

## Introduction

Our hospital is among the many institutions with a currently outdated policy prohibiting activities such as venipuncture, intravenous access, and blood pressure readings in patients after sentinel lymph node biopsy (SLNB) or complete axillary lymph node dissection (ALND) despite there being no evidence suggesting increased risk of lymphedema in patients without current signs of the disease. Our aim is to educate hospital staff and enforce the new policy that patients with previous SLNB/ALND are candidates for intervention such as venipuncture, intravenous access, and blood pressure readings on the affected arm.

## Methods

- Quality improvement project using Plan-Do-Study-Act (PDSA) Cycle framework
- Policy creation and approval by hospital
- Education material creation
- Educational meetings with staff
- Policy propaganda in areas of “No Stick” bracelet storage
- EMR Notification

## Plan

1. Policy creation and approval
2. Education materials
3. Schedule meetings with appropriate staff
4. Submit for EMR notification

## Act

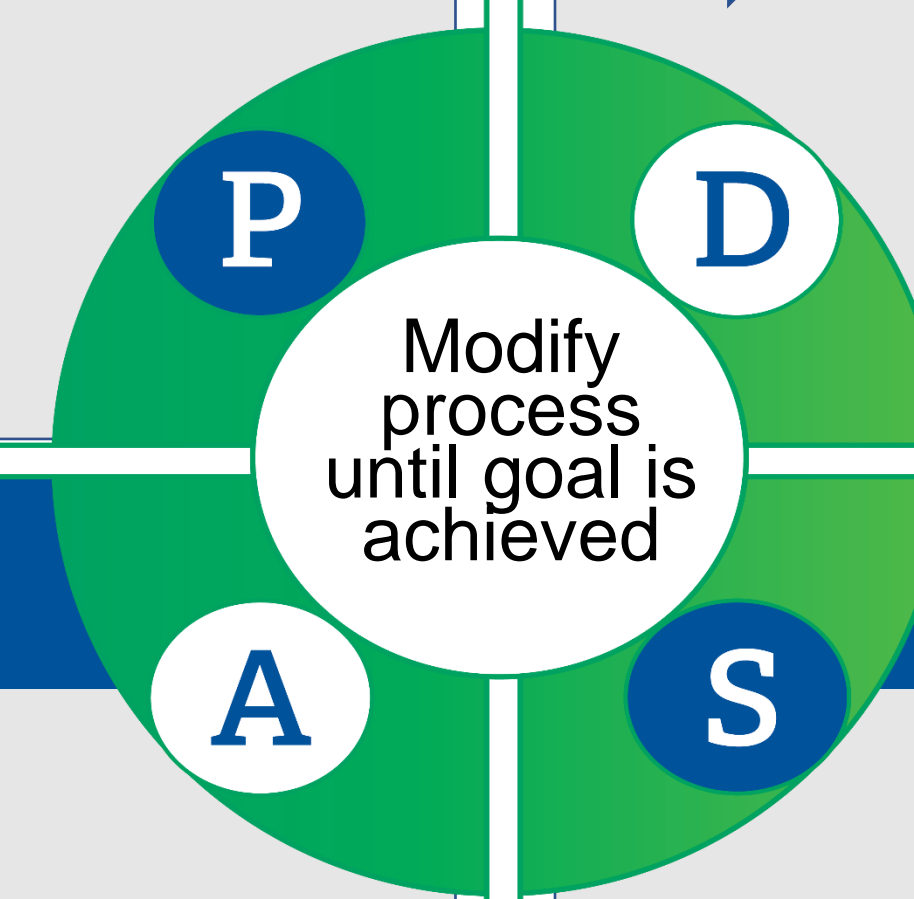
1. Continued education annually
2. Feedback channel for staff with concerns

## Do

1. Meet with nursing staff, vascular access team, and anesthesia team
2. Distribute education materials in supply areas

## Study

1. Track usage of EMR order
2. Survey staff regarding frequency of “No Stick” bracelet usage



PDSA  
Cycle

## Results

This study is in progress. Further information will become available as we gather more data.

## Conclusions

Outdated hospital policy regarding management following SLNB/ALND routinely leads to delay in care, unnecessary invasive lines, and patient misinformation. By changing this policy and educating hospital staff, we will improve patient care and decrease the stress burden created by limited access.

## References

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Example  
of Policy



**POLICY UPDATE:**

**SAY YES!**

**TO NEEDLE STICKS AND BLOOD PRESSURES AFTER AXILLARY SURGERY**

- I. There is currently no convincing data/evidence that an affected patient who has had sentinel node biopsy or complete axillary node removal who **has NOT developed lymphedema** would be at increased risk for developing lymphedema if the patient has any of the following performed on the ipsilateral side of the previous surgery:
  - A. Blood Draw
  - B. IV insertion
  - C. Blood Pressure Checks
- II. If it should be the patient's preference to have any interventional action or test done on the affected arm, that should be noted. However, if the contralateral arm is difficult to obtain access or accurate diagnostic information, then the consensus would be that it is reasonable and **there is no contraindication to use the side that had lymph nodes removed.**
- III. In patients who **HAVE lymphedema**, the main goal is to avoid infection/cellulitis in that arm. Thus, if there is reasonable access in the contralateral arm, that would be the optimal choice. However, if unable to get needle sticks or blood draws in the arm without lymphedema, **do not delay medical treatment or test. The consensus is to use arm with lymphedema and monitor for signs of infection that might require antibiotics**-primarily erythema or increased swelling of the extremity. In addition, blood pressure checks may cause temporary increase in swelling below where the cuff is placed, however, there is no permanent damage.