Pre-operative assessment, prospective surveillance and early intervention may have prevented the onset of lymphedema in this cohort of 45 patients. 

REFERENCES


www.impedimed.com | www.L-Dex.com

ImpediMed Inc.
3550 Fairchild Court, Suite 125, Carlsbad, CA 92008
Toll Free: +1-877-207-0111 Email: info@impedimed.com

ImpediMed Inc. and L-Dex are registered trademarks of ImpediMed Inc. ©2015 ImpediMed Inc.

The image demonstrates the concept of a Delta 10 shift from a pre-surgical baseline, illustrating the concept of a Delta 10 shift from a pre-surgical baseline. This image demonstrates the concept of a Delta 10 shift from a pre-surgical baseline, illustrating the concept of a Delta 10 shift from a pre-surgical baseline. This image demonstrates the concept of a Delta 10 shift from a pre-surgical baseline, illustrating the concept of a Delta 10 shift from a pre-surgical baseline. This image demonstrates the concept of a Delta 10 shift from a pre-surgical baseline, illustrating the concept of a Delta 10 shift from a pre-surgical baseline.
Today, most lymphedema is not diagnosed until it is visually apparent. By this point, fibrotic changes and lipid deposition caused by protein rich extracellular fluid stasis have already begun. But now there is hope for early detection of the condition. L-Dex® from ImpediMed is the first FDA-cleared medical device to non-invasively assess and treat the early signs of lymphedema. The L-Dex scale is a test to be used in the clinical assessment of lymphedema by a medical provider.

New Data Demonstrates Early Diagnosis and Treatment Effective in Controlling Lymphedema

In spite of recent advances, lymphedema remains a significant problem—even with the adoption of more conservative cancer treatment. Although new techniques such as sentinel lymph node biopsy have demonstrated some improvement, incidence rates of lymphedema ranging from 4 –17% are still cited in the literature for breast cancer patients2,3,4,5,6,7,8 and from 5–67% for pelvic cancer patients.16,17,18,19

Pre-surgical clinical assessment can detect significant changes from pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with subclinical lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.20 This research supports the findings of lymphedema researchers around the globe.11,12,13 In addition, there is a growing international acceptance of lymphedema as a disease and a preventative approach to an otherwise chronic, lifelong condition with significant medical risks.

Establishing a Pre-surgical Baseline

BN-12981 L-Dex Collateral-6pg Brochure r7.indd   4-6

New data from a five year, prospective NIH study demonstrates that it is possible to prevent the progression of lymphedema in patients at risk.2 The research supports the findings of lymphedema researchers around the globe.12,13 In addition, there is a growing international consensus among professional organizations in support of the prospective (pre-surgical) assessment of newly diagnosed cancer patients to identify and manage those patients at high-risk for lymphedema.21,22

A New Level of Confidence for Everyone

L-Dex technology is creating a new paradigm for all parties involved with lymphedema management.

• Physicians can now reduce the severity of lymphedema and its psychological and physiological impact.

• Patients can return to the quality of life they enjoyed prior to their cancer treatment knowing their physician can clinically assess and treat the early signs of lymphedema.

• Health insurance providers benefit from reduced costs and a preventative approach to an otherwise chronic, lifelong condition with significant medical risks.

Introducing an Advanced Tool for Aiding in the Clinical Assessment of Unilateral Lymphedema of the Arm and Leg in Women, and the Leg in Men.

When Do Patients Develop Lymphedema?3

Pre-surgical baselines establish what is “normal” for your patient in terms of fluid levels in their arms or legs. Periodic post-operative clinical assessment can detect significant changes from pre-surgical levels. A simple, noninvasive, off-the-shelf compression garment may also reduce early lymphedema. The L-Dex scale is a test to be used in the clinical assessment of lymphedema by a medical provider.

