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## New clinical practice guideline a game changer for cancer treatment

Patients who have had their armpit lymph nodes removed for cancer treatment will no longer be advised to avoid using that arm for ongoing intravenous and blood pressure measurement under a significant change to clinical practice.

The new guideline led by anaesthetists is potentially life-changing for patients who have until now been told that the lymph node surgery arm is “off limits” for future procedures. This has meant patients, many of whom are being treated for breast cancer, have had to endure repeated and sometimes painful procedures of intravenous treatments and blood collection only from one arm.

Clinical evidence assessed by the Australian and New Zealand College of Anaesthetists (ANZCA) in collaboration with the Royal Australasian College of Surgeons and breast care cancer nurses from the McGrath Foundation, has confirmed that the arm used for armpit lymph node removal surgery – also known as axillary clearance – can now be safely used for medical procedures.

ANZCA’s commitment to safe clinical practice will be highlighted at the college’s annual scientific meeting (ASM) in Sydney from 5-9 May.

“This advice will help the care of many, many patients who have had axillary surgery and have been told that arm can 'no longer be touched', even by a blood pressure cuff,” says specialist anaesthetist Professor Victoria Eley. (Professor Eley of the Royal Brisbane and Women’s Hospital, led the expert group that developed the guidance as an update to ANZCA’s professional document on anaesthesia monitoring.)

“Patients who have undergone axillary surgery have traditionally been advised to avoid having the arm on the affected side used for medical procedures because it was thought this might contribute to the occurrence of swelling known as lymphoedema.

“This is a complication that may arise following axillary surgery, including sentinel lymph node biopsy, targeted axillary dissection, and axillary clearance. However, clinical evidence shows this is not the case and that the arm on the affected side can usually be safely used for medical procedures.”

Professor Eley said in many circumstances using the arm on the affected side can be better for patient comfort and safety because relying solely on the blood vessels in unaffected arms can result in damage through overuse, and cause discomfort.

“We encourage patients who do have concerns about the use of their affected arm to discuss these with their healthcare professional.”

The new guideline applies to common medical procedures performed by anaesthetists and other health care professionals on patients' arms including:

- Taking blood.
- Administering and delivering medication via an intravenous (IV) drip.
- Performing anaesthesia monitoring such as invasive and non-invasive blood pressure monitoring.

ANZCA has produced a [new patient information fact sheet](#) to share with relevant medical colleges and allied healthcare agencies.

**For more information or to request interviews please contact ANZCA Media Manager Carolyn Jones on +61 408 259 369 or [cjones@anzca.edu.au](mailto:cjones@anzca.edu.au). Follow us on twitter [@ANZCA](#).**