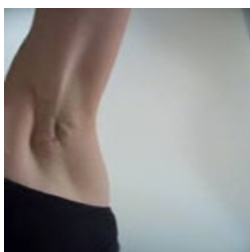

Axillary Web Syndrome ("Cording")

Axillary web syndrome (AWS), also known as cording, sometimes develops after a sentinel lymph node biopsy (SLNB) or axillary lymph node dissection (ALND). Scar tissue from surgery to the chest area to remove the cancer itself also can contribute to cording.

If you develop axillary web syndrome, you'll often be able to see and/or feel a web of thick, ropelike structures under the skin of your inner arm. Lymphedema therapists often call these "cords." In some cases, you may not see or feel the cords, but will experience sensations of pain and tightness with movement of the arm away from the body and/or overhead. AWS does not occur after every axillary node removal. If it does occur, AWS onset is typically several days to several weeks after the surgery. Occasionally, there have been individual cases where it appears many months later.

With cording, it's possible to have one large cord or several distinct, smaller cords running down the arm. These cords usually start near the axillary scars in the underarm region and extend down the inner arm to the inside of the elbow. Sometimes they can continue all the way down to the palm of your hand. Occurring much less often, cording can extend down the chest wall instead of, or in addition to, the inner arm.



The cords tend to be painful and tight, making it difficult for you to lift your arm any higher than your shoulder or extend the elbow fully. This pain and limited range of motion can have a major impact on your day-to-day life. Cording can be especially problematic if it happens before or during radiation therapy, since this therapy typically requires lifting your arm above your head.

Researchers are still studying what exactly makes cording happen. Some experts believe that the surgery to the underarm and chest area traumatizes the connective tissue that encases nearby bundles of blood vessels, lymph vessels, and nerves. This trauma leads to inflammation, scarring, and eventually hardening of the tissue. This hardening can spread down the fibers of the connective tissue, which may cause the cords to form.

To date, there is very little research to determine which patients are most likely to develop cording after breast cancer surgery. Very few studies have been done, and most have involved small numbers of patients. Many experts believe that cording is more likely to be a problem after ALND than SLNB, since ALND is a more extensive surgery and thus, more traumatic for the tissues in that region.

Managing Axillary Web Syndrome

If you have symptoms of AWS, ask your doctor to refer you to a physical therapist who specializes in breast cancer rehabilitation. Look for someone who has seen many patients with cording. It's not a good idea to wait and see if the condition will resolve on its own. Your natural reaction to the pain of cording will be to avoid moving the arm and shoulder, which can lead to more tightness in the shoulder and chest area. Over time, this may cause more serious problems with function and mobility. *Moving and stretching under the guidance of an experienced therapist are the best ways to resolve the condition and stop the pain.*

Together, you and your therapist can develop a treatment plan that's right for you. Your plan may include:

- **Stretching and flexibility exercises:** Your therapist can work with you to help you learn exercises that gently stretch the cords and improve your pain-free range of motion. He or she can teach you exercises to do at home and advise you on how often to do them.
- **Manual therapy:** Your therapist also may gently massage the cord tissue. Using manual therapy, your therapist would gently pull the tissue on your outstretched arm, starting in the upper arm and moving down into the forearm. This sometimes causes the cord to “snap” and you may even hear a popping

sound when that happens. It's usually not painful, and it often brings relief by extending your arm's pain-free range of motion.

- **Pain medication:** You may need to take some form of pain medication, such as an [NSAID](#) (i.e. Motrin or aspirin), if you experience pain that prevents you from stretching the arm. But remember that the best treatment for the pain is doing the stretching exercises that help the condition get better.

Fortunately, for most patients, cording usually resolves within a few months. It's possible to have limited range of motion for many months or even longer, but that's not typical. Usually cording is a one-time event that doesn't become a persistent or recurrent problem. Even after cording resolves, it's a good idea to continue with stretching and flexibility exercises. These can help keep the joint and soft tissue mobile during additional treatments, such as radiation therapy, and your ongoing recovery from surgery.

https://www.breastcancer.org/treatment/side_effects/aws

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