Keep on the lookout for early signs. Early lymphedema is characterized by increased limb volume with subclinical lymphedema returning to their pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with subclinical lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.20 This research supports the findings of lymphedema researchers around the globe.11,12,13

Keeping Score for Your Patients: The Lymphedema Index (L-Dex)

In normal range

Baseline arm volume after an average of 4.4 weeks.9,10 None of the patients with subclinical lymphedema returned to their pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with subclinical lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.20 This research supports the findings of lymphedema researchers around the globe.11,12,13

The L-Dex scale is designed to detect the early signs of lymphedema. Patients that have changed +10 L-Dex units from baseline may also indicate early lymphedema. This scale is a test to be used in the clinical assessment of lymphedema by a medical provider.

Establishing a Pre-surgical Baseline

Pre-surgical baselines establish what is “normal” for your patient in terms of fluid levels in their arms or legs. Periodic post-operative clinical assessment can detect significant changes from pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with subclinical lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.20 This research supports the findings of lymphedema researchers around the globe.11,12,13

When Do Patients Develop Lymphedema?3

Pre-surgical baselines establish what is “normal” for your patient in terms of fluid levels in their arms or legs. Periodic post-operative clinical assessment can detect significant changes from pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with subclinical lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.20 This research supports the findings of lymphedema researchers around the globe.11,12,13

Keeping Score for Your Patients: The Lymphedema Index (L-Dex)

L-Dex technology utilizes bioimpedance spectroscopy to measure the characteristics of current flow changes through the extracellular fluid in the patient’s limbs. These changes can assist the surgeon and oncologist in clinically assessing patients for the early signs of lymphedema.

• The L-Dex score is specific for extracellular fluid.

• As fluid accumulates in the affected limb, L-Dex values increase on this scale.

• The device provides an immediate result and is provided with software for tracking changes in the patient’s L-Dex values over time.
Today, most lymphedema is not diagnosed until it is visually apparent. By this point, fibrotic changes and lipid deposition caused by protein rich extracellular fluid stasis have already begun. But now there is hope for early detection.

New Data Demonstrates Early Diagnosis and Treatment Effective in Controlling Lymphedema

In spite of recent advances, lymphedema remains a significant problem—even with the adoption of more conservative treatment approaches. Although new techniques such as sentinel lymph node biopsy have demonstrated some improvement, incidence rates of lymphedema ranging from 4–17% are still cited in the literature for breast cancer patients2,3,4,5,6,7,8 and from 4–28% after mastectomy1 after lumpectomy1 after cervical cancer16,17,18 after endometrial cancer17,18 and 60–67% after pelvic cancer.16,17,18,19

Pre-surgical baselines establish what is “normal” for your patient in terms of fluid levels in their arms or legs. Periodic post-operative clinical assessment can detect significant changes from pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with unilateral lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.20 Plate (0%) progressed to a Stage 2 or Stage 3 lymphedema.

Introducing an Advanced Tool for Aiding in the Clinical Assessment of Unilateral Lymphedema of the Arm and Leg in Women, and the Leg in Men.

Establishing a Pre-surgical Baseline

Pre-surgical baselines establish what is “normal” for your patient in terms of fluid levels in their arms or legs. Periodic post-operative clinical assessment can detect significant changes from pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with unilateral lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.20 Plate (0%) progressed to a Stage 2 or Stage 3 lymphedema.

Keeping Score for Your Patients: The Lymphedema Index (L-Dex)

The Lymphedema Index (L-Dex) is a simple, noninvasive measurement of extracellular fluid conductivity, performed in your office.

Establishing a Pre-surgical Baseline

Pre-surgical baselines establish what is “normal” for your patient in terms of fluid levels in their arms or legs. Periodic post-operative clinical assessment can detect significant changes from pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with unilateral lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.20 Plate (0%) progressed to a Stage 2 or Stage 3 lymphedema.

Keeping Score for Your Patients: The Lymphedema Index (L-Dex)

The Lymphedema Index (L-Dex) is a simple, noninvasive measurement of extracellular fluid conductivity, performed in your office.

