

Ocena jakości życia kobiet po mastektomii z uwzględnieniem procesu fizjoterapii

Assessment of life quality of women after mastectomy with consideration to physiotherapy process

Mateusz Curyło^{1(A,B,C,D,E,F,G)}, Katarzyna Cienkosz^{2(A,D,E,F,G)}, Agata Curyło^{2(A,B,C)}, Piotr Wróbel^{3(D,E,F)}, Magdalena Wilk Frańczuk^{4(D,E,F)}, Jan W. Raczkowski^{5(D,E,F)}

¹Krakowska Akademia im. Andrzeja Frycza Modrzewskiego, Wydział Zdrowia i Nauk Medycznych, Polska/

Andrzej Frycz Modrzewski Krakow Academy, Health and Medical Sciences Faculty, Poland

²Prywatny Gabinet Fizjoterapia Curyło, Polska/Private Physiotherapy Laboratory Curyło, Poland

³Krakowska Akademia im. Andrzeja Frycza Modrzewskiego, Wydział Zdrowia i Nauk Medycznych, Polska/

Andrzej Frycz Modrzewski Krakow Academy, Health and Medical Sciences Faculty, Poland

⁴Klinika Rehabilitacji, Instytut Fizjoterapii Uniwersytet Jagielloński - Collegium Medicum/

Department of Rehabilitation, Institute of Physiotherapy Jagiellonian University - Medical College, Poland

⁵Uniwersytecki Szpital Kliniczny im. Wojskowej Akademii Medycznej – Centralny Szpital Weteranów, Łódź, Polska/

University Clinical Hospital Military Medical Academy - Central Veteran Hospital, Lodz, Poland

Streszczenie

Cel pracy. Ocena jakości życia i stanu pacjenta po leczeniu operacyjnym raka sutka – mastektomii, oraz znalezienie zależności pomiędzy stanem zdrowia kobiet a przeprowadzoną rehabilitacją i uczestnictwem w grupie wsparcia.

Materiał i metodyka. Badania przeprowadzono za pomocą ankiety zawierającej pytania otwarte i zamknięte, zawierała ona 25 pytań dotyczących stanu pacjentki przed i po zabiegu.

Wyniki. Większość kobiet korzysta z fizjoterapii (88%) i wsparcia oferowanego przez Kluby Amazonek (88%). Najpopularniejszą formą rehabilitacji okazała się kinezyterapia (94%) i masaż (70%). Zaobserwowano zmniejszoną sprawność kończyny górnej po stronie operowanej, po zabiegu za dobrą uznało ją tylko 16% ogółu. Większość kobiet uznała, że ich stan emocjonalny po zabiegu nie zmienił się (32%) lub uległ nieznacznemu pogorszeniu (24%). Żadna z kobiet nie zadeklarowała braku akceptacji swojego stanu po amputacji. Aż 48% badanych nie zauważyła wpływu mastektomii na jakość życia, a dla 36% zmiana ta była negatywna.

Wnioski. Nie można jednoznacznie stwierdzić czy większy wpływ na samoocenę jakości życia ma bezpośrednio tylko fizjoterapia czy przynależność do Klubu Amazonek budującego tak ważne relacje psychospołeczne, świadczy to o kompleksowości leczenia rehabilitacyjnego. Konieczne jest łączenie opieki onkologicznej z postępowaniem fizjoterapeutycznym i działalnością organizacji społecznych, gdyż wszystkie te aspekty mają korzystny wpływ na samoocenę kobiet po mastektomii.

Słowa kluczowe:

choroba nowotworowa, mastektomia, gruczoł sutkowy, rehabilitacja, jakość życia

Abstract

Purpose of this study. Evaluation of the patient's life quality after operational treatment of the breast cancer - mastectomy, and determination of any correlation between made rehabilitation and participation in a support group.

Material and methods. The research was conducted using a questionnaire that included open and closed questions, it had 25 questions concerning patient's condition before and after operation.

