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## Evidenced based rehabilitation following breast cancer

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**Introduction & Aim:** Breast is an integral part of women's self-esteem. Diagnosis and treatment following breast cancer can impose multiple degrees of physical and psychological strain on an individual associated with chemotherapy, radiation, and/or surgery. This can result in varying amount of common impairments along with decreased ability to engage in meaningful occupations, including maintaining one's home, returning to work and performing prior social roles and responsibilities adequately. With noble aim to review current literature on the role of physical activity along with its effect on clinical practice for women living with breast cancer and to present clinical guidelines on upper extremity rehabilitation was conducted in this study.

**Method:** We have reviewed and implemented current literature from last 8-10 years on breast cancer patients during treatment. Studies including meta-analysis and Cochrane database which addresses breast cancer rehabilitation related issues and its treatment were selected. The treatment modalities and types of treatments were documented and reviewed for the functional output and the treatment was modified accordingly to get maximum functional output by using occupational therapy intervention.

**Result:** Majority of analysis and research indicates importance of physical, psychological, educational interventions, shoulder dysfunction and lymphedema. Upper limb dysfunctions are mainly addressed by majority of meta-analysis. Breast Cancer Related Lymphedema (BCRL) is one of the major concerns for both physician as well as patients. Early detection of BCRL can be done with modern assessment methods like perometer and bio-impedance was suggested along with standard techniques. Treatment modalities for lymphedema were listed as early exercises, manual lymphatic drainage, compression therapy, Intermittent Pneumatic Pressure Pump (IPC). There is lack of evidence about effectiveness of the addition of an IPC to the routine management of BCRL. Importance of artificial breast prosthesis was documented in one of the study on Indian population. However, very limited study addresses use of breast prosthesis and its implication on quality of life following breast cancer. Incidence of Chemotherapy Induced Peripheral Neuropathy (CIPN) was addressed in few studies but there was no effective tool to measure incidence of CIPN following chemotherapy in breast cancer. Treatment and role of rehabilitation on functional output and fine motor activities are not documented in any of this literature and they are deficient in work-related and performance related studies.

**Conclusion:** Current studies are lacking in presenting functional output for breast cancer patients along with its impact during treatment of rehabilitation. Hence we suggest that there is growing need for randomized and non-randomized studies on functional output following breast cancer and effect of occupational therapy intervention.

### Biography

Shruti Velaskar is working in Occupational Therapy Department Tata Memorial Hospital, She Successfully completed research by collecting, documenting and processing data for assessment and Statistical analysis for the study on Use of Indigenous Dilators in radiation induced vaginal stenosis. Also done further follow up with the patients for study on Quality of Life issues for the patients (the research on the same is in progress).

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