS: lymphedema surgery; vascularized lymph node flap transfer; lymphovenous anastomosis; live surgery

INTRODUCTION

As George Bernard Shaw once said, “We are made wise not by the recollection of our past, but by the responsibility for our future.” This holds true in the realm of plastic and reconstructive surgery but is even more applicable to the relatively emerging field of lymphedema surgery and principles of its practice. As further progress is made regarding the management of lymphedema as a disease entity, clinicians around the world require a platform in order to keep abreast of the latest developments both in fundamental science and clinical advancements. The recently completed 5th World Symposium for Lymphedema Surgery (WSLS) at Chang Gung Memorial Hospital in Taoyuan, Taiwan is a prime example of such a platform that allows both clinicians and trainees in the field to exchange recent research findings as well as various management strategies of patients with lymphedema. Live surgery sessions also allow direct observation, sharing of technical expertise, and experience by world renown operators with the audience, and other clinicians from around the world. We present our experience behind the running of such a symposium and present a case series of patients who received various lymphedema treatment modalities and the rationale behind the treatment strategies in each. This will hopefully allow future symposiums to build on the content established till date and pave the way for further refinements in lymphedema management.

MATERIALS AND METHODS

Patient Selection

Patients were assessed at clinic a few months prior to the symposium with appropriate diagnoses and treatment options provided to them.

Patients with a diagnosis of extremity lymphedema were staged accordingly according to Cheng’s classification [1]. After lymphoscintigraphy studies and indocyanine green (ICG) investigations [2,3], a treatment of lymphovenous anastomosis (LVA) or vascularized lymph node transfer (VLNT) was suggested. If partial obstruction was suspected and remaining lymphatic channels were observed, LVA was offered. Where total lymphatic obstruction was diagnosed on lymphoscintigraphy, various imaging modalities were employed to determine the most appropriate donor area with the greatest number of possible lymph nodes as well as arterial and venous calibre. Magnetic resonance imaging (MRI) as well as computed tomography (CT) scan were performed for a lymph node survey [4] of the commonest areas for lymph node harvest. These included the supraclavicular lymph nodes, submental lymph nodes, omental, lateral thoracic, and thoracodorsal chain as well as the groin nodes.

Conflict of interest: The authors have no financial interest, in the subject matter or materials discussed.

*Correspondence to: Ming-Huei Cheng, MD, MBA, Division of Reconstructive Microsurgery, Department of Plastic and Reconstructive Surgery, Chang Gung Memorial Hospital, College of Medicine, Chang Gung University, 5 Fu-Hsing Street, Kueishan, Taoyuan 333, Taiwan. Fax: +886-3-3972681. E-mail: minghueicheng@gmail.com, minghuei@cgmh.org.tw

Received 8 June 2016; Accepted 14 June 2016

DOI 10.1002/jso.24341

Published online 28 June 2016 in Wiley Online Library (wileyonlinelibrary.com).