Results. Most women use physiotherapy (88%) and support offered by Amazon Clubs (88%). The most popular form of rehabilitation appeared to be kinesiotherapy (94%) and massage (70%). It was observed that the upper limb at operated side had reduced efficiency, after operation as good it was assumed only by 16% of total. Most women stated that their emotional condition had not changed after operation (32%) or slightly worsen (24%). None of the women declared lack of acceptance for their condition after amputation. As many as 48% did not see any influence of the mastectomy on the quality of life, and for 36% the change was negative.

Conclusions. It may not be clearly stated if bigger influence on the self assessment of the quality of life has directly only physiotherapy or the Amazon Club that builds so important psychosocial

Introduction

Malignant breast cancer is frequent and very large social problem. The cause of this disease is not clearly identified, only risk factors of the breast cancer are known. The factors include, among others, female sex, age, late menopause, cancer diseases in family. Early cancer diagnosis combined with early started treatment is effective method to reduce mortality due to tumors [1]. Mastectomy is a classic method of radical operational treatment of the breast cancer [2]. Rehabilitation is necessary element of the treatment process after surgery [1].

The question of life quality is strictly connected with so radical change in woman's life as her breast removal. The life quality is affected by various factors relating to the patient's health condition, psychical condition and also her material situation. Most frequently the factors affecting life quality are divided into subjective: physical condition, mental condition, interpersonal relations, social situation, and the objective ones: health condition, disease clinical condition, social-economic stats and the number and quality of social contacts [3].

The main task of Amazon Clubs is giving support and activating women after operation. Physiotherapy after operation was considered as a factor that affects increasing woman's physical efficiency, her activeness, thus general improvement of life quality.

Purpose of this study

1. Purpose of this study is to evaluate women's life quality after operation of the breast cancer.
2. Assessment of physiotherapy process after mastectomy.
3. Evaluation of Amazon Clubs role in the process of social rehabilitation.

Materials and methods

The investigated group included 50 women at the age 25-65 years. For research qualified were women with diagnosed breast cancer. All these women were subject to mastectomy.

The research was conducted in the frames of health prevention in persons after the breast cancer operation in Świętokrzyski Amazon Club Połaniec Branch. In research the questionnaire form was used that included closed and open questions to allow answering identified research problems.

Research results

Characteristics of investigated group

Age structure of investigated women is presented in fig. 1. The most numerous age group includes women from 45 to 54 years, that is 30 persons of 50 investigated (60%). At the age up to 45 years the percent of women after mastectomy is minimal and it is 10% of all investigated. Most investigated persons were after operation from 2 to 5 years -17 persons, i.e. 34% of total number. The smallest group (6 persons) included the longest time after operation, since from 11 to 20 years, which is 12% of investigated population (fig. 2). In two persons operation was carried out on both breasts (4% of investigated). More frequently the opera-

tion was made at the right side, cause 26 (50% of total investigated women, fig. 3). Women subject to operation on their left breast were 22. Figure 4 presents how many persons used complementary treatment and in what form. 38 women of 50 investigated, i.e. 76%, were additionally subject to chemotherapy, and nearly half (21 patient – 42%) radiotherapy and hormonal treatment.

