



# BREAST-OPERATED WOMEN REHABILITATION USEFUL INFORMATION

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# INTRODUCTION

Dear Madam,

This booklet is intended to accompany you on your therapeutic pathway.

The pathway began with surgery and continues with rehabilitation and their interaction is aimed at ensuring the best possible quality of life.

The goal of this booklet is to clarify any questions you may have and provide you with the most suitable strategies for returning to everyday life.

You will find illustrated in these pages the precautions, special care and attentions that we recommend you to respect.

If you should have further doubts, do not hesitate to contact qualified professionals whose contact details you will find in the last pages of this booklet.

We hope that this booklet will prove to be a useful tool that can make you the protagonist of your recovery process.

The Rehabilitation Team



# **DURING HOSPITALIZATION: FIRST DAYS AND FIRST EXERCISES**

## **INTRODUCTION TO THE EXERCISES**

The exercises illustrated in this booklet will contribute to recovering the functionality of the part affected by the surgery. It is important to start already during the first week of hospitalization, following the instructions of the physiotherapist.

There are different types of breast surgery: quadrantectomies and mastectomies, with the removal of the sentinel lymph node or several axillary lymph nodes.

Concurrent with the demolition operation, a reconstructive plastic surgery is performed which aims to restore shape and volume to the breast. The reconstruction can take place with autologous flaps or through a prosthetic reconstruction; in both cases the myofascial part of the pectoral musculature and the adjacent structures is involved, which require specific physiotherapy treatment.

The constant execution of the exercises will favour a gradual increase in mobility and a progressive body alignment, without the appearance of pain. During this fundamental stage of the treatment, the support of the doctor, the physiotherapist and possibly the psychologist, will allow to provide further information and clarifications for a gradual return to daily life.

## **I – 2<sup>nd</sup> DAY**

### **CORRECT POSTURE:**

- in bed in the supine position, the operated arm should be placed on a pillow in a sloping position to promote lymphatic circulation and muscle relaxation
- In breast reconstruction surgeries it is necessary to remain in the supine position for several days when in bed. To prevent and relieve any back pain it is useful to place a pillow under the knees to lighten the load on the sacrum and frequently change the position of the back of the bed to reduce muscle tension in the neck and back.

Already on the first day you can get out of bed and sit in an armchair. To move into a sitting position, it is useful to raise the backrest and bring the lower limbs off the bed without turning on the side, trying not to stress the operated part.

### **BREATHING**

Breathing exercises help to have a greater awareness of the movements of the chest and facilitate psycho-physical relaxation. Furthermore, diaphragmatic breathing has a beneficial effect on the circulatory and visceral system.

## Supine position (with the face and torso facing up)

### DIAPHRAGMATIC BREATHING

Breathe in through the nose, expanding the lower chest and making the belly "swell". Breathe out of your mouth slowly. Accompany the movement by placing your hands on the belly.



### COASTAL BREATHING

Inhale through the nose, expanding the upper chest forward and to the sides. Breathe out of the mouth slowly.



Repeat several times a day.

## AUTOMOBILIZATION EXERCISES

From the supine position in bed with flexed knees, small movements of the shoulders upwards, downwards, forwards and backwards.



To reactivate the circulation, close the fists and flex the elbows then extend the elbows, open your hands.

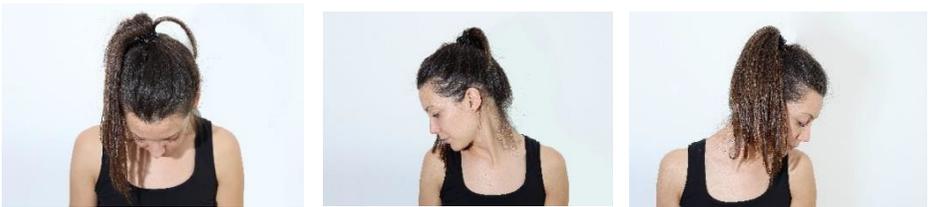


Slide your hands along the thighs towards the knees and back.



**In a sitting position:**

Move the neck with slow movements by tilting it sideways, bringing the ear towards the shoulder, and then in rotation going to look behind the shoulder. Maintain the position for a few seconds.



Semicircconductions thinking of drawing circles with the nose. Avoid the movements of the head towards the back in extension.

## FROM THE 3<sup>rd</sup> DAY TO DISCHARGE

On your **back**, knees bent and feet flat on the bed, move your arms out and hold the position for a few seconds, breathing slowly.



On your **back**, knees bent and feet resting on the bed, cross your fingers and raise them up to shoulder height.



While **seated**: back and head lean against the wall. Feel the contact of the pelvis, shoulder blades and head, paying attention to the symmetry between the two sides.

