

# Lymph oedema problems at rehabilitation: Need for physiotherapy

Karen Mark, Ulla Hjortebjerg, Dorte Ringer, Jan Tofte, Hanne Svendsen and Tina Broby Mikkelsen

Rehabilitation Centre Dallund, Dallundvej 63, DK-5471 Søndersø, Denmark.

[www.dallund.dk](http://www.dallund.dk)



## Aim:

To quantify the self reported lymph oedema among participants in 2004-2008 in a questionnaire and among participants who choose to consult a physiotherapist.

## Background:

Many survivors, especially breast cancer survivors, worry about lymph oedema. Is there a need for physiotherapy among cancer survivors months after completion of cancer treatment? And can a questionnaire asking about problems with lymph oedema screen out survivors that need a consultation to talk about their concerns ?

## Rehabilitation centre Dallund

RcDallund is the first and only centre in Denmark offering rehabilitation to cancer survivors as a residential programme. The rehabilitation is a coordinated effort with several specialists. The programme consist of physical, psychological, social, work related and existential issues. The programme is varied between lectures, group based dialogs, individual consultations, physical activity and creative activities. Each participant can choose one consultation with one of the specialists. Each week 20 cancer survivors stay at Dallund manor house for 6 days. RcDallunds annual capacity is 700 patients.

## Materials and methods:

Data from all participants from 2004 to 2008 are presented.

All patients receive the Dallund Scale, which is a highly structured one page questionnaire qualified to disclose the patients' need of rehabilitation. The scale contains the possibility of checking 64 different complications (practical, work- or family related, psychological, physical or existential factors) including lymph oedema.

Dallund's physiotherapist systematically collects information on the most common questions and problems during the course among participants who choose to consult a physiotherapist during the stay.

## Schedule

Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7.30 – 8.30		Breakfast	Breakfast	Breakfast	Breakfast	8.00: Breakfast
	9.30 – 10.00 Arrival and registration	8.30-10.20 Late effects/ fatigue* Doctor and nurse	8.30-10.20 Psychological reactions to cancer* Psychologist	8.30-10.20 "Diet, health and healthy habits" Dietician	8.30-10.00 Motivation and change	9.15 – 9.45 Check out
	10.00 Welcome and presentation of the programme	Or Physical activity * Physiotherapist	Or Physical activity and relaxation* Physiotherapist	Or Physical activity * Physiotherapist	11.00-12.30 Individual plans for the future	9.45 – 11.15 Goodbye to Dallund
	11.30 Walk around the lake 3 and 3	10.50-12.30 The two groups switch	10.50-12.30 The two groups switch	10.45-12.30 The two groups switch		
12.30		Lunch	Lunch	Lunch		11.30 Lunch
	14.00 Presentation	14.00 – 16.30 Back to work – How, when you are tired? Social worker and nurse	13.45-15.30 Body and art* Art therapist	Individual consultations	13.30-15.00 Talk about individual plans in groups	12.15 Departure
	16.00 Guided tour around the castle	13.15-16.00 Individual physiotherapy physiotherapist	Or Cancer and sexuality* Sexologist	Massage		
18.00			16.00-17.45 The two groups switch Dinner			
	19.30 Singing and music Musicians		Creative activities	19.30 "Who is the owner of life" Clergyman	Kl.18.00 Banquet	

\*The participant are split up in two groups and switch activity after the session.

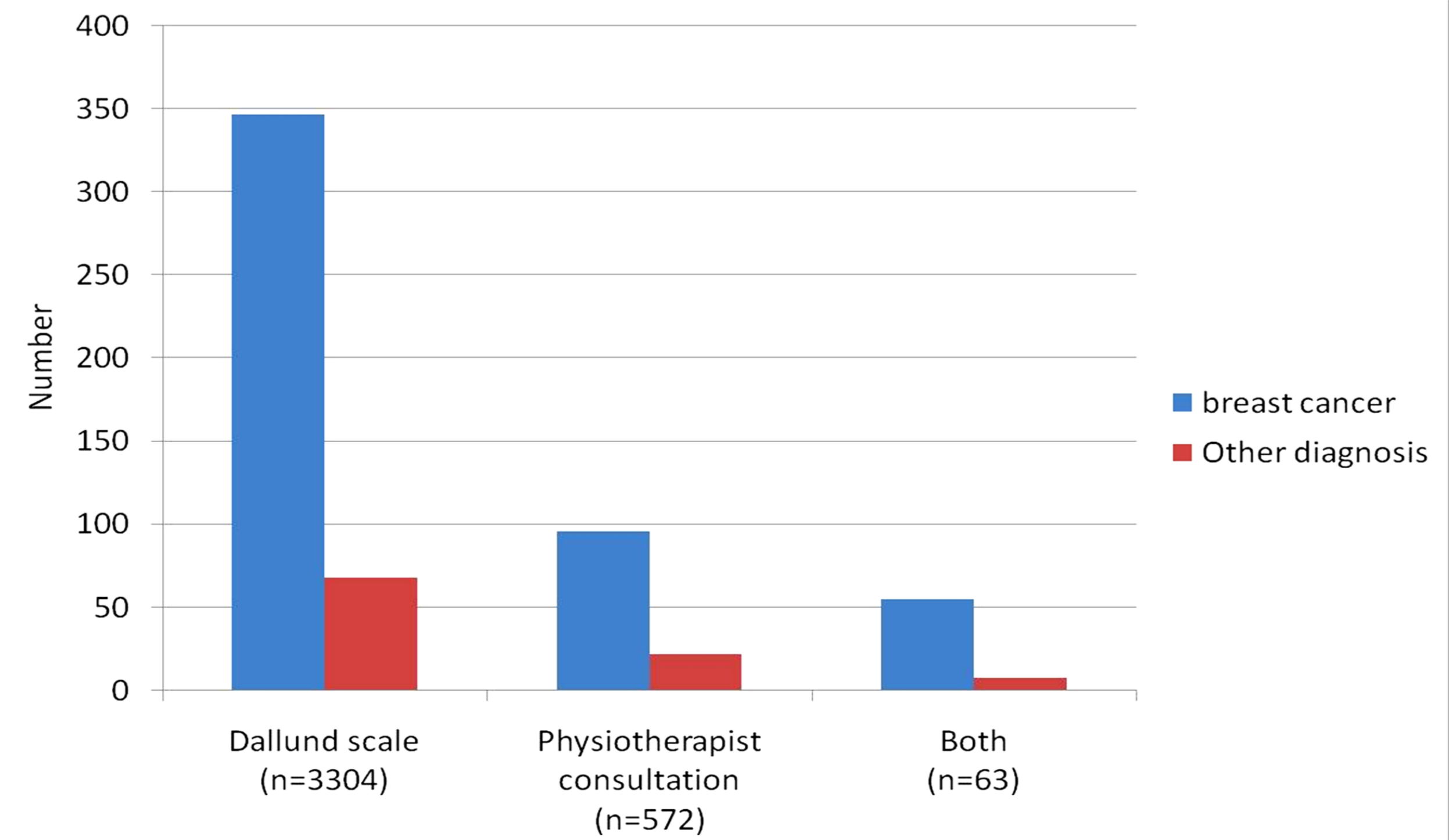
## Results:

In this population of 3304 cancer survivors (1709 with breast cancer and 1595 with other diagnosis), 572 participants (349 with breast cancer and 223 with other diagnosis) chose to talk with the physiotherapist.

In the closed questionnaire 347 (20%) women with breast cancer and 68 (4%) survivors with other diagnosis reported lymph oedema.

In the physiotherapist consultation 96 (28%) with breast cancer and 22 (10%) with other diagnosis talked about lymph oedema. Only 55 and 8 of those, respectively, reported problem with lymph oedema in the closed questionnaire.

## Number of survivors reporting problems with lymph oedema



## Discussion:

Participants at rcDallund are not representative for all cancer patients in Denmark. Women, especially with breast cancer, are overrepresented and participants are generally of high socioeconomic status. All participants could choose one consultation, thus they were not randomly selected to a consultation with the physiotherapist.

In the population at rcDallund problems with lymph oedema are reported by 1 of 5 breast cancer survivors and seldom by other survivors.

Our experience shows that self-reported problems with lymph oedema in a closed questionnaire are a poor screening tool to identify need for physiotherapy consultations. The consultations address undiagnosed lymph oedema and information about symptoms to avoid concerns about having a lymph oedema in the future. Concerns about lymph oedema probably often leads to an inactive life style.

## Conclusion:

Some cancer survivors, especially breast cancer survivors, suffer from lymph oedema, but not all are aware of it. Therefore a closed questionnaire can not be used to screen out survivors who needs a consultation with a physiotherapist.

A lot of especially breast cancer survivors are concerned about lymph oedema after completion of treatment, therefore there is a need for a physiotherapy: about daily living, physical activity, to talk about the concerns, to examine the survivors and to treat the lymph oedema if present.