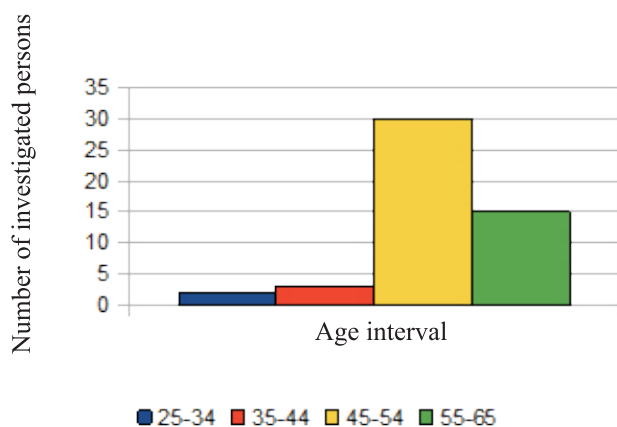


Fig. 1. Age of investigated persons

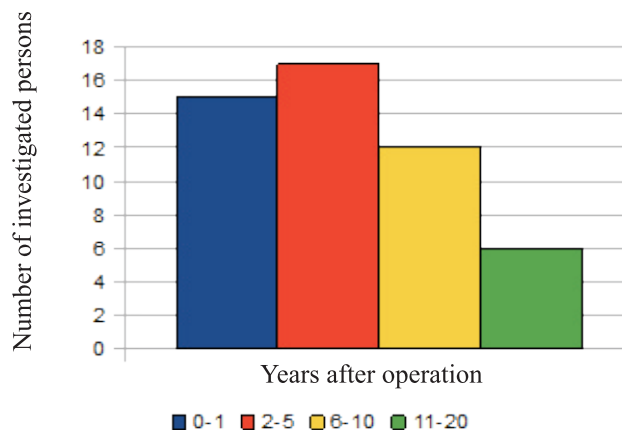


Fig. 2. Time after operation

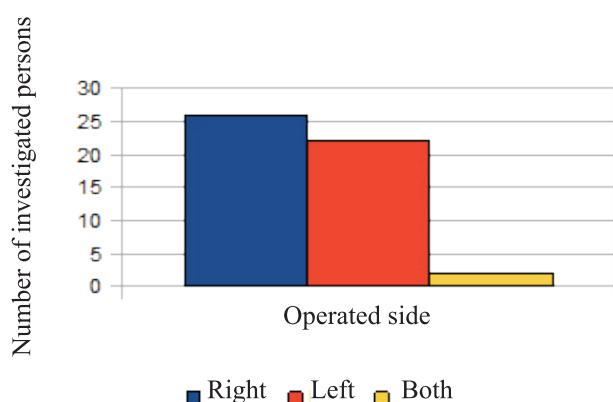


Fig. 3. Operated side

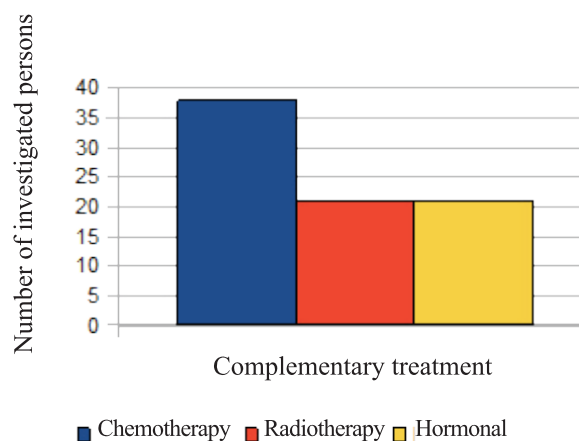


Fig. 4. Complementary treatment

Physiotherapy

Most of investigated women cyclically uses physiotherapy, since as many as 44 persons, which is 88% (fig. 5). The figure 6 indicates that the most popular physiotherapy form is kinesiotherapy and massage, and the least preferred - physical therapy. Improvement of the women appearance is mainly related with prosthesis implantation, this form was used by 27 women, which is 54%. Small group used reconstruction – 5 persons (10%). And 18 women (36%) took no action in this direction. The data are presented in figure 7. 44 women after mastectomy declared membership in Amazon Club (fig. 8), which is 88% of investigated population. 28 women turn to family for aid and receive it (56% questioned), and 9 persons (18% of investigated) main source of help see in Amazon Club. Friends provided support for 8 women. Before

operation, the most numerous was the women group that declared their health condition as good - 20 persons (40% of investigated). After operation most women 24 (48%) assess their health condition as average (fig. 9).