From the same position: stretch your back upwards while maintaining the previous supports and breathe slowly.



While **seated**: with the upper limbs close to the body, draw small circles keeping the palm of the hand forward. In the following days, increase the width of the circles.

**Standing** in front of a wall, place your hands on the wall with your elbows near your chest. Slowly climb the wall keeping your hands on the same line. Raise your hands as high as possible without feeling any tension and pain. Stop for a few seconds and breathe. Then bring your arms back down. Over the days you will observe an improvement in movement and reach higher and higher points.



Repeat several times a day.

**All exercises must be performed painlessly and effortlessly.**

## EXERCISES AFTER HOSPITAL DISCHARGE

Once you return home, it will be important to continue to perform the exercises you have learned and to add new ones according to your conditions, so as to facilitate stabilization and increase the results. We suggest some exercises as follows.

In case of doubts or difficulties, you can contact your Physiotherapist.

### SUPINE POSITION

(BELLY UP), KNEES BENT WITH FEET ON THE BED. IN THIS POSITION THE EXERCISES FROM 1 TO 7 WILL BE PERFORMED.

1. **Isometric contractions.** Grab a stick with your elbows bent and resting on the bed, hands placed shoulder-width apart:



A) Clench your hands " into fists " B) Push your elbows against the bed



C) Pull your hands outwards

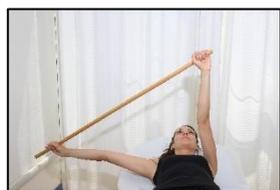
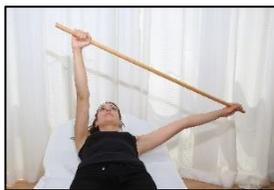
2. **Stick lifts.** Grab the stick with your elbows bent and lean on the bed, hands placed shoulder-width apart: bring the stick towards the ceiling by stretching your elbows; then, keeping your arms outstretched, bring the stick back until you reach a NON PAINFUL tension.



- 3 **Rotations of the stick.** Grab the stick with your arms outstretched towards the ceiling. Rotate the stick clockwise and then counterclockwise.



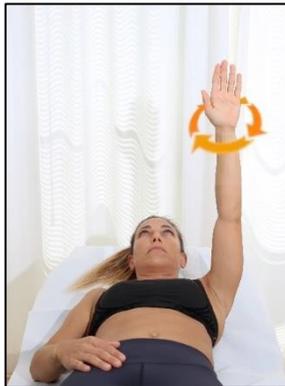
4. **Lateral movement of the stick.** Grab the stick with your arms outstretched towards the ceiling. Maintaining this position, move the stick to the right and left.



5. **"Little steps" with the stick.** Grab the stick with your arms outstretched towards the ceiling. One hand holds the stick still. The other, makes "small steps" along the stick towards the outside and then towards the inside. Repeat with the other hand.



6. **Small circles.** The operated arm is stretched towards the ceiling. Make circles in the space, both clockwise and counterclockwise.



7. **Opening of the elbows.** Put your hands behind your neck. Bring your elbows outwards and then bring them back together

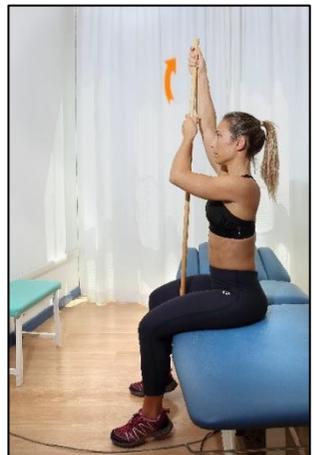
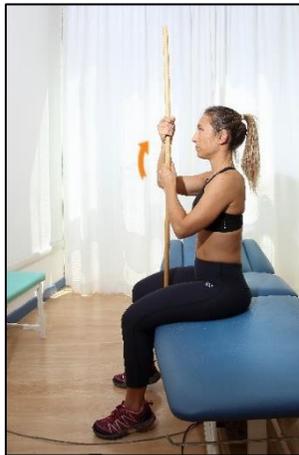


## SITTING POSITION

1. **Slides to the table.** In the sitting position, with the chair far enough away from the table and your hands resting on the table: tilt your torso forward by sliding your hands and stretching your elbows.

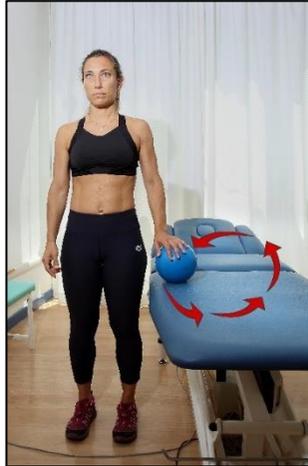


2. **"Little steps" with the stick.** In the sitting position, with the vertical stick resting on the chair, between the thighs. Perform "little steps" by bringing one hand a little over the other and alternating hands until you reach the highest possible point. Keep your shoulders down.



