

The Impact of COVID-19 Pandemic on Lymphedema Follow-ups in the Lymphedema Clinic at Motamed Cancer Institute

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lymphedema clinic. The number of monthly visits was collected from the registry system during two years. Personal information of patients was not included in the datasheet. A total of 3159 visits were performed during 2018-2019. This was reduced to 1843 visits during 2019-2020; indicating a 41.6% decrease. The number of newly registered patient visits were also decreased by 54.3%. The number of total and new visits is shown in Table 1. The trend of total and new visits between two subsequent years is compared in Figure 1.

Table 1: The Number of Total and New Visits From 2018 to 2020

	2018-2019		2019-2020	
	Total Visits	New Patients	Total Visits	New Patients
23 Oct- 22 Nov	239	47	156	46
23 Nov- 22 Dec	286	55	338	41
23 Dec- 22 Jan	320	66	247	38
23 Jan- 22 Feb	248	50	164	18
23 Feb- 22 Mar	87	42	15	2
23 Mar- 22 Apr	172	33	7	4
23 Apr- 22 May	351	72	44	11
23 May- 22 Jun	258	60	134	15
23 Jun- 22 Jul	355	92	179	25
23 Jul- 22 Aug	290	45	158	24
23 Aug- 22 Sep	226	52	236	45
23 Sep- 22 Oct	327	76	165	46
Total	3159	690	1843	315

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DEAR EDITOR,

The COVID-19 pandemic has greatly changed the routine medical practice in any field and the care delivery to lymphedema patients is not an exception. The lymphedema clinic at Motamed Cancer Institute (MCI), Tehran primarily was established for the management of breast cancer-related lymphedema (BCRL). However, it is now a referral center for different types of lymphedema from all over Iran. This letter aimed to show the impact of the coronavirus disease 2019 (COVID-19) pandemic on the lymphedema practice in the MCI

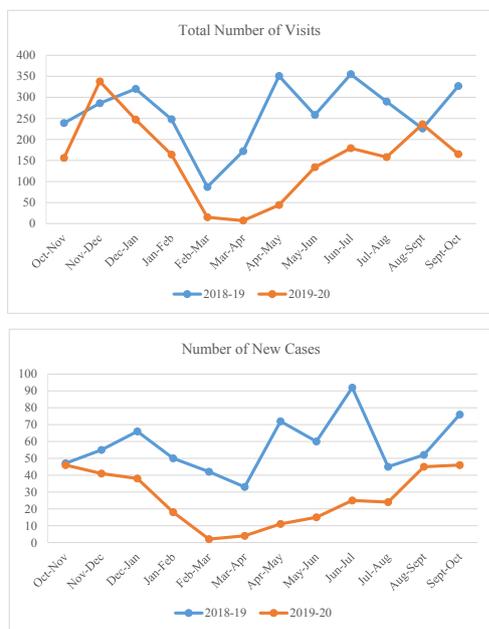


Figure 1: The Trend of Total and New Visits From 2018 to 2020

These findings showed the possible impact of the COVID-19 pandemic on lymphedema management. Although different confounders may affect the change in referral statics, some possibilities related to the COVID-19 pandemic might explain such observation. Many patients were afraid of the virus

transmission and did not attend follow-up sessions and some other patients from other provinces could not easily travel for their routine complete decongestive therapy (CDT) programs. In the MCI lymphedema clinic, water replacement is no longer used for measuring the volume, and follow-ups are performed based on the circumference, pain, and quality of life changes. All these difficulties highlight the importance of patient education, electronic health interventions, and an extra effort in research [1, 2]. Due to limitations of the study design, it was not possible to investigate the impact on lymphedema severity or quality of life. Nevertheless, specialized practitioners need to pay attention to lymphedema complications such as cellulitis due to disturbed regular lymphedema management and follow-up during the COVID-19 pandemic.

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