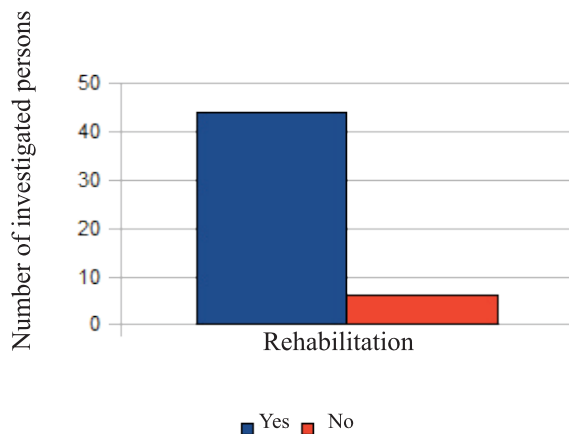


Fig. 5. Use of physiotherapy

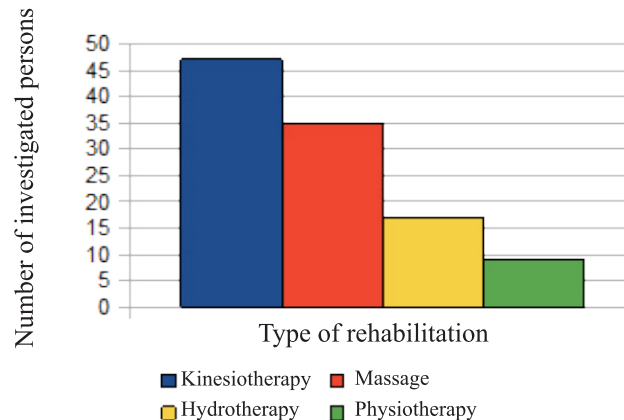


Fig. 6. Type of physiotherapy

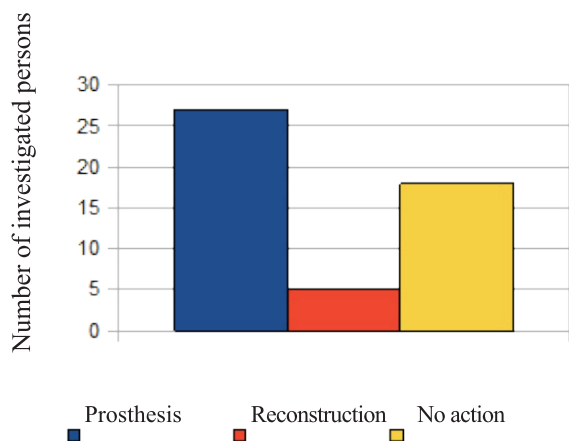


Fig. 7. Improvement of appearance

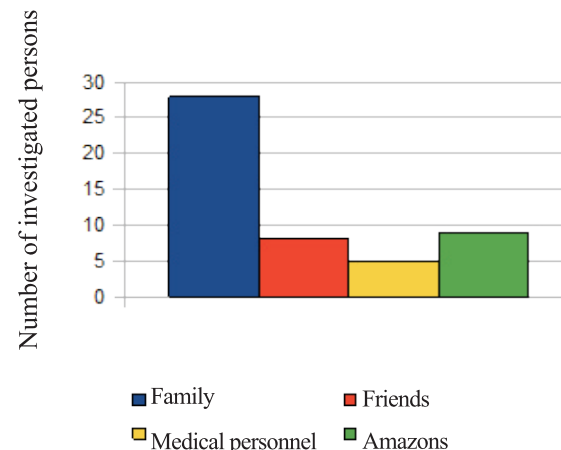


Fig. 8. Aid seek direction

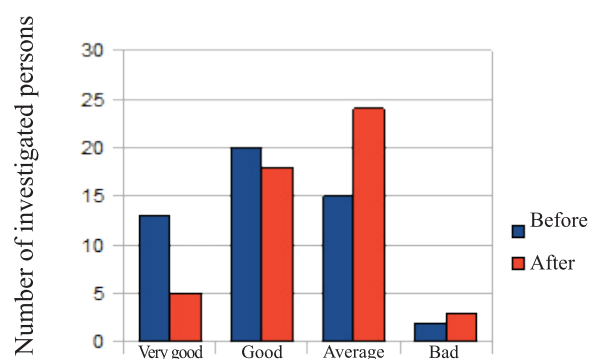


Fig. 9. Health condition

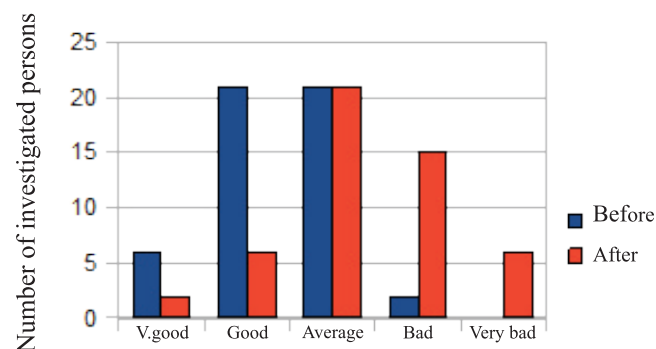


Fig. 10. Efficiency of upper limb at operated side

Figure 10 indicates that 27 questioned women (54%) before operation recognized efficiency of their hand at operated side as good, and after operation only 8, i.e. 16% of total investigated. Physical activity after operation decreased in 2 persons, which is 4% of all investigated women population (fig. 11). Most women worked before operation - 42 persons, which is 84% of investigated population. However, it must be noted that 5 persons before operation were unemployed without benefit, and after operation only 4 women had no allowance. Before operation 32 (64% of total investigated) women considered their material status as very good and good, and 2 persons - which is 4% of investigated population - as bad. After operation the number of persons satisfied with their material status decreased down to 15 persons that is 38% respondents, and the number of unsatisfied women went up to 8 (16%), of which 2 persons declared their status as very bad. Figure 12 presents sources of income for investigated women, and figure 13 subjective assessment of their material status. The questionnaire indicates that most women did not see any mastectomy influence on their social contacts (35 of investigated, i.e. 70%, fig. 14), however 13 patients, which is 26%, restricted their contacts with friends and family after operation (fig. 15). Most persons 16 persons had not stated any mastectomy influence on their emotional status, the next significant group - 12 persons, which is 24% of total investigated - are women with slight worsening of their emotional status. General worsening was declared by 18 persons, and bettering by 10. These dependencies are illustrated on figure 16 and figure 17. 44 women after accepted their condition - i.e. 88% of total, and 6 persons (12%) have no opinion on this subject. None of the women declared lack of acceptance. Most investigated - that is 24 persons (48%) - assess their lives as good. None of the women assess their lives as bad or very bad. The biggest group of women - 24 (48%) - did not state any mastectomy influence on quality of their life. 18 declared worsening and 6 bettering of their life quality after mastectomy.