## UPRIGHT POSITION

1. **Little circles with the ball on the table.** In the standing position, sideways to the table, with the palm of the hand of the operated side resting on the ball resting on the table: draw circles clockwise and anticlockwise with the ball. Be careful not to lean sideways.



2. **"V" on the wall.** Stand facing the wall, with your feet slightly apart, knees slightly bent and hands resting on the wall, with the edge of the little finger at shoulder height. Slide the little fingers on the wall upwards and slightly outwards, so as to draw a "V", always keeping the shoulders down (do not lift them towards the ears).



## FREQUENTLY ASKED QUESTIONS, USEFUL TIPS AND GOOD PRACTICES

Short and long-term complications may arise after surgery. It is good to recognize them in order to be able to deal with them properly, even with the help of specialists.

Rehabilitation intervenes to recover psycho-physical, functional and social well-being after surgery in the shortest possible time.

**Can I move my arm after surgery and with the scar closed tightly?  
If it hurts, do I have to keep it still?**



Move your arm as naturally as possible, resuming your normal daily activities, such as washing, combing your hair, doing small housework. On the other hand, if the pain increases, contact the specialist (physiatrist and physiotherapist). This advice is used precisely to avoid incorrect postures (raised shoulder and arm "attached" to the side).

**When I move I feel the scar "pulling". Can I touch it?**

The scar is the result of the healing of the surgical wound and its remodelling is a process that can take a long time and it is good to start caring for it as soon as possible.



The scar massage produces significant positive effects on its healing:

- Orient the collagen fibres correctly, making scar tissue soft
- Produce a better vascularization of the area, reducing pain and increasing the perception of the part
- Prevent the formation of adhesions by facilitating the mobility of neighbouring tissues

It is important to take some precautions:

- Wash with neutral soap and dry by dabbing the part
- Apply moisturizers daily
- Avoid direct exposure to the sun, compressions and rubbing by clothing

## **HOW AND WHEN TO PERFORM THE SCAR MASSAGE**

- After removing the stitches (10-15 days), gently apply a moisturizer daily around the scar and surrounding tissue (both in the armpit and on the breast)
- After 20/30 days, massage with your fingertips making circular movements along the entire length of the scar and then apply the cream
- Pinch the edges of the scar with your thumb and forefinger, gently pulling the fabric to facilitate the "detachment" from the underlying fabric

Remember that the massage **MUST NEVER BE PAINFUL and MUST NOT CAUSE REDNESS**. You can do it when you are relaxed, such as after a shower, or when you have some time for yourself.

For any questions or problems relating to the scar, please contact your physiotherapist.

**I have noticed that when I raise my arm, "cords" form under the armpit. What are they?**



This is the A.W.S. (**Axillary Web Syndrome - lymphosclerosis**), a frequent condition after the removal of one or more axillary lymph nodes. AWS is characterized by pain in the axillary area and along the arm, decreased mobility of the shoulder joint and the presence of one or more visible or palpable "cords" when opening the arm. These "cords" are mainly located in the axillary cavity and can extend along the inner side of the arm and reach the elbow and/or wrist, or they can start from the surgical wound and develop along the chest on the same side.

Sometimes the cords soften spontaneously with the movement (do not be frightened if you suddenly hear a "snap" when moving your arm: it is the cord that "frees itself"). Other times, manual therapies performed by the physiotherapist may be necessary to resolve this complication.

**I feel a "block", a pad in the armpit... When I wash myself I don't feel if the water is hot or cold... Sometimes I feel shocks, stings in the armpit or along the inside of the arm... Why? Is it normal?**



These situations may depend on various causes: for example, the nerve responsible for skin sensitivity may be affected during the operation. Usually the disorders related to this nerve progressively decrease with the passing of the months and with the resumption of normal movements

**I have an annoying swelling in the armpit, what does it depend on?**

Sometimes, once the drainage is removed, serum can accumulate in the armpit, the same phenomenon can also occur during or after completing radiotherapy. Both in the previous case and in this case, do not remain still with the arm, but continue to move normally, in doing so you will favour the lymphatic and venous circulation. It will also help you to wear a suitable bra, preferably made of cotton or microfiber, that is soft and does not leave marks on the chest or shoulders. Finally, avoid overexertion and exposure to heat sources - such as sauna or sun. If the swelling persists or hurts you, see your specialist.