<table>
<thead>
<tr>
<th>VOLUME (ML)</th>
<th>BASELINE INTERVENTION FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>0.10</td>
<td></td>
</tr>
<tr>
<td>0.15</td>
<td></td>
</tr>
<tr>
<td>0.20</td>
<td></td>
</tr>
<tr>
<td>0.25</td>
<td></td>
</tr>
<tr>
<td>0.30</td>
<td></td>
</tr>
<tr>
<td>0.35</td>
<td></td>
</tr>
<tr>
<td>0.40</td>
<td></td>
</tr>
<tr>
<td>0.45</td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td></td>
</tr>
</tbody>
</table>

When Do Patients Develop Lymphedema?20

Cumulative data indicates initial advancements of lymphedema.

A New Level of Confidence for Everyone

L-Dex technology is creating a new paradigm for all parties involved with lymphedema management.

- Physicians can now reduce the severity of lymphedema and its physiological and psychological impact.
- Patients can return to the quality of life they enjoyed prior to their cancer treatment knowing their physician can clinically assess and treat the early signs of lymphedema.
- Health insurance providers benefit from reduced costs and a preventative approach to an otherwise chronic, lifelong condition with significant medical risks.

L-Dex values that lie outside the normal range may indicate the early signs of lymphedema. These can have dramatic ramifications for the affected limb. To help guide the clinical assessment of lymphedema, a medical provider can:

- Conduct a simple measurement of extracellular fluid conductivity performed in your office.
- Use the L-Dex scale to indicate the clinical assessment of lymphedema by a medical provider.

- Determine whether the patient’s limb is within a normal range.
- Identify those patients at high risk for lymphedema.

The Four Stages of Unilateral Lymphedema14

<table>
<thead>
<tr>
<th>STAGE III</th>
<th>STAGE II</th>
<th>STAGE I</th>
<th>STAGE 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRURITUS</td>
<td>THROBBING</td>
<td>DISCOMFORT</td>
<td>PAIN</td>
</tr>
<tr>
<td>ANESTHESIA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L-Dex technology utilizes bioimpedance spectroscopy to measure the characteristics of current flow changes through the extracellular fluid in the patient’s limb. These changes can assist the surgeon and oncologist in clinically assessing patients for the early signs of lymphedema.

- The L-Dex score is specific for extracellular fluid.
- As fluid accumulates in the affected limb, L-Dex values increase on this scale.
- The device provides an immediate result and is provided with software for tracking changes in the patient’s L-Dex values over time.
Early intervention may have prevented the onset of lymphedema. This image demonstrates the concept of a Delta 10 shift from a pre-surgical baseline of -3 L-Dex units. The orange “Delta 10” line is shown for demonstration purposes only to allow the reader to more easily visualize the Delta 10 concept.

References:
Today, most lymphedema is not diagnosed until it is visually apparent. By this point, fibrotic changes and lipid deposition caused by protein rich extracellular fluid stasis have already begun. But now there is hope for early detection and treatment. L-Dex® from ImpediMed is the first FDA-cleared medical device technology for aiding in the clinical assessment of unilateral lymphedema of the arm and leg in women, and the leg in men. Now there is a new way to help protect your patient’s quality of life following cancer.

New Data Demonstrates Early Diagnosis and Treatment Effective in Controlling Lymphedema

In spite of recent advances, lymphedema remains a significant problem—even with the adoption of more conservative cancer treatments. Although new techniques such as sentinel lymph node biopsy have demonstrated some improvement, incidence rates of lymphedema ranging from 4–17% are still cited in the literature for breast cancer patients and from 5–67% for pelvic cancer patients.1–10

In spite of recent advances, lymphedema remains a significant problem—even with the adoption of more conservative cancer treatments. Although new techniques such as sentinel lymph node biopsy have demonstrated some improvement, incidence rates of lymphedema ranging from 4–17% are still cited in the literature for breast cancer patients and from 5–67% for pelvic cancer patients.

When Do Patients Develop Lymphedema?20

When Do Patients Develop Lymphedema?20

L-Dex technology is creating a new paradigm for all parties involved with lymphedema management.

