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Physiotherapy management following lymphedema in gynecological cancer

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Abstract

Background: Limited is known and clear of physiotherapy management of lymphedema in gynecological cancers. Lymphedema is a chronic condition that presents complex psychosocial and physical challenges to approximately 40% of these survivors (Armer & Stewart, 2010; Wilke et al., 2006). Although lymphedema is associated most commonly with breast cancer survival, many other cancer survivors, such as those surviving melanoma, head and neck cancer, and gynecological cancer, also develop lymphedema. The present review aims to give a clear picture and awareness of all the possibilities and available techniques in physiotherapy treating lymphedema in India.

Method: Ten major medical databases were searched. Articles were selected following inclusion or exclusion into the category of management of lymphedema. The definition of physiotherapy management included activities that individuals initiate and perform for themselves without the assistance of others and also in physiotherapy or lymphedema clinics. Articles were scored according to the Oncology Nursing Society's Putting Evidence into Practice levels of evidence. Followed by reports and discussions from few good lymphedema clinics around the country regarding the trends and traditional treatments involving the physiotherapy management of the lymphedema.

Results: Twenty articles met criteria for inclusion in this study. Ten categories of self-management were established subsequently, and articles were classified by levels of evidence." 4 studies were rated "likely to be effective," none was rated "benefits balanced with harms," 14 were rated "effectiveness not established," and 2 were rated "effectiveness unlikely".

Conclusion: Physiotherapy management is indeed a blessing in treating lymphedema in gynecological cancers, unlikely mostly people lack awareness of physiotherapy management in managing lymphedema and carry it along.

Scope for future study: Despite the obligatory lifetime management of this chronic condition, in the absence of self-management methods recommended for practice, clinicians are left with little evidence on which to make recommendations for self-management. This evidence deficit supports the need for research regarding self-management of lymphedema. One can add on or correlate this study into other cancers too where lymphedema is seen.

Biography

Deepika Dhamija is Ph.D. scholar at Maharishi Markandeshwar (Deemed to be University), Mullana Ambala. Primarily, she is a Senior Physiotherapist and Onco-Rehabilitation expert at Max Institute of Cancer Care Hospital (Corporate Hospital) and Sat Kartar Health Clinic, New Delhi, India. Dr. Dhamija has worked as Head of Physiotherapy and Rehabilitation Unit, Dharamshila Narayana Super speciality hospital, India. She has clinical experience of more than 17 years. She is a Certified Lymphedema Therapist from LTA, UK and Tata Memorial Hospital Mumbai, India. She has also done Certification in Palliative Care and Certification in Tobacco Cessation.

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