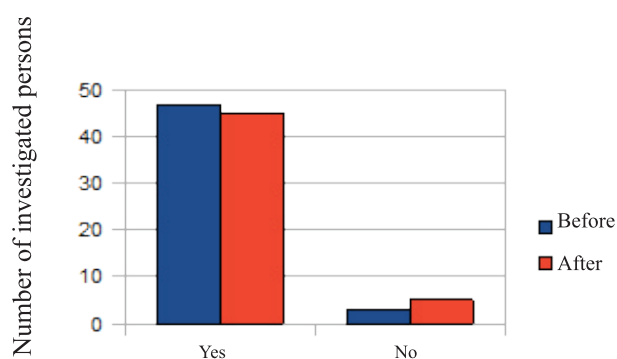


Fig. 11. Physical activity

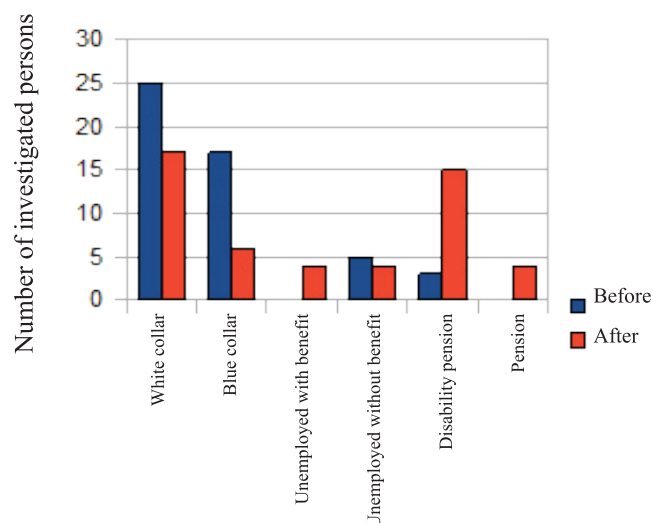


Fig. 12. Źródło utrzymania

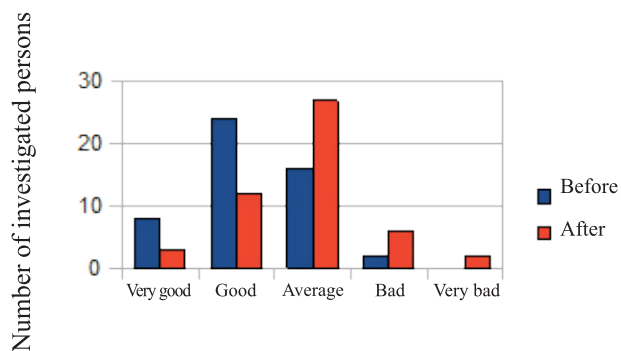


Fig. 13. Material status

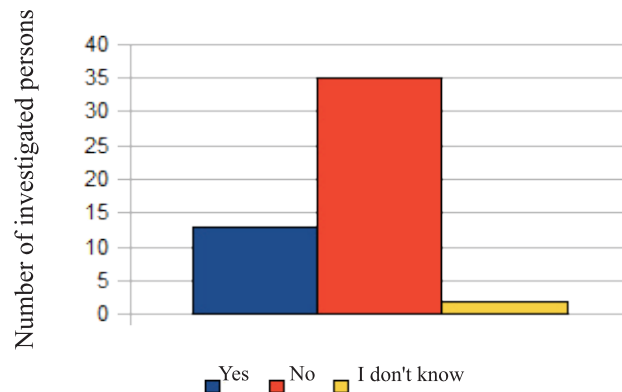


Fig. 14. Mastectomy effect on social life



Fig. 15. Mastectomy effect on emotional condition

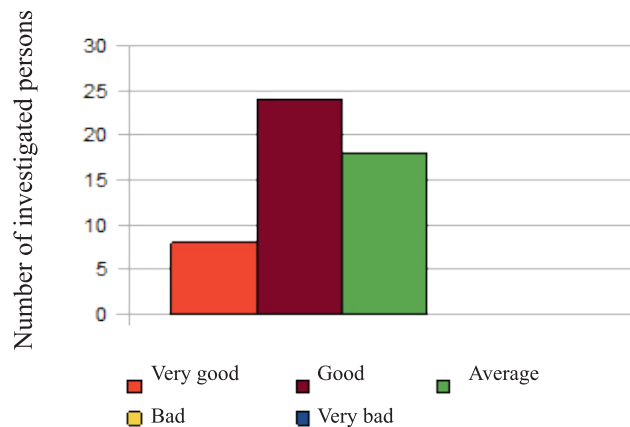


Fig. 16. Evaluation of life quality

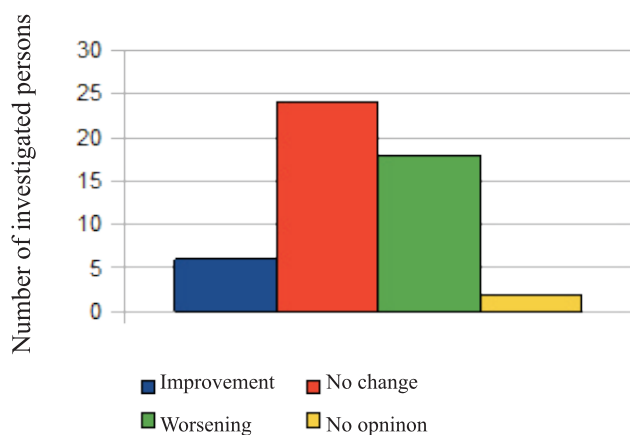


Fig. 17. Mastectomy effect on emotional condition

Discussion

Most operated breast cancers affects women after 45 years. In women after mastectomy physiotherapy is necessary form to rise life quality, in particular considering kinesiotherapy and massage. Still most persons look for help at family, but it may be observed that increasing part of women finds support in Amazon Clubs, which is very important social aspect. Many women in Amazon Clubs may indicate that there is a need for looking similar solutions at persons with similar health problems, as an important aspect of social meaning of the physiotherapy. Most investigated women took a trial to improve their external appearance. Probably due to low cost, the most frequent form was prosthesis implantation. Change of income source from paid work to social allowances and pension may affect decrease of satisfaction from material status of investigated women. Despite lowering health status after operation, most women did not state any influence of mastectomy on their emotional condition, most respondents declared also worsening of life quality after operation, but none described it as bad, more than 60% as good and very good. Analysis of investigated group as well as reporting from other authors [6] indicates high self-acceptance themselves during the breast cancer treatment, in spite of declared worsening of health condition, emotional condition and life quality. Essential worsening of life quality in a consequence of the breast cancer treatment is indicated by many authors [1, 2, 3, 4, 5,]. The research shows that the period when women feel the biggest worsening of their emotional state are first days after the operation [10]. Patients at the age over 40 years represented