

Contraindications

- ❖ Avoid full-body lymphatic drainage techniques or elevation of the limbs above the level of the heart with chronic congestive heart failure. A sudden increase in the volume of lymphatic fluid or venous return through compromised tissues and organs has potentially serious results, such as pulmonary edema (*Wittlinger, Wittlinger, 1990*).
- ❖ Local or distal techniques are contraindicated with edema that is due to thrombophlebitis or deep vein thrombosis, since there is a danger of embolism.
- ❖ Lymphatic drainage techniques are contraindicated with untreated or metastasizing neoplasms, including melanomas (*Wittlinger, Wittlinger, 1990; Kurz, 1990*). However, with edema that is a result of medical treatment (for example, following lymph node removal or radiation therapy), lymphatic drainage and massage techniques may proceed with a physician's approval.
- ❖ Local lymphatic drainage and hydrotherapy are contraindicated if the edema results from bacterial, viral or fungal infection. In the acute or subacute stage, these modalities will promote the spread of toxins and are to be avoided. Hot hydrotherapy is also contraindicated with lymphedema where the tissue is already congested (*Kurz, 1990*).
- ❖ In the case of chronic inflammation, such as sinusitis or bronchitis, lymphatic drainage should initially be performed for shorter periods of time and not on site. In the case of sinusitis, work is done only on the neck, not the face. The client is monitored for signs of a flare-up of the condition. If this occurs, lymphatic drainage is discontinued. If no flare-up occurs, the time spent performing drainage work is slowly increased and the site of the infection is gradually included (*Kurz, 1990*).
- ❖ Lymphatic obstruction due to parasites (filariasis) contraindicates lymphatic techniques and Swedish techniques which increase the circulation (*Kurz, 1990*).
- ❖ With acute tuberculosis, any lymphatic drainage is contraindicated. If the client has had tuberculosis affecting the lymphatic nodes, **local** lymphatic techniques are contraindicated because the techniques may activate the encapsulated tuberculosis bacteria (*Kurz, 1990*).
- ❖ Lymphatic drainage is contraindicated with toxoplasmosis, a lung infection that can be associated with AIDS, since it may cause a flare-up of the infection (*Kurz, 1990*).
- ❖ Lymphatic drainage performed on low-protein edemas such as those accompanying liver and kidney pathologies or starvation will have no effect, because the forces causing the edema will overwhelm the effects of the techniques (*Wittlinger, Wittlinger, 1990*).
- ❖ **On-site** lymphatic drainage techniques are contraindicated in the acute and early subacute stages of trauma. They are used proximally only.
- ❖ **Distal** to the lesion site, lymphatic techniques and Swedish circulatory techniques are contraindicated in the acute or early subacute stage. The edema can function as a bottleneck (*Casley-Smith, Casley-Smith, 1986*), painfully congesting the distal limb if the therapist attempts to move the circulation through the lesion site. These techniques are only used once the edema has been reduced sufficiently to allow the lymph and blood to flow through local vessels.
- ❖ In the case of edema arising from trauma, avoid using hot or warm hydrotherapy immediately proximal to inflamed tissue, as this can draw the distal circulation towards the heart, congesting the lesion site.
- ❖ See the chapter on contraindications for specific conditions and medications for more information.