## The choice of bra is important

FEATURES	WHY
Absence of underwire and thick seams	Continuous pressure in the same area could irritate the skin and/or damage the prosthesis
Elastic band under the cups	Guarantees greater hold and support
Wide straps with adjustment system	They avoid the "lace effect", relieve the pressure on the shoulder by distributing the weight of the breast
High axillary gyrus	It carries out a containing action in the underarm area, avoiding chest constrictions
Cotton fabric and hooks in hypoallergenic material	They avoid skin irritation
Accentuated neckline, with reinforced and elasticated edge; elastic reinforcements at the edge of the cup	They contain the breasts better, allow any forward movement, even during sports

The skin on which the bra strap rests must never redden and must not show any signs of depression (possible blockage of the lymphatic drainage): a soft protection can be inserted between the strap and the skin of the shoulder if necessary.

NOTE: some bras are registered as medical-surgical devices and consequently in case of a medical prescription they are tax deductible.

**In the standing position, I cannot fully raise the operated arm and extend the elbow. If I lie down, however, I can lift it a little more, but no matter how hard I try, I can't straighten it anyway.**

During surgery, the nerve that controls the movement of the scapula relative to the chest may be affected. In this case, the so-called "winged scapula" occurs, i.e. the scapula "detaches" from the chest. This results in difficulty in lifting the arm while keeping the elbow extended, as well as a muscle deficit.

Therefore, it will be important to start physiotherapy treatment as soon as possible in order to ensure the maximum possible recovery and achieve correct scapulo-humeral synergy during all movements, in particular anti-gravity ones, such as lifting an object or a weight from the ground.

### **The breast and/or the operated arm hurt me: what do I do? Do I still move my arm or do I keep it motionless?**

The pain can lead to not moving and to assuming the wrong analgesic postures (shoulder raised and in internal rotation and arm close to the body), but this only accentuates the pain. Move normally in the common activities of daily life, without making any effort; perform the exercises indicated to you by your physiotherapist and those found in this booklet. The movement will facilitate the assumption of correct postures and a faster alleviation of pain.

It is important to start with low intensity exercises and then continue gradually.

### **The arm has red, hot patches, it hurts and is swelling. What should I do?**



Removal of the axillary lymph nodes reduces the immune function of the limb, predisposing it to skin infections (**erysipelas**) and/or inflammation of one or more lymphatic vessels (lymphangitis). These complications must be treated pharmacologically. If necessary, contact your doctor. Sometimes even a trivial insect bite, a burn, a cut, a scratch can be the access route for bacteria.

## My arm is swollen - will the swelling subside on its own, or do I need to do anything?



Swelling, called "**lymphedema**", can occur in any part of the limb corresponding to the operated area (arm, forearm, hand, chest). Adequate attention to the warning signs makes it possible to identify lymphedema in the initial phase, to promptly provide for its treatment and to pay due attention to the prevention rules useful for limiting the risk of chronicity.

Lymphedema is characterized by an accumulation of lymph with a high interstitial protein concentration. Most of the time it is established gradually and without causing pain: therefore it is common for you to notice that you have a swollen limb only after some time from its actual appearance.

It can appear:

- after the removal of one (rarely) or more lymph nodes
- as a consequence of chemotherapy
- after radiotherapy to the armpit or collarbone

However, its time of appearance is unpredictable: it can appear even after a long time from the intervention (even years). Sometimes it also derives from situations that have nothing to do with the surgery, such as a traumatic event on the affected limb, or an infection of the limb, or prolonged and intense efforts.

Therefore, lymphedema is a consequence of damage, interruption, obstruction of the lymphatic passages: therefore, it is good to learn to recognize the signs and symptoms in the limb in which it is developing:

- **swelling**: clothes, rings, the watch tighten more than usual, due to an increase in the volume of the affected region, and sometimes an imprint is formed with the pressure and can remain for a longer or shorter time;
- **change in temperature and sensitivity**: you may feel a sensation of coldness, heaviness, tension, numbness (even in the chest area, under the armpit);
- **sense of heaviness and/or slight swelling** not only on the limb but also on the chest, under the armpit, especially in the evening;
- **skin changes**: the skin may be tense, shiny, thicker or may appear dry, rough, cracked;

**I always feel tired and even if I try to rest, I can never recover, is this normal?**



We use to define "fatigue" a subjective feeling of weakness, tiredness, drowsiness, nausea that compromises the psychological and physical state, sometimes affecting clarity and mental concentration, limiting normal daily activities.

It may happen that during and after cancer treatment, prolonged inactivity leads to fatigue. This can lead to a loss of muscle mass and strength, making even simple gestures difficult such as climbing stairs or keeping balance, contributing to an increase in anxiety and depression. A structured exercise program aims to increase the patient's musculoskeletal mass, improves the quality of life and helps to counteract "fatigue".

