Rehabilitation of Patients with Breast Cancer

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Chapter Overview

Breast cancer survivors often face physical and psychosocial impairments that can adversely affect their quality of life. Not only surgery but also radiation therapy and systemic therapy can lead to sequelae that necessitate...
a rehabilitation program. Among the most common sequelae of breast cancer treatment are shoulder dysfunction, pain, and lymphedema. A cancer rehabilitation team can help minimize long-term disability, thereby improving quality of life. After breast cancer surgery, early mobilization of the ipsilateral arm with supervision by a physical medicine and rehabilitation physician and physical therapists can accelerate return of range of motion, decrease pain, and reduce emotional trauma without increasing the risk of postsurgical complications. A multidisciplinary approach involving a surgical oncologist, medical oncologist, radiation oncologist, physician specializing in physical medicine and rehabilitation, physical therapist, and occupational therapist can optimize the management of lymphedema. Inpatient rehabilitation can improve function in patients with severe disability, especially patients with advance disease.

**INTRODUCTION**

Advances in early breast cancer detection and improved multimodality treatments are increasing the number of breast cancer survivors. As the number of survivors increases, quality of life issues are increasingly being recognized as critical in the spectrum of cancer treatment. Breast cancer survivors often face physical and psychosocial impairments that adversely affect their quality of life (Burckhardt and Jones, 2005; Hayes et al., 2005; McWayne and Heiney, 2005; Mandelblatt et al., 2006). Recognition and prevention of potential complications from breast cancer treatment can minimize these traumatic insults to the patient.

Prevention of complications and restoration of function should be addressed as early in the treatment course as possible. At M. D. Anderson Cancer Center, patients are provided with educational material about what to expect after surgery. The material covers such topics as wound care, functional goals, and exercises. If a patient’s functional recovery is not as expected, she is referred to the multidisciplinary rehabilitation team, which includes a physician specializing in physical medicine and rehabilitation, a physical therapist, and an occupational therapist.

This chapter describes the rehabilitation approach used at M. D. Anderson to minimize morbidity associated with breast cancer treatment. The chapter focuses on rehabilitation after modified radical mastectomy or segmental mastectomy with axillary lymph node dissection (ALND), rehabilitation issues caused by radiation therapy and chemotherapy, rehabilitation issues in patients with metastatic disease, and psychosocial and vocational rehabilitation after breast cancer treatment.