

THE ROAD BACK:

Reclaiming the body after breast cancer

By Stephanie Davies, OTR/L

One in seven women will be diagnosed with breast cancer in 2005. All will struggle with the decisions and questions surrounding the diagnosis as they adapt their lives to the demands of treating this growing problem. Most will undergo surgery followed by chemotherapy and/or radiation treatment, some will choose reconstruction.

However, recent medical advancements have allowed for increasing survival rates. Women of all ages are living fulfilling lives long after their diagnosis, whether that occurs at age 29, 55 or 70. Providing education and resources for these women to maximize their quality of life is now a priority.

Using a small sample as an example, this focus here is on a weekly pilates class that meets at a north side health studio. As

per the usual regimen, the instructor leads seven women through a spinal rotation stretch. As they breathe into the stretch, the tension around their necks and shoulders melt away, their chests expand and their backs become more flexible. Each savors the freedom they gain and await the rest of



the stretching and strengthening exercises the hour class offers.



What is so interesting about this scenario? Two of the women are breast cancer survivors. Eileen, 53, and Laurie, 29, have unique stories, yet are joined together on a recovery path while participating in this exercise class.

After class, the two women meet Amy for the first time. Amy is 30 and just finished a private session to regain lost mobility and help prepare her for eventual

Figure 1. Potential Effects of Abdominus Rectus Muscle Flap Reconstruction

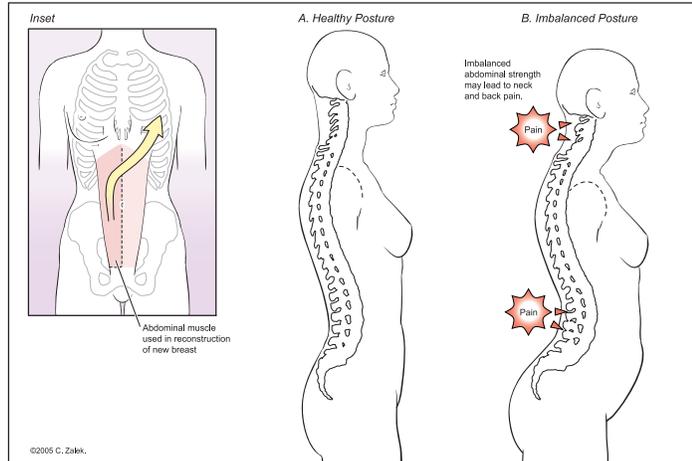
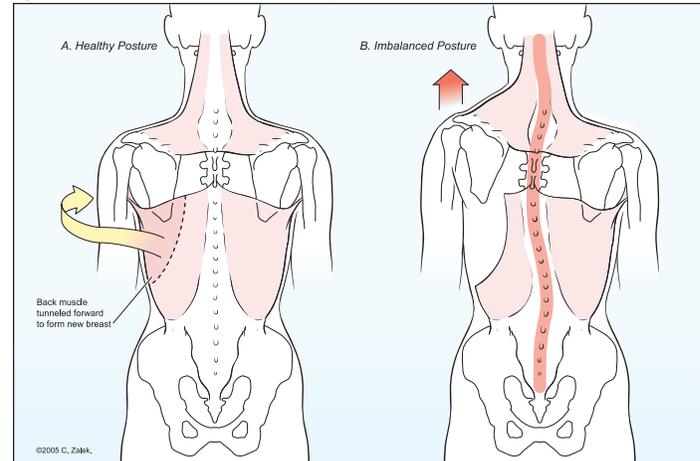


Figure 2. Potential Effects of Latissimus Dorsi Muscle Flap Reconstruction



participation in a group pilates class. The women reassure Amy how important it is for her to re-acquaint herself with her body, as this will ensure safe exercise in the future. Regaining flexibility, strength and vitality while increasing individual body awareness is essential after treatment for breast cancer.

Long road back

After treatment, many women have some trouble resuming normal activity levels. Immediately following breast surgery, one should minimize the stress on healing surgical incisions and drains.

In addition to this, physicians often recommend that a woman limit her physical activity dramatically to avoid the development of secondary problems associated with the strain on the body that's caused by exercise and acute exertion. This strain may be a contributing factor in the build up of excessive fluid in the arms, hands and chest, a condition known as lymphedema (see sidebar).

Compounded problems

Unfortunately, these limits can have a trickle-down effect on the entire body. Resulting fears and ongoing diminished activity lead to decreased strength and flexibility and lower a woman's overall endurance and postural changes.

The risks for developing lymphedema under these circumstances may even increase. At a time when life-threatening disease encourages overall lifestyle changes, balanced exercise—including guided upper body strengthening—should

be encouraged.

According to Susan M. Love, MD, a respected breast cancer specialist, "It is critical for women to start moving right away after treatment and that they continue moving if they are to maintain their mobility."

Laurie endured a procedure that involved large lumpectomy with lymph node removal, plus chemotherapy and radiation. As a result, she had lost significant strength and flexibility in her chest and shoulder, limiting her movement. The resulting surgical scars, along with changes in the lymphatic system alone made it imperative that Laurie should pursue an individualized rehabilitation program—and she did.

