

Post-Sentinel Lymph Node Biopsy Motor Rehabilitation

INTRODUCTION

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

Early mobilisation is an efficient way to achieve complete functional recovery of the arm, preventing functional limitations of the arm and shoulder. Performing these exercises daily, combined with a physiotherapist's assistance, if necessary, will enable you to achieve optimal post-surgery rehabilitation.

Sensations after surgery

After surgery, you may feel some uncomfortable sensations in the surgical site. You may experience a sensation of swelling around the scar, due to blood and serum stasis, which should normally disappear within one or two weeks after surgery.

The wound area may give you a sensation of discomfort or tension, which is normal after surgery. If this sensation becomes painful, we suggest you take painkillers one hour before performing the exercises. If the pain is accompanied by fever, we advise you immediately stop the rehabilitation programme and contact your physician or surgeon.

Deep breathing whilst performing the exercises helps you achieve a state of relaxation that may improve the feelings of tension and discomfort.

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

Sometimes, usually two weeks after surgery, patients start to feel slightly more tension in the area of the breast and armpit. This is caused by the healing of scar tissue and, during this period, extra effort during physiotherapy programme is required.

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

We remind you that a feeling of discomfort, tension and pain whilst performing the 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 armpit to the arm.

These cords may be seen during the abduction of the shoulder and extension of the elbow. Together with this brochure, you will have received a self-assessment questionnaire ("STAWS 2.1"), which helps you to assess whether or not you need the help of a physiotherapist. 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.

For patients who have undergone plastic and reconstructive surgery:

After surgery, you may feel some discomfort:

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

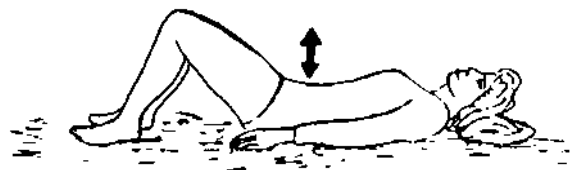
To prevent all of these side effects, we suggest you perform a daily self-massage of the breast and tissues around the breast.

REHABILITATION PROTOCOL

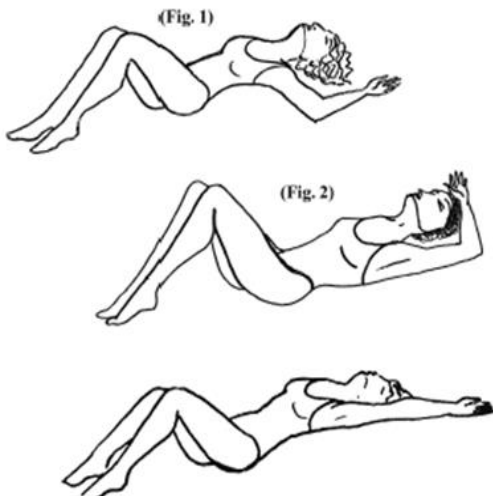
Exercise 1: “Breathing technique”

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

Continue this exercise for several minutes.



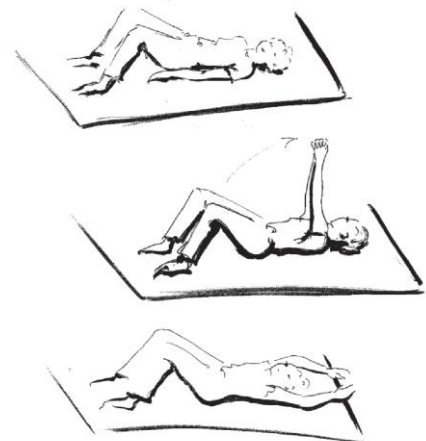
Exercise 2: “Open and relax”



Lying down on the bed with your knees bent, bend your arm and touch your shoulder with your hand. Then extend your arm, keeping your elbow in contact with the bed until you feel slight tension in the area of your chest or armpit (fig.1). Hold this 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.

Once the drainage has been removed, perform this exercise without a pillow under your head to slightly increase the difficulty of the exercise.

Final exercise goal: To keep your elbow completely straight and your arm close to your ear.

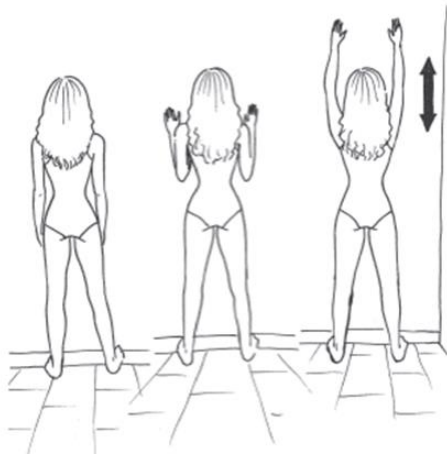


Exercise 3: “Stretching and relax”

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

Repeat 5 times.

Exercise 4: “Climbing the wall from the front”



Come close to the wall, with your hands at shoulder height and use your fingers to “climb” the wall with both hands in parallel. Reach up as high as you can, getting closer to the wall with your feet. Hold this position for a few seconds, then return to the starting position.
Repeat 5 times.

Exercise goal: To reach the same level with both hands

Caution: Do not arch your back

Exercise frequency

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

These exercises need to be performed regularly, once a day (3 repetitions per exercise) until your drainage has been removed. After that, they must be performed 3 times a day (5 repetitions per exercise) for 6 weeks, until you achieve full recovery, which should be within two weeks following the removal of the drainage.

If not, contact a rehabilitation centre.

A team of physiotherapists are on hand to receive patients for assessments or treatment for a fee. You can find our contact details below.

CONTACT DETAILS

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