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# Physiotherapy & Physical Rehabilitation

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### Workshop on cancer rehabilitation: Emphasis on breast cancer rehabilitation and lymphedema management

**Purpose:** The benefits of exercise and physical therapy post mastectomy treatment programs can differ greatly, but there are a few benefits that all patients can benefit from including improved shoulder range, mobility, strength, decrease oedema on affected side, improved posture, decrease pain at surgical site, improved sensation at surgical site. This workshop was aimed to evaluate the emphasis of physiotherapy education in combination with physiotherapy treatment in order to reduce the risk of breast cancer-related complication and lymphedema (BCRL) as well as its management.

**Background:** A number of studies revealed that breast cancer is the second most common female cancer. It accounts for 32% of all female cancer. There are 2,11,300 new cases diagnosed yearly and rising very rapidly year to year, and around 40,000 deaths yearly occur due to breast cancer incidence in India. Breast cancer is the second leading cause of death in women next to lung cancer. If axillary or some other lymph nodes are removed during surgical procedures or damaged during radiotherapy or chemotherapy in breast cancer treatment, swelling of the arm and chest may occur (Lymphedema).

**Method:** We analyzed 66 women diagnosed with lymphedema out of 100 women followed by unilateral breast cancer surgery between January 2017 and January 2019 who underwent tumor resection and axillary lymph node dissection in different hospitals of Udaipur. The patients were divided into three groups: Group A (n=22), who were not received physiotherapy education nor physiotherapy after surgery; Group B (n=22), who were received an educational program on lymphedema following breast cancer surgery between Days 0 and 7; and Group C (n=22), who received an educational program on BCRL between Days 0 and 7 as well as physiotherapy program after surgery. Manual Lymphatic Drainage, Multi-layered Lymphedema Bandaging, Compression Garments, Lymphedema Taping etc. is been done over patients. Ultimately satisfaction of patients has been collected through a feedback form.

**Result:** During the follow-up, 10.2% patients developed lymphedema, including 15.6% in Group A, 11.2% in Group B, and 7.2% in Group C (P=0.010). The median period from surgery to lymphedema was 0.02 years.

**Conclusion:** Patient education that begins within the first week after surgery and is followed by physiotherapy management is found to be effective in reducing the risk of Breast cancer related complications and lymphedema in women with breast cancer.

### Biography

Shailendra Kumar Mehta is working as a Principal in the Department of Physiotherapy at JRN Rajasthan Vidyapeeth, Udaipur, India. He has founded SHECR and Social Welfare Foundation and trained broad horizon of lymphedema management to 1000 physiotherapists and students. He has presented 32 research papers and published 30 articles. He has authored a book entitled "Management of Lymphedema" and developed a new technique for the management of lymphedema. He has been awarded with 15 prestigious awards. He is Editor In Chief of International Journal of Physiotherapy and Cancer Rehabilitation. His areas of specialization are Cancer Rehabilitation, Lymphedema Management, etc.

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