"I proactively explored every aspect that this treatment would have on my body," Laurie says. "Yet despite all of my research, I felt completely incapable of going through exercises alone. I needed the guidance and reassurance that my occupational therapist was able to give me."

Professionals required

A professional with experience working with breast cancer patients should guide the exercise regimen. Such individuals include occupational or physical therapists. The professional can help to identify the specific concerns associated with individual treatment and reconstruction.

All the aforementioned women had lymph nodes removed during their surgeries, leaving them at risk for lymphedema if stress or injury were to occur during exercise. However, different

surgical procedures and individualized reconstruction will form different scar tissue and varied muscle imbalances. These variations require attention.

After her large Lumpectomy, Amy chose to have a second surgery to reconstruct the altered breast. In consultation with her doctor, she decided that the best option for her was a Latissimus Dorsi muscle flap. A plastic surgeon tunneled a muscle from Amy's upper back to the chest to fill in the missing breast tissue (see figure 2A). The "cost" of the reconstruction was that Amy was left with an asymmetrical amount of strength and structural support in her upper back and shoulders.

Tension is multiplied

Even without this type of surgery, a person's tendency is to carry tension around the necks and shoulders. Amy is vulnerable to having her shoulder and neck pulled into painful postures if she does not properly learn how to use the remaining back muscles to oppose the pull (see figure 2B).

Amy is in the process of learning how to rebalance the strength that she lost in her back in addition to the stretches to reduce scar tissue and the shoulder flexibility exercises that helped Laurie. As she endures chemotherapy and radiation treatments, she is creating new body awareness and muscle tone, preventing her shoulders from becoming uneven and her spine from curving (figure 2B). Like Laurie, she will require patience and discipline to move forward to a point of

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independence and confidence.

As Amy stated just weeks after her surgery and in the midst of her chemotherapy treatments, “my exercises give me a sense that I have some control over my body again. I am able to learn what I can do to affect my body while the chemo drugs are fighting the disease.”

Eileen is now a five-year survivor. Five years ago, she underwent surgery for a left mastectomy and lymph node removal with concurrent TRAM flap reconstruction. A portion of Eileen’s stomach muscle (rectus abdominus) was tunneled through her chest to form a very realistic new breast (see figure 1, inset).

The resulting stomach-to-back strength imbalance and protective rounded shoulder position she developed immediately after surgery is very different than the asymmetrical muscle imbalance Amy experienced (see Figure 1 A and B). In addition to losing the range of motion in her left shoulder, Eileen had significant amounts of scar tissue throughout her abdomen and chest, and a nagging sense of lower back and hip pain.

Eileen was thus taught how to retrain the remaining abdominal muscles so that she felt less strain in her hip and back. She learned breathing and flexibility stretches

to break up the scar tissue while regaining full use of her left shoulder. While monitoring for any signs of lymphedema, she slowly built back the strength in her left arm. She can now carry items of moderate weight without overexerting herself and causing stress.

“I have a family history of osteoporosis so staying active was very important to me. But I was also very concerned about getting Lymphedema,” Eileen says. “I knew I needed to find a balance of strengthening and aerobic activity that would allow me to regain and even improve my level of fitness from before my diagnosis. Pilates and Gyrotonic were key to safely achieve strength and flexibility.”

After five years of implementing both exercises, Eileen has avoided Lymphedema and created a vital supportive posture on which to build her lifestyle. Though this process has been long, requiring discipline and patience, Eileen is confident with most activities. Whether that is during her biweekly pilates class, kayaking on the lagoon, or when participating in the Avon two-day breast cancer walk, she knows her body and she knows its limits and skills.

Injury risk minimized

As all of these women move forward

with their lives, they carry with them a new understanding of their bodies, its circulatory system, breathing capacity, skeletal foundation and muscle strength. This knowledge not only builds their confidence and sense of vitality, it minimizes the risk for wear and tear.

Professionals should be vigilant so that treatment can be administered early if lymphedema occurs. A sense of body awareness can increase the likelihood that the symptoms are recognized early and addressed.

Two months after their first meeting, the women see each other at the studio again. Amy recognizes Laurie’s face as she enters her first morning pilates class. As the women exchange greetings and Laurie provides encouragement, Eileen catches their attention with a wave. She explains that she has advanced to the next level pilates class and won’t be taking class with Amy and Laurie. Though their experiences are similar, these women are still advancing down their individualized recovery pathways.

Stephanie Davies is a licensed and certified occupational therapist, pilates instructor and Gyrotonic teacher specializing in breast cancer recovery regimens.

Lymphedema not curable but manageable

Lymphedema is swelling of an arm or leg due to the accumulation of fluid. It is most frequently related to damage of the lymphatics and removal of lymph nodes necessary during cancer treatment. The fluid is naturally occurring in the body but the mechanism for circulating the fluid has been compromised and often leads to residual fluid retention in a limb. It is not a form of cancer or reoccurrence of cancer. Though there is no cure for lymphedema, there is effective treatment and management. Most importantly, women need to understand the risks, the prevention strategies and the initial symptoms. If swelling is noted, it is very important to be evaluated and treated by a knowledgeable medical professional familiar with lymphedema.