**Moderate intensity activities such as simple walks outdoors or on the treadmill, bicycle or stationary bike and global stretching are also useful.**

If you have any doubts, please contact your doctor.

### **Some useful tips for the prevention of lymphedema**

To avoid swelling of the arm, avoid holding it down for too long, do not stress it with heavy, repetitive and prolonged, even if not tiring, work (such as, for example, knitting or crocheting for many consecutive hours). The positions with the arms raised higher than the shoulders or above the head facilitate the return of the lymph towards the heart, while those with the lowered arms hinder it. If you feel the limb heavy or tired, due to excessive work or sporting activity, let it rest by placing it on one or more pillows for about 20 minutes (sloping position), so that the hand is at shoulder height or slightly higher. It is not recommended to keep the arm high above the head for a long time. Also perform some simple opening and closing movements of the hand. In addition, alternate moments of work with moments of pause or wear the containment bracelet, if prescribed, which stimulates the lymphatic flow and stimulates the muscle pump. During long journeys, rest your arm on the seat armrest, trying to move your arm often.

During the night, avoid keeping your arm above your head or sleeping on your side with your arm under the weight of your body, if possible. In case of lymphedema, it is good to place the limb on a pillow placed next to the body.

## **In order not to tire the limb too much, remember some principles:**

- Do not exaggerate with very tiring and repeated housework; start for short periods and schedule rest intervals. More precisely:



- o avoid bumping into rugs, blankets or sheets,

- o avoid using the vacuum cleaner for a long time,

- o always turn the mattress with the help of someone, iron for short periods of 20-30 minutes, alternating them with breaks, especially if you use heavy irons. If you feel heat in your hand, for example due to steam, stop and put your hand under cold water.

- Avoid sudden movements, stretches, "jerks" with the arms (for example when you keep yourself on the bus or keep the dog on a leash).
- Change your position frequently or take short breaks while lifting your arm if you have to keep your arm bent for many hours, such as at a desk or during a long journey in a car or plane.
- Try to avoid overloading the arm with excessive weights and for long distances, such as with shopping bags. Properly distribute the loads on both arms.
- Wear clothing that does not tighten the limb too much, especially at the level of the armpit and wrist. If you use clothing made of synthetic materials observe if there is any irritation on the skin.



Pay attention to rings, necklaces, bracelets, watches: they must not be too tight, because they could limit blood and lymphatic circulation by exerting a "lace" effect.

- The bra should not exert excessive compression at the shoulder level (it is better the wide shoulder strap) and above the collarbone of the operated side, since in these areas there is a collateral lymphatic pathway for lymph discharge, necessary for proper drainage of the limb.



Avoid excessive and prolonged heat sources (for example prolonged exposure near the radiator, oven, fireplace) as this would increase the formation of lymphatic fluid. Also avoid environments that are too hot, such as steam baths, saunas, sandblasters, mud baths and UV beds, or hot water bottles.

Change some hygienic habits, if possible, for example avoid showers or baths at high temperatures, (showering is preferable for body hygiene), dry the hair with a long stay under the helmet or persisting with the hair dryer on the side region of the neck.

Wear protective gloves when you come into contact with hot objects such as ovens and pots.



Excessive cold can also cause a slowdown in circulation, so it is advisable not to expose yourself to too low temperatures, which cause vasoconstriction and therefore circulatory problems.

- Avoid prolonged and repeated exposure to the sun's rays during the hottest hours in order to prevent burns and not to cause the appearance or aggravation of lymphedema. Always use a high protective factor cream. Avoid covering your arm to protect it, but refresh it often, for example often bathing yourself on sultry days with a spray of water or immersing your arm directly in fresh water for 5/10 minutes several times a day.



For hair removal, the use of electric razors is preferable (blade ones are contraindicated), and depilatory creams and waxes are not recommended because they could create micro-lesions and constitute the gateway to bacteria

- Use gas-free, alcohol-free and non-aggressive deodorants, controlling any skin irritation, which is particularly delicate in that area.
- If possible, avoid blood sampling, blood pressure tests, injections or drips, infiltrations, acupuncture, mesotherapy on the affected limb.
- In general, avoid any possible skin lesions - "gateway" for infections. The operated arm has in fact reduced immune defences and the healing processes can take longer. Pay attention to: insect or sewing needle bites (use the thimble); cuts of any kind in the kitchen (use protective gloves when using sharp knives or pointed objects); aggressive chemicals (wear gloves for household cleaning); scratches from thorns or animals (in gardening wear gloves and long-sleeved shirts); burns: do not stay with your arm too close to the stove, use gloves when you put your hand in the

