**Personal Approach to Lymphedema Management, a Changing Paradigm**

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This paper presents my personal approach to the treatment of lymphedema and, in particular, how that has evolved over the past 10 years.

Imaging plays a key role in the management of lymphedema in my practice. If the diagnosis has not been made or is in doubt, nuclear medicine lymphoscintigraphy is the best test to document the presence of lymphedema in my practice. Once the diagnosis has been made, MR Lymphangiography is performed on all patients if possible. This is because MRL gives good information not only on the lymphatics in the affected area, but also on structures as a whole. In patients who cannot have an MRI for whatever reason, fluorescent Lymphangiography with ICG is carried out in clinic. ICG is routinely used to map lymphatics in surgery. Surgery offered includes lymphatico-venular anastomosis (LVA), Vascularized lymph bode transfer (VLNT) and excision. Excision may be achieved with liposuction, or direct excision depending on corcumstances. The decision on where to place LVA or VLNT is determined by patient history as well as findings on imaging. ICG plays a vital role in assessing the quality of repairs.