• Physicians can now reduce the severity of lymphedema and its physiological and psychological impact.
• Patients can return to the quality of life they enjoyed prior to their cancer treatment knowing their physician can clinically assess and treat the early signs of lymphedema.
• Health insurance providers benefit from reduced costs and a preventative approach to an otherwise chronic, lifelong condition with significant medical risks.

Establishing a Pre-surgical Baseline

Pre-surgical baselines establish what is “normal” for your patient in terms of fluid levels in their arms or legs. Periodic post-operative clinical assessment can detect significant changes from pre-surgical levels. An off-the-shelf compression garment has been demonstrated to be an effective intervention. In the NIH study, all women diagnosed with subclinical lymphedema returned to their pre-surgical baseline arm volume after an average of 44 weeks.11–14 Blaine (0%) progressed to a Stage 2 or Stage 3 lymphedema.

Keeping Score for Your Patients: The Lymphedema Index (L-Dex)

ImpediMed’s L-Dex technology utilizes bioimpedance spectroscopy to measure the characteristics of current flow changes through the extracellular fluid in the patient’s limbs. These changes can assist the surgeon and oncologist in clinically assessing patients for the early signs of lymphedema.

• The L-Dex value is specific for extracellular fluid.
• As fluid accumulates in the affected limb, L-Dex values increase on this scale.
• The device provides an immediate result and is provided with software for tracking changes in the patient’s L-Dex values over time.

When Do Patients Develop Lymphedema?20

New data from a five year prospective NIH study demonstrate that it is possible to prevent the progression of lymphedema in patients at risk.13 This research supports the findings of lymphedema researchers around the globe.14–19 In addition, there is a growing international consensus among professional organizations in support of the prospective (pre-surgical) assessment of newly diagnosed cancer patients to identify and manage those patients at high risk for lymphedema.14–19

NIH Study Confirms the Importance of Early Assessment and Intervention

Camelid data indicates early advancement of lymphedema.

New data demonstrate that it is possible to prevent the progression of lymphedema in patients at risk. This research supports the findings of lymphedema researchers around the globe. In addition, there is a growing international consensus among professional organizations in support of the prospective (pre-surgical) assessment of newly diagnosed cancer patients to identify and manage those patients at high risk for lymphedema.

Today, most lymphedema is not diagnosed until it is visually apparent. By this point, fibrotic changes and lipid deposition caused by protein rich extracellular fluid stasis have already begun. But now there is hope for early detection and treatment. L-Dex® from ImpediMed is the first FDA-cleared medical device technology for aiding in the clinical assessment of unilateral lymphedema of the arm and leg in women, and the leg in men. Now there is a new way to help protect your patient’s quality of life following cancer.
A New Paradigm for Lymphedema Management

Pre-operative assessment, prospective surveillance and early intervention may have prevented the onset of irreversible lymphedema in this cohort of 43 patients. 9,10

INTRODUCTION

The image demonstrates the concept of a Delta (Δ) shift from a normal baseline of +10 L-Dex units. The Δ (Δ) shift is a clinical sign and marker for normalization. Intervention ensures that the Δ shift is maintained to allow the reader to more easily visualize the Delta 10 concept.

REFERENCES


6. Baseline L-Dex of 10 Units. Increase Outside Normal Range L-Dex from Baseline of -3 L-Dex units. The orange “Delta 10” line is shown for demonstration purposes only to allow the reader to more easily visualize the Delta 10 concept.

The image is a diagram illustrating the concept of a Delta (Δ) shift in L-Dex units from a normal baseline of +10 units. The Δ (Δ) shift is a clinical sign and marker for normalization. Intervention is necessary to maintain the Δ shift, allowing the reader to more easily visualize the Delta 10 concept.

Lymphedema Isn’t a Secret Anymore.

www.impedimed.com | www.L-Dex.com

ImpediMed Inc.
3900 Pasteur Court, Suite 125, Carlsbad, CA 92008
Toll Free: +1-877-247-0111 | Email: info@impedimed.com