

Motor rehabilitation after sentinel lymph node biopsy

INTRODUCTION

This brochure is recommended as a practical guide to rehabilitation for patients who have undergone breast surgery including sentinel lymph node biopsy.

Precocious mobilization is an efficient way to achieve complete functional recovery of the arm, preventing functional limitations of the arm and shoulder. A daily performing of these exercises, combined with physiotherapist's assistance, if necessary, will allow you to achieve an optimal post-surgery rehabilitation.

Sensations after surgery

After surgery you could feel some annoying sensations in the operated area.

You could experience a sensation of swelling around the scar, due to blood and serum stasis, which normally should disappear in one or two weeks after surgery.

Wound's area could give you a sensation of discomfort or tension which is normal after surgery.

If this sensation becomes painful, we suggest to take painkillers one hour before the execution of the exercises. If the pain is associated with fever, we recommend to immediately suspend the rehabilitation program and to contact your physician or surgeon.

Deep breathing while doing the exercises helps to obtain a state of relaxation that may get the sensations of tension and discomfort better.

We recommend to use your operated arm in all your daily activities: the whole day becomes part of the physiotherapy program.

Sometimes, usually after two weeks from the surgery, patients starts to feel a little bit more of tension in the area of the breast and axilla. This is caused by the healing of scar tissue, and in this period extra effort in physiotherapy program is required.

If you have to undergo radiotherapy treatment, is highly recommended to perform these exercises in order to maintain a good flexibility of irradiated tissues and the full range of movement of the shoulder.

We remind you that a feeling of discomfort, tension and pain while performing exercises is normal. Physiotherapy is contraindicated only if the pain is intolerable.

Fibrosis

Despite performing the exercises daily, some patients experience the formation of "fibrotic cords" from the axilla to the armpit.

Those cords could be seen during the abduction of the shoulder and extension of the elbow. Together with this brochure you received a self-assessment questionnaire ("STAWS 2.1") which helps you to assess whether you need the help of a physiotherapist or not. These cords need to be treated as soon as possible by a physiotherapist to prevent them from growing and hardening. Take a painkiller one hour before this procedure.

Only for patients who underwent plastic and reconstructive surgery:

After the surgery you may feel some inconveniences:

- Swelling or tension of breast due to the implantation of prosthesis/tissue expander under pectoralis major muscle;
- Feeling of stiffness and heaviness of breast and reduced mobility of it;
- Difficulty in overhead movements with the arm.

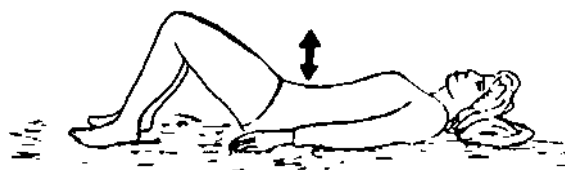
To prevent all these side effects, we suggest to perform a daily self-massage of breast and tissues around the breast.

REHABILITATION PROTOCOL

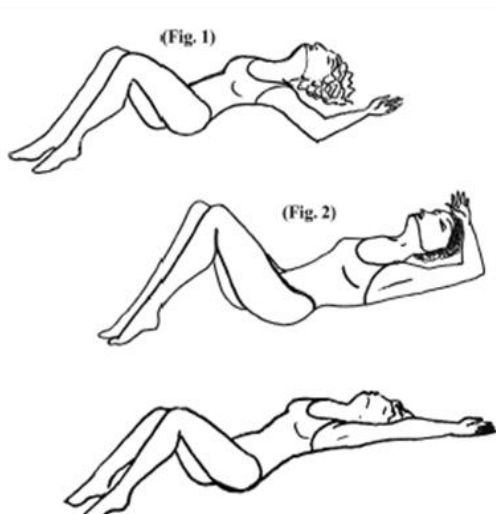
Exercise 1: “Breathing technique”

Lying down on the bed with your arms by your sides and bent knees. Breathe deeply and slowly through the nose, raising the abdomen. Then breath out slowly through the mouth, completely emptying the lungs and lowering the abdomen.

Continue this exercise for some minutes.



Exercise 2: “Open and relax”



Lying down on the bed with bent knees, bend your arm and touch your shoulder with your hand. Then extend your arm keeping the contact of your elbow with the bed until you feel a little bit of tension in the area of the chest or armpit (fig.1). Hold the position relaxing the muscles of your arm and shoulder, using the breathing technique for 30 seconds. Then, if the tension is reduced, continue the opening movement until you feel tension once more and hold for 30 seconds more (fig.2) . Return to the starting position. Repeat 5 times.

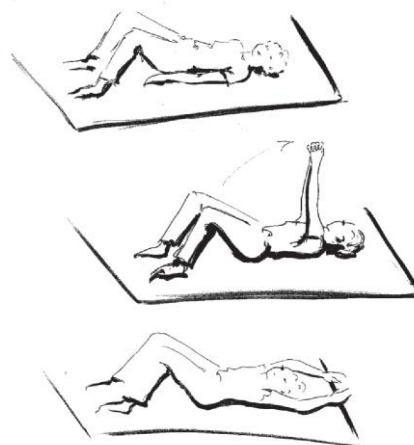
When drainage will be removed, do the exercise without pillow under the head to increase slightly the difficulty of the exercise.

Final goal of the exercise: elbow totally straight and arm close to the ear.

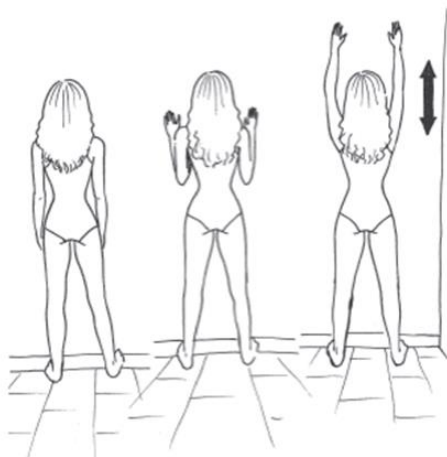
Exercise 3: “Stretching and relax”

Lying down on the bed, with bent knees. Hold your hands together and intertwine your fingers, then slowly extend your arms behind your head until you feel a little bit of tension. Hold the position relaxing the muscles of your arm and shoulder, using the breathing techniques for 30 seconds. Return to the starting position.

Repeat 5 times.



Exercise 4: “Climbing the wall from the front”



Come close to the wall, hands at shoulder's height and use your fingers to "climb" the wall with both hands in parallel. Reach the maximum height you can, getting close to the wall with your feet. Hold the position for a few seconds and then return to the starting position. Repeat 5 times.

Goal of the exercise: reach the same level with both hands
Be careful: do not arch your back

Frequency of exercise

Physiotherapy program should be started in the third day after surgery, and continued for six weeks. The aim of the exercises is to recover the full mobility of the shoulder and arm. During the exercises, your body should possibly keep correct posture (with straight back, symmetrical shoulders, straight neck); to accomplish this purpose, we suggest to perform these exercises in front of a mirror.

These exercises need to be done regularly once a day (3 repetitions per exercise) until your drainage is removed. After that they should have to be done 3 times a day (5 repetitions per exercise) for 6 weeks, until you reach a complete recovery, which should be within two weeks since after the removal of the drainage.

If this doesn't happen, contact a rehabilitation centre.

Team of physiotherapists are on hand to receive patients for evaluations or treatment for a fee. You can find our contacts below.

CONTACTS

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