

Early Detection of Lymphedema with SOZO®

What is lymphedema?

Lymphedema is an abnormal buildup of protein-rich fluid (lymph fluid) that causes chronic inflammation and reactive fibrosis (thickening/scarring) of the affected tissues. This is a possible side effect of cancer treatment.

Why is early detection important?

Lymphedema can develop many years after treatment. Since we cannot predict which patients will or won't get lymphedema, having routine L-Dex® (lymphedema index) measurements can help diagnose lymphedema earlier. Earlier detection means treatment can begin sooner, and it may be possible to avoid more serious symptoms. Research has shown that 92% of patients with early detection of lymphedema using L-Dex®, combined with intervention, do not progress to chronic lymphedema.

How do we assess with L-Dex®?

SOZO® uses L-Dex® technology, which sends a low-level electrical signal through the body. This can deliver a precise snapshot of fluid status and tissue composition in less than 30 seconds. As lymphedema develops, the amount of fluid will increase, making it easier for the signal to travel through the extracellular fluid of the body. Measuring the body's resistance in response to the electrical current gives us detailed information about your fluid and tissue status without the need for an invasive procedure.

Who should be tested?

Any patients whose treatment puts them at risk for limb lymphedema including those who:

- had an axillary and inguinal lymph node dissection
- had a sentinel lymph node biopsy with more than 6 nodes removed
- had a mastectomy
- had radiation therapy
- had taxane-based chemotherapy
- have a BMI (body mass index) above 30 kg/m2

When should you be tested?

It's recommended you have a lymphedema assessment with the L-Dex® score done before starting treatment. This will give us a baseline measurement. A repeat assessment is recommended every 3 months for the first 3 years and every 6 months for years 4 and 5. From year 6 on, assessments can be done twice a year.

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