better psychical condition than the younger ones [10,11]. The biggest satisfaction of life was observed at persons that her breast amputation accepted up to 2 years after the operation. Many authors underline worsening patients psychical condition and such emotional states as fear, insecurity, distrust and feeling incomplete value in the role women - syndrome "half women" [3, 10, 11, 12, 14, 15]. Very important for women after amputation is possibility to share their experience with persons in similar situation in Amazon Club. Such clubs are places for meeting, women receive support and practical information about daily life, possibilities related to prosthesis or rehabilitation [12, 13]. Mastectomy affects negatively women's professional life. According to Musiał research [12] worsening of employee's situation was observed by 24.3% women. Similar dependence indicate my own investigation. Literature data say about lymphatic edema in about 60% women, what means limitation of the upper limb efficiency [12]. At the same time, women active physically are more satisfied of life [16, 17]. It may not be clearly stated if bigger influence on the self assessment of the quality of life has directly only physiotherapy or the Amazon Club that builds so important psychosocial relations, as membership in them is declared by most investigated women, it worth noting that it proves complexity of the rehabilitation treatment. It is required to combine oncologic treatment with physiotherapeutic procedures and activity of social organizations, such as Amazon Clubs, as all these aspects have beneficial influence on the women's self-esteem after mastectomy.

Conclusions

1. Women demonstrate high self-acceptance, despite of declared worsening of health condition, emotional state and life quality.
2. It may not be clearly stated if bigger influence on the self assessment of the quality of life has rehabilitation or the Amazon Club, as membership in them is declared by very many women.
3. It is required to combine oncologic treatment with physiotherapeutic procedures and activity of social organizations, such as Amazon Clubs, as all these aspects have beneficial influence on the women's self-esteem after mastectomy.