oven. In addition, pay attention to the steam when you drain the pasta; Always use clean tools for manicure and cut your nails with wire cutters instead of scissors. Do not cut the cuticles, observe proper hygiene of the hands, of the spaces between the fingers and of the nails. If you happen to sting, scratch, cut or irritate the skin on your arm or hand, carefully clean the area, disinfect it and medicate it. In the event of the appearance and persistence of localized swelling or redness of the limb, consult your doctor for any antibiotic therapy. However, it is advisable to always have an antibiotic at home. In the summer, use insect repellent products, such as preventive sprays and soothing ointments. In the event of infection, as previously mentioned, heat, redness, pain and swelling may appear in the affected area. Sometimes a fever may also be associated. In this case, contact your doctor immediately.

- Wait for the complete recovery of the upper limb before starting any sport, while avoiding excessive effort or trauma in general. The exercise must then always be alternated with breaks and, above all, follow the instructions that have been given to you. Over the time and with the right training, it will be possible to increase resistance to efforts and the practice of physical activity.
- Avoid taking diuretics to "deflate" the arm (talk to your doctor), as they drain the liquid component and are not able to remove the protein component of the oedema (i.e. its 'solid' part) causing an increase in the concentration of proteins with consequent fibrotisation and aggravation of the oedema.

If you wear custom or standard support bracelets:

- use talcum powder to make it easier to slide and put the brace on skin
- wear the bracelet in the morning before getting out of bed, if possible;
- once the bracelet is removed, use neutral moisturizers or natural products to relieve any itching caused by contact between it and the skin.
- When traveling by plane, remember to always wear a compression cuff or apply a compression bandage. Move the limb often to activate circulation and drink a lot.
- Maintain an optimal body weight through physical activity and nutrition, which must be well balanced, with a correct intake of proteins, fats,

carbohydrates, vitamins and minerals. Obesity is in fact one of the major risk factors that predispose to the appearance of lymphedema, because fat is deposited more in the arm that has a circulatory deficit. It is therefore advisable to reduce the intake of foods that contain refined carbohydrates, animal fats, sausages, spices, sugars and salt, alcohol and industrial foods rich in preservatives, while a diet rich in whole carbohydrates, proteins, vitamins and "good" fats (oil seeds, olive oil, etc.). If necessary, contact a nutrition specialist.

## HOW IS LYMPHEDEMA TREATED?

It is important to learn to recognize the warning signs and contact the specialist (physiatrist), if they are recurrent. Physical treatment is favoured for the treatment of lymphedema and only in some cases drug therapy is combined with physical therapy. Lymphedema is linked to a chronic dysfunction of the lymphatic system, therefore the therapies adopted may not be completely conclusive.

In the event of the appearance of lymphedema, treatments must begin as soon as possible with specialized professionals and be carried out consistently and regularly. The rehabilitation team will take in charge of your treatment and help you to understand and manage lymphedema: this will be a fundamental part for an optimal success of the treatment.

The treatment of excellence for lymphedema is represented by the **Complex Decongestant Therapy**, consisting of several therapeutic interventions which are listed below and which guarantee the greatest effectiveness of the treatment when suitably combined:

- ✓ **skin care** is extremely important to prevent infections: for this reason, careful, daily hygiene and constant hydration are essential, as lymphedema tends to dehydrate the skin.
- ✓ **Manual lymphatic drainage** is a technique characterized by manoeuvres that follow the course of the lymphatic network, performed with specific characteristics of pressure, speed and rhythm. These manoeuvres favour the reabsorption of the lymph collected in the oedematous area, making it flow towards areas that have a functioning lymphatic drainage.
- ✓ The **multi-component bandage** is the treatment par excellence in the volumetric reduction of oedema, thus constituting the best curative approach for oedema. It is a particular type of bandage in which several layers of bandages and different materials are superimposed, in relation to the size and consistency of the lymphedema. The purpose is to reduce the volume of the limb and to favour the reduction of lymph production, increasing its reabsorption and transport in the main outflow routes. For this reason, the bandage may be a bit bulky, but it will be packaged in such a way that it can be well tolerated. The bandage must in fact allow daily activities, because its action is particularly effective when the limb is kept in motion.
- ✓ **Limb mobilization and physical activity performed with the**

**bandage:** scientific evidence shows that lymphatic reabsorption is greater if the exercises are performed under elastic compression. In addition, combined with active exercise, the bandage favours the activity of the muscle pump and the consequent venous and lymphatic return. Follow the instructions of the physiotherapist regarding the management of the bandage (maintenance times of the bandage, self-bandaging methods...) and the exercises to be performed in combination with it.

