SOCIETY FOR AMBULATORY ANESTHESIA

Outpatient • Office Based • Non-Operating Room

Society for Ambulatory Anesthesia (SAMBA) Statement on Intravenous Catheter Placement, Venipuncture and Blood Pressure Measurements in the Ipsilateral Upper Extremity after Breast Cancer Surgery with and without Axillary Lymph Node Dissection
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Many breast cancer survivors have been told to avoid intravenous (IV) catheters, venipunctures, and blood pressure (BP) measurements in the upper extremity ipsilateral to the previous surgery.[1] Increasingly patients have had bilateral breast surgeries with axillary lymph node dissections.

There is controversy as to whether placement of IV catheters and BP measurements in the ipsilateral surgical arm is associated with breast cancer-related lymphedema (BCRL).[2-4] The first apparent recommendation to avoid venipuncture to prevent BCRL dates to 1955 after a retrospective review of a small number of patients after radical mastectomies.[5] It is important to note that radical mastectomies are rarely done today. Trauma, venipuncture, IV catheter placement, and BP measurements have not been associated with lymphadema.[2,3,6-9]

In spite of an accumulation of data challenging this risk, historical practice is difficult to change.[6] The majority of breast cancer surgery patients are still instructed to avoid venipuncture, IV catheter placement and BP measurements in the ipsilateral arm of breast and axillary surgery for the rest of their lives.[1,5] Nurses have reported on the impact to patients of this messaging to avoid interventions on these extremities, especially since 83% of breast cancer patients will survive 10 years or more.[10,11]

The American Society of Breast Surgeons Expert Panel recommends that the use of an arm for IV placement or BP measurements after breast surgery with axillary lymph node removal is not contraindicated.[12]

In conclusion, SAMBA supports the placement of intravenous catheters, venipunctures, and blood pressure measurements in an upper extremity ipsilateral to breast cancer surgery with and without axillary lymph node dissection.

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