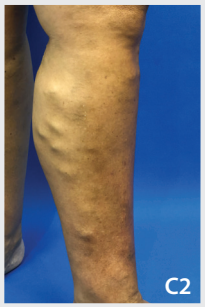
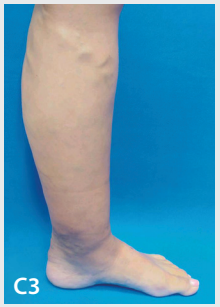
Imaging reveals concurrent venous and lymphatic disease progression.[1,2]

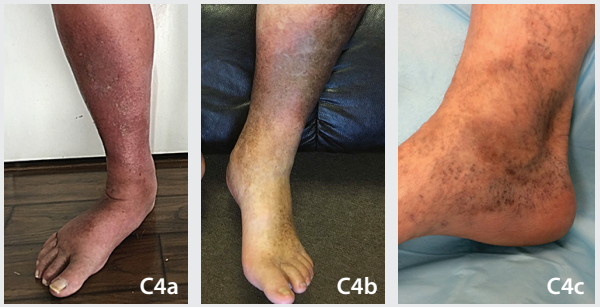
Experts from the AVLS, AVF and SVM societies agree, **clinical examination is adequate for diagnosing lymphedema.**[3]



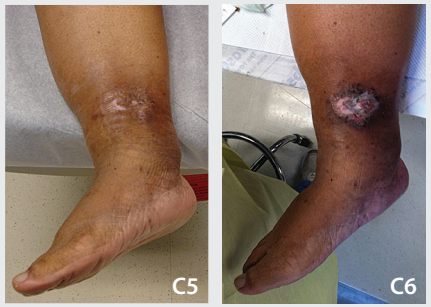
Venous hypertension



Edema, stagnant proteins, susceptible to infection



Hyperpigmentation, eczema, fibrosis, corona phlebectatica

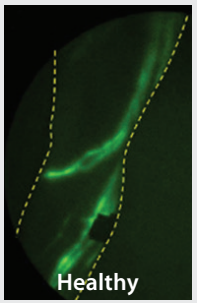


Wounds, fat deposition

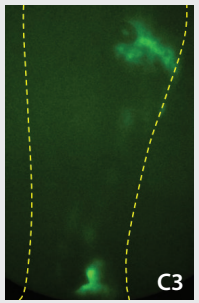
Progressive and irreversible lymphatic damage[1,4,5]

Compromised immune response[4,5,6]

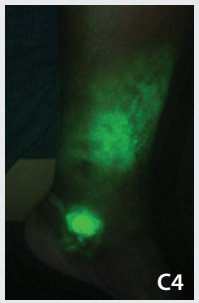
Patients with C3-C6 CVD should be considered lymphedema patients and PCD treatment is recommended[3]



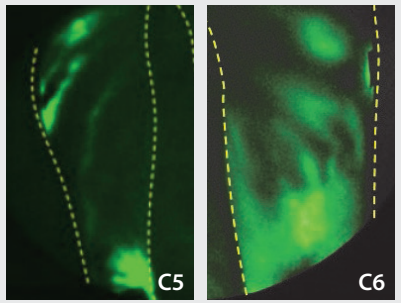
Clear lymphatic uptake



Lack of lymphatic uptake



Lymph stasis follows staining



Significant lymphatic backflow surrounding wounds

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Patient photos courtesy of Drs. Tony Gasparis and Steven Dean; patient photo consent on file at Tactile Medical.