- ✓ The **elastic-containment/compression brace:** its use will be essential once the limb has reduced in volume and will replace the multi-component bandage. Its task is to exert graduated compression on the limb and to facilitate lymphatic drainage during activities in daily life. The braces must not determine an obstacle to the joint movement.
- ✓ **Pressotherapy:** consists of a compression applied externally by a pneumatic compressor in intermittent mode. Sector sleeves are used inside which the limb is inserted: following the insufflation of air with a specific pressure regulated by a manometer, they swell by exerting a sequential and progressive compression from the periphery towards the root of the limb, resulting in a sort of draining "massage".
- ✓ This therapy must be performed in a specialized clinic and should not be performed as the only therapy for the resolution of lymphedema, as it could lead to fibrosis and hardening of the oedematous part.

## PSYCHOLOGICAL ASPECTS

Given that the psychological sphere is a fundamental aspect to consider in the global vision of the human being, this booklet cannot be exhaustive on this topic; considering instead the enormous importance of this aspect, we invite you not to underestimate the psychological/emotional discomfort: each person reacts differently, based on their personality and their experiences.

### **There is no right or wrong way to react.**

In this moment so tiring and destabilizing, psychological support can help to use personal resources to face the most difficult moments, to give voice to needs and fears, making them less pressing and more understandable.

You can also give yourself the opportunity to involve the people who are close to you in this path.

You can decide if and when to ask for psychological support in the facility that takes care of you.

## PROSTHETIC ASSISTANCE

For the supply of breast implants, the following documents must be submitted to the Prosthetic Assistance Office in the district of residence:

- the prescription from the General Practitioner or the specialist with the prescription of breast implants,
- the certificate of the specialist doctor or the post-surgery discharge letter from the hospital

For the request for prosthesis renewal, the prescription of the GP for replacement with the relative written motivation must be submitted to the competent Prosthetic Assistance Office.

For the possible supply of elastic compression braces, the prescription of the specialist of the NHS is required to be delivered to the Prosthetic Assistance Office in the district of residence.

The Region of Friuli Venezia Giulia has financed a “wig contribution” for people with alopecia.

Persons who are entitled to the contribution:

- Citizens residing in FVG with a diagnosis of alopecia after chemotherapy or radiotherapy resulting from tumour pathology.
- In possession of a valid ISEE up to € 30,000.00.

The contribution can be funded only once.

## REFERENCES PROSTHETIC ASSISTANCE CONTACTS

<b>PROSTHETIC ASSISTANCE OFFICES FOR APPOINTMENTS</b>	
<b>ASUGI GIULIANA AREA:</b>	<b>ASUGI ISONTINA AREA:</b>
<p><b>DISTRETTO 1</b> Ph. 040-3997811 mailto: <a href="mailto:assprotesica.d1@asugi.sanita.fvg.it">assprotesica.d1@asugi.sanita.fvg.it</a></p>	<p><b>DISTRETTO ALTO ISONTINO</b> Ph. 0481 592859 - 0481 592857</p>
<p><b>DISTRETTO 2</b> Ph. 040 3998196 mailto: <a href="mailto:assprotesica.d2@asugi.sanita.fvg.it">assprotesica.d2@asugi.sanita.fvg.it</a></p>	<p><b>DISTRETTO BASSO ISONTINO</b> Ph. 0481 487558</p>
<p><b>DISTRETTO 3</b> Ph. 040 3995941 mailto: <a href="mailto:assprotesica.d3@asugi.sanita.fvg.it">assprotesica.d3@asugi.sanita.fvg.it</a></p>	<p>mailto: <a href="mailto:protesicadbi@asugi.sanita.fvg.it">protesicadbi@asugi.sanita.fvg.it</a></p>
<p><b>DISTRETTO 4</b> Ph. 040 3997316 mailto: <a href="mailto:assprotesica.d4@asugi.sanita.fvg.it">assprotesica.d4@asugi.sanita.fvg.it</a></p>	

## REHABILITATION PROGRAMS

### 1. Pre-operative phase

### 2. Post-operative phase

### 3. Late Outcomes Phase

The reference centres for breast operated women are:

### **ASUGI Giuliana Area (Province of Trieste) and Isontina Area (Province of Gorizia)**

Surgery carried out at the Surgery Department - Cattinara Hospital or Gorizia Hospital

#### 1. Pre-operative phase:

If there is functional limitation in the pre-operative phase, the Surgery Department will directly book the physiatric consultation at the Rehabilitation Department - Maggiore Hospital or at the GOMO Rehabilitation Department - Gorizia Hospital.

#### 2. Post-operative phase

➤ period relating to hospitalisation (acute phase)

In the first postoperative days a physiotherapy consultation is requested by the surgeon, where necessary. During the evaluation, the rehabilitation process is illustrated, which begins at an early stage and the information leaflet containing the next steps is delivered.

➤ post-discharge period (sub-acute phase 40-60 days):

All the operated women will perform a psychiatric examination at the clinics of the Rehabilitation Department on a continuous basis of care (within 21 days of surgery).

Patients with axillary emptying and/or mastectomy with prosthesis or expander placement are re-evaluated after 40 days by the psychiatrist at the hospital outpatient clinics of Gorizia, on prescription from the GP for a psychiatric visit, on call from the Secretariat of the GOMO Rehabilitation Department.

For those who reside in the ASUGI Giuliana area (Province of Trieste) and carry out the surgery in another hospital.

For the rehabilitation treatment, women will have to access the Rehabilitation Department of District 4 - Outpatient Clinic for Women with Breast Surgery, where they will carry out the psychiatric examination and the rehabilitation process.

After the psychiatric examination, which can be accessed on prescription from the General Practitioner, the rehabilitation treatment will begin on an outpatient basis. The treatment will continue until the objectives defined in the Individual Rehabilitation Project (PRI) are achieved.

For those who reside in the ASUGI Isontino area (Province of Gorizia) and carry out the surgery in another hospital.

For the rehabilitation treatment, women will have to access the GOMO rehabilitation department where they will carry out the psychiatric examination and the rehabilitation pathway at the outpatient clinics of the Gorizia and Monfalcone hospital. After the psychiatric examination, which can be

accessed on prescription from the General Practitioner, the rehabilitation treatment will begin on an outpatient basis. The treatment will continue until the objectives defined in the Individual Rehabilitation Project (PRI) are achieved.

## **B) Late outcomes phase**

At the end of the rehabilitation process of the post-operative phase, a psychiatric check-up is scheduled.

If there is still no stabilization of the clinical condition, a follow-up visit is scheduled one month later.

In the event of late outcomes or complications, the patients of the ASUGI Giuliana area can refer (on prescription of a psychiatric examination in the outcome of mastectomy with a specific diagnostic question for the case) to the CUP with priority access to the Surgery for Women Breast Surgery at the Rehabilitation Department of District 4 in via Sai 7 – at the premises of San Giovanni. Should it be necessary to undergo rehabilitation treatment, the patient can be taken care of at the Rehabilitation Department of the competent District.

For the Isontino area, the reference remains the Gorizia Monfalcone Rehabilitation Department (GOMO) of the Gorizia Hospital.

## REHABILITATION AREA CONTACTS

### ADDRESS AND CONTACTS ASUGI GIULIANA AREA

- **Rehabilitation Department at Maggiore Hospital**

Outpatient Secretariat - Room no. 2 - Ground Floor on Outpatient Side

Phone: 040 3992844

Email: [riabilitazione-maggiore@asugi.sanita.fvg.it](mailto:riabilitazione-maggiore@asugi.sanita.fvg.it)

- **Rehabilitation Department of District 4**

via Sai 7 – at the premises of San Giovanni

Breast operated women Outpatient clinic - Room no. 2 - Ground floor

Phone: 040 3997226

Email: [riabilitazione.dist4@asugi.sanita.fvg.it](mailto:riabilitazione.dist4@asugi.sanita.fvg.it)

- **Rehabilitation Department of District 1**

Via Stock 2/2- 2° floor

Phone: 040 3997877

Email: [riabilitazione.dist1@asugi.sanita.fvg.it](mailto:riabilitazione.dist1@asugi.sanita.fvg.it)

- **Rehabilitation Department of District 2**

Via del Muraglione 1

Phone: 040 3998196

Email: [riabilitazione.dist2@asugi.sanita.fvg.it](mailto:riabilitazione.dist2@asugi.sanita.fvg.it)

- **Rehabilitation Department of District 3**

Via Puccini 50

Phone: 040 3995943

Email: [riabilitazione.dist3@asugi.sanita.fvg.it](mailto:riabilitazione.dist3@asugi.sanita.fvg.it)

### ADDRESS AND CONTACTS ASUGI ISONTINA AREA

- **Rehabilitation department of San Giovanni Di Dio hospital**

Via Fatebenefratelli, 34 - basement floor

Phone: 0481-592266

## ACKNOWLEDGMENTS

We thank for the kind cooperation:

Mrs. Diana Sincovich who took the opportunity to be a photographer to help us illustrate the exercises.

Mrs. Nicole Vascotto who created the drawings that accompany our tips.

This booklet was written by:

Rehabilitation Department - Maggiore Hospital

Rehabilitation Department - Gorizia Monfalcone Hospital

Rehabilitation Department of Districts 1, 2, 3, 4

Alto and Basso Isontino districts

Rehabilitation Service - Health Directorate