Adres do korespondencji / Corresponding author



dr n. med. Mateusz Curyło

Wydział Zdrowia i Nauk Medycznych Krakowskiej Akademii
im. Andrzeja Frycza Modrzewskiego,
ul. Gustawa Herlinga-Grudzińskiego 1, 30-705 Kraków

Piśmiennictwo/ References

1. Mikołajewska E., Fizjoterapia po mastektomii, Wydawnictwo Lekarskie PZWL, Warszawa 2010, 44-90
2. Pawlicki M., Rak piersi – nowe nadzieje i możliwości leczenia, α – medica Press, Bielsko Biała 2002, 69-104
3. Chwałczyńska A., Woźniewski M., Rożek-Mróz K., Malicka I., Jakość życia kobiet po mastektomii, Wiadomości lekarskie 2004, LVII, 57 (5-6): 212-216
4. Jeziorski A., Onkologia podręcznik dla pielęgniarek, Wydawnictwo Lekarskie PZWL, Warszawa 2005, 180-182
5. Deptała A., Onkologia w praktyce, Wydawnictwo Lekarskie PZWL, Warszawa 2006, 201-270
6. Drozdowski Z., Wieliński D., Ziółkowska E., Biospołeczne skutki mastektomii, Akademia Wychowania Fizycznego, Poznań 1997, 63-74
7. Dolling M., Rosenbaum E., Cable G., Uniwersalny przewodnik po metodach leczenia nowotworów, Hannah Publishing Ltd, London 2000, 26-36
8. Frączka M., Podstawy diagnostyki i terapii nowotworów, α -medica press, Bielsko-Biała 2008, 72-174
9. Jassem J., Rak sutka podręcznik dla studentów i lekarzy, Springer PWN, Warszawa 1998, 195-243
10. Pawlik M., Kaczmarek-Borowska B., Akceptacja choroby nowotworowej u kobiet po mastektomii, Przegląd Medyczny Uniwersytetu Rzeszowskiego i Narodowego Instytutu Leków w Warszawie, Wydawnictwo UR, Rzeszów 2013, 2, 203–211
11. Bąk-Sosnowska M., Oleszka K., Skrzypulec-Plinta V., Adaptacja psychologiczna dojrzałych kobiet w pierwszych dobach po zabiegu mastektomii, Przegląd Menopauzalny 2013; 2: 120–124
12. Mąciak D., Ziółkowska P., Sytuacje postrzeganej utraty kobiecości: menopauza i mastektomia – zmiany w obrazie siebie jako kobiety, Przegląd Menopauzalny 2012; 6: 456–462
13. Pacian A., Pakuła E., Gomółka S., Krackowski J. J. J., Przegląd populacji kobiet zrzeszonych w klubie amazonek oraz analiza ich sytuacji zawodowej i finansowej przed i po przebytym zabiegu mastektomii, Medycyna Ogólna i Nauki o Zdrowiu, 2013, Tom 19, Nr 3, 356–361
14. Musiał Z., Sendek W., Zalewska-Puchała J., Jakość życia po mastektomii, Problemy Pielęgniarstwa 2013, tom 21, zeszyt nr 1, 38-46
15. Tasiemski T., Kujawa M., Pokaczajło J., Jakość życia kobiet po mastektomii, Fizjoterapia 2009, 17, 4, 48-58
16. Kaczmarek-Borowska B., Czaja E., Golon K., Aktywność fizyczna kobiet po mastektomii, Przegląd Medyczny Uniwersytetu rzeszowskiego i Narodowego Instytutu Leków w Warszawie, Rzeszów 2015; 13 (3): 223-231
17. Zegarski W., Basyłygo M., Ocena wpływu fizjoterapii na jakość życia po leczeniu operacyjnym raka piersi, Współczesna Onkologia (2010) vol. 14; 4, 281–285