

# LIMITED VERSUS NO-LIMITED SHOULDER MOVEMENT AFTER BREAST CANCER SURGERY: Randomized clinical trial

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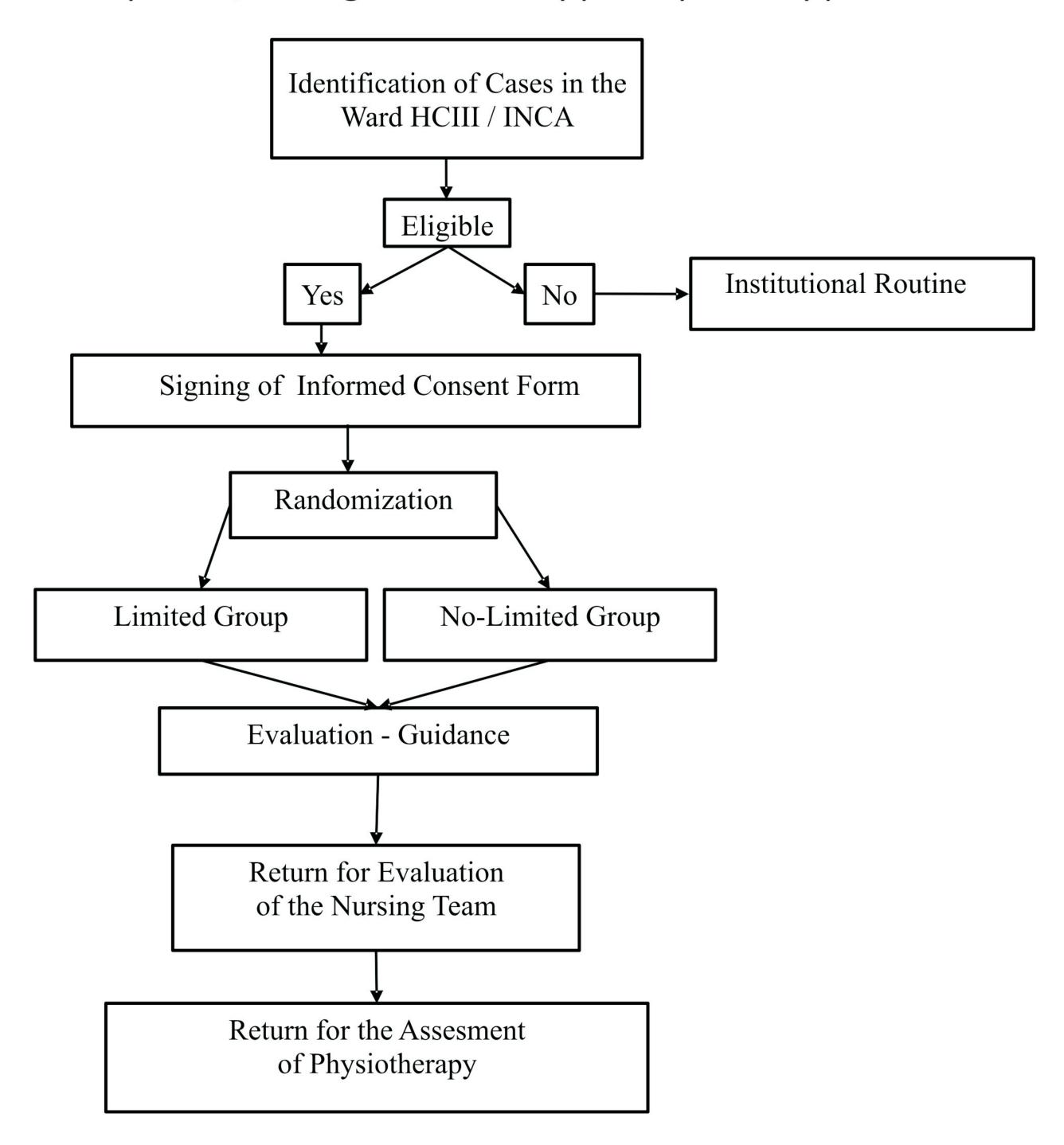
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### INTRODUCTION

Breast cancer treatment has been accompanying advances in technology, surgeries are more conservative, however postoperative complications are still observed. At early postoperative period, the most common operative wound complications are seroma, infection and necrosis. Shoulder dysfunctions are a frequent complication and difficult women to return to their activities. There is no consensus regarding the onset and type of exercise in postoperative period. Thus, the objective of this study is to compare the active no-limited mobilization with limited mobilization in the immediate post operatory at the incidence of wound complications in women submitted to surgery for the treatment of breast cancer.

## **METHODS**

Randomized clinical trial that will include women aged 18 years or older, submitted a curative surgery for breast cancer at Hospital do Câncer III (HCIII-INCA). Patients will be allocated into two groups: Limited Group - active mobilization of upper limbs with maximum amplitude of 90° of shoulder, until removal of surgical stitches; and No-Limited Group - active mobilization of upper limbs with amplitude above 90° for flexion and abduction of the shoulder. Sociodemographic and clinical data will be collected through interviews, questionnaires and electronic and physical records. The outcomes will be wound complications (seroma, edema, infection, necrosis) performed by the nursing team throughout the intervention period, ending in the 30-day post operatory period.



#### PRELIMINARY RESULTS

Currently, 191 patients were included, the follow-up of 129 women was completed, while 62 patients remained in follow-up. Besides the inclusion and follow-up of patients, the data are being included in the data sheet.

	Limited Group	No-Limited Group
N	45	45
Characteristics	Median (Min-Max)	
Age (Years)	59 (35-74)	53 (34-79)
	N (%)	
Race		
White	20 (44,4%)	14 (31,3%)
Black	10 (22,2%)	10 (22,2%)
Pardo	15 (33,3%)	21 (46,7%)
Marital status		
Married/Partnered	21 (46,7%)	18 (40,0%)
Divorced/Separeted	9 (20,0%)	9 (20,0%)
Widowed	7 (15,6%)	8 (17,8%)
Single	8 (17,8%)	10 (22,2%)
Performance Status		
1	1 (100%)	1 (100%)
High Blood Pressure		
Yes	24 (53,3%)	11 (24,4%)
No	21 (46,7%)	34 (75,6%)
Diabetes		
Yes	6 (13,3%)	6 (13,3%)
No	39 (86,7%)	39 (86,7%)
N	45	45
Patologic Stage	N (%)	
0	3 (6,7%)	2 (4,4%)
1	6 (13,3%)	10 (22,2%)
II	26 (57,7%)	20 (44,4%)
III	9 (19,9%)	13 (28,9%)
No Information	1 (2,2%)	0 (0,0%)
Chemotherapy		
Yes	24 (53,3%)	25 (55,6%)
No	21 (46,7%)	20 (44,4%)
Hormonal Therapy		
Yes	9 (20,0%)	11 (24,4)
No	36 (80,0%)	34 (75,6%)
Type of Surgery		
Mastectomy	20 (44,4%)	24 (53,3%)
Breast Conserving	25 (55,5%)	21 (46,7%)
Axillary Dissection		
Yes	21 (46,7%)	22 (48,9%)
No	24 (53,3%)	23 (51,1%)
Sentinel Node Biopsy		
Yes	24 (53,3%)	22 (48,9%)
No	21 (46,7%)	23 (51,1%)

KEY WORDS: Breast Neoplasms, Exercise, Surgery.

