

Self-care program for women with breast cancer related lymphedema

Inductive study

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INTRODUCTION

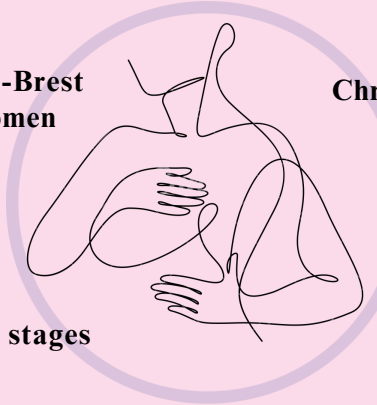
Lymphedema

20% of post-Breast cancer women

Chronic Disease

High quality of life impact

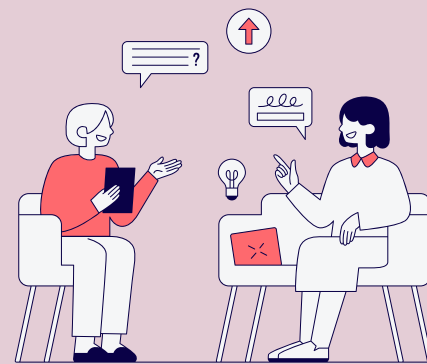
Different stages



A scoping review we previously carried out revealed that there were few studies on the maintenance phase in the management of Breast Cancer-Related Lymphedema [1,2,3,5,6,7].

METHOD

INDUCTIVE STUDY



This study followed the recommendation of the **COREQ**. Our hypotheses are based on **recommendations** in the scientific literature [3].

The development of an inductive analysis requires **reasoned sampling** with **maximum variation**. The participants were **specialists in lymphology**, practising in **private practice** and/or in **structures**.

Semi-structured interviews using an **iterative** approach were transcribed in compliance with the **"Data protection"** act [4]. We conducted **10 interviews**, either in person or by telephone.

Each interview was transcribed by hand. **Themes** and **sub-themes** were created.

Review results

Intensive phase

Complete Decongestive Therapy [1]

- Compression Sleeves
- Bandaging
- Skin Scarce
- Physical Activity

Maintenance phase

There is little **diversity in assessment criteria**. Lack of differentiation between **stages** and **minimal detectable change** make results difficult to interpret. Few **protocols** and **dosages** are reported [1].

Qualitative studies point to patients' lack of **knowledge** as one of the major **obstacles to compliance** [2].

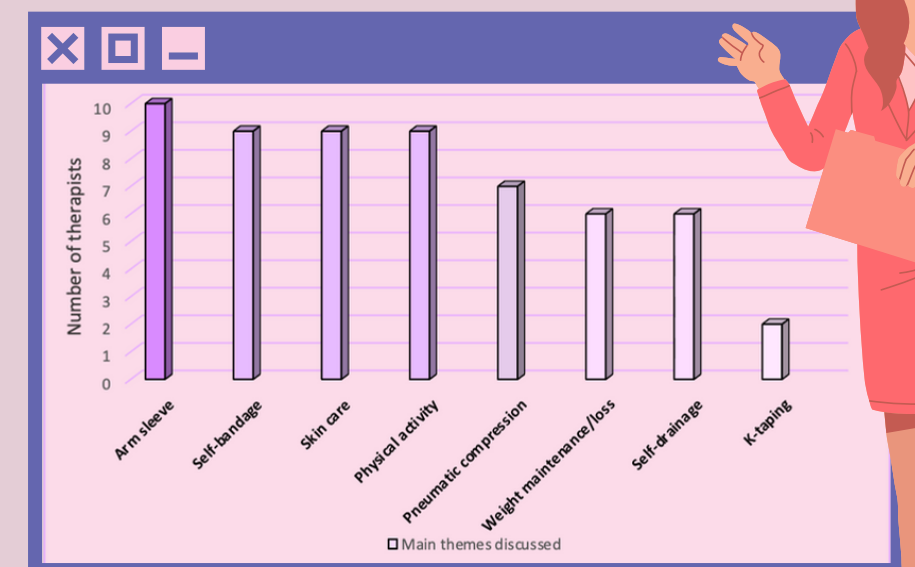
The aim of this study is to identify self-care program that could be recommended for patients with secondary lymphedema of the upper limb following breast cancer treatments.

CONCLUSION

This study provided **informations on treatment** and its **implementation** for these patients. Compression and physical activity are essential elements of treatment in the maintenance phase. Other therapies, such as self-drainage, can be beneficial in more **qualitative aspects**. This study has shown that self-care can be **adapted**. Implementing the advice gathered in a **mobile application** could provide an initial assessment of its **effectiveness over time**.



RESULTS



We conducted 11 interviews, from which we identified **11 themes** (and 45 sub-themes) : skin care, warning symptoms, self-bandaging, compression sleeves, physical activity, self-drainage, weight management, pressotherapy, kinesiostaping, counter-indications of self-care and transmission of self-care.

DISCUSSION

This study is limited by the **small number** of interviews. The sample was mainly **monocentric**. **Aggregation** and **confirmation bias** may be present.

This study is in **line with other studies** on the importance of daily compression wear, physical activity and skin care, and suggests **adaptations** according to the patient's **clinical situation** and **lifestyle** [1].

Qualitative criteria need to be taken into account to a greater extent. In the case of a **chronic** pathology, care can prove **tiresome**. The messages conveyed to patients must be **positive** and not make them feel **guilty** about the care provided.

Patients may be **under- or over-exposed** to heavy treatments [5-8]. It would be interesting to set up a **mobile application** to assess the **effectiveness of self-care**.

"Managing lymphedema means finding ways to **balance care** between pleasure, leisure, **daily life**, family life and professional life. Treatment must be **adapted** according to **clinical signs**."

"I think implementing these tips in a **mobile app** would be an excellent **educational support**, **communication tool** and **monitoring tool** over time."

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