

treatment is not uncommon. Several risk factors were found to contribute to breast lymphedema, including axillary surgery, high BMI, increased bra cup size, adjuvant chemotherapy, locoregional and radiotherapy boost and upper outer quadrant tumours.

**Aim:** We aimed to provide an up to date systematic review to help avoiding or managing breast lymphoedema after Breast conservative surgery for breast cancer.

**Methods:** The search term 'breast lymphedema' was combined with 'breast conservative surgery' and was used to conduct a literature research in PubMed and Medline. The term lymphedema was combined with breast, conservative and surgery to search Embase database. All papers published in English were included with no exclusion date limits

**Results:** A total of 2155 female patients were included in this review; age ranged from 26 to 90. Mean body mass index was 28.4, most of the studies included patients who underwent conservative breast surgery.

Incidence of breast lymphedema ranged from 24.8% to 90.4%. Several risk factors were linked to breast lymphedema after conservative breast surgery, such as body mass index (BMI), breast size, tumour size, tumour site, type of surgery and adjuvant therapy.

Treatment options focused on decongestive lymphatic therapy, including Manual lymphatic drainage (MLD), self-massaging, compression bras or Kinesio taping.

**Conclusion:** Breast lymphedema is a relatively common complication, yet there is no clear consensus on the definition or treatment options.

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### Breast Lymphedema after breast conservative surgery; an up-to-date systematic review

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**Background:** While arm lymphedema following breast cancer treatment is a common complication; breast lymphedema following