

## The Lymphoedema Association of Western Australia

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13 June 2006

The Secretary  
Senate Community Affairs References Committee  
Parliament House  
CANBERRA ACT 2600



Dear Sir/Madam

**Re: Senate Gynaecological Cancer in Australia Inquiry  
Complications following surgery and Radiotherapy for Gynaecological Cancer**

When tumors are surgically removed the surrounding lymph nodes and lymphatics are also resected in an attempt to prevent the spread of cancer. This may be followed by radiotherapy which can burn the superficial initial lymphatics. This will result in at least 30% patients developing lymphoedema (swelling of limbs) due to a loss of lymph drainage. At this point in time the condition is chronic and incurable, although it can be minimized with appropriate and adequate management. Without proper management the pervading insidious build up of sticky high-protein lymph is, when following surgical sterility, a devastating predicament for any lady.

The screening for, and follow-up care, for lymphoedema in Public Hospitals is in most cases totally inadequate: Usually, a part time individual therapist is trying to provide manual lymph drainage, skin care, exercise, and the provision of compression garments for an ever increasing waiting list of patients.

There are a few lymphoedema clinicians in private practice in each state, but, because the treatments are labor intensive and the time consuming, the costs are prohibitive.

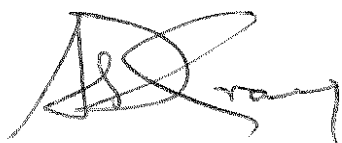
Private health insurances provide a generous rebate on the cost of compression garments, but extended treatment fee rebates do not exist: Treatment is often required on a daily basis for some weeks and many low income patients, including pensioners, cannot afford the cost of treatment; even assuming that they can afford health insurance.

The outcome is that many lymphoedema patients do not receive any treatment and go on to suffer chronic thickening of their limbs and recurring infection (cellulitis): The latter may require hospitalization and the use of expensive intravenous antibiotics, which is a strong indicator that withholding treatment is false economy for everybody, i.e.: the patient, the health system, and the public purse.

As the Founder Chairman of the Lymphoedema Association of Western Australia, and having specialized in physiotherapy treatment for lymphoedema in private practice for sixteen years, I make the following recommendations:

1. That all cancer patients be screened for lymphoedema risk factors and be given information about lymphoedema prior to surgery.
2. That screening and preventative treatment be provided routinely post-operatively.
3. That all Government Hospitals provide adequate physiotherapy staff to enable a comprehensive treatment and continued care for lymphoedema patients.
4. That Government encourages private health insurances to provide an extended treatment fee rebate specific to lymphoedema.
5. That the Government conducts a survey to determine the prevalence of lymphoedema and its economic and social cost to the community.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stuart D Gray', with a stylized flourish at the end.

Stuart D Gray  
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