Arm Morbidity and Disability After Breast Cancer: New Directions for Care

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. Do we routinely assess patients preoperatively for arm motion and circumference?
2. What is our experience regarding postoperative symptoms in patients undergoing breast surgery and axillary lymph node dissection or sentinel lymph node biopsy?
3. Is there a difference between postoperative education for patients undergoing axillary lymph node dissection versus sentinel lymph node biopsy? Should there be a difference?
4. Do we have a routine follow-up assessment strategy for women following breast cancer surgery? Does the strategy vary depending on the type of surgery?
5. What techniques do we routinely employ to assess patients postoperatively? Are they adequate?
6. What changes should we consider in our pre- and postoperative routines to reflect the findings discussed in the study?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Key Points . . .

➤ Lack of standardized and substantiated measures for assessing arm morbidity symptoms may inhibit the response of healthcare professionals.
➤ Arm morbidity pain significantly affects activities of daily living and the quality of life of breast cancer survivors.
➤ Healthcare professionals may increase their ability to assess, treat, and educate patients through pertinent questioning of patients regarding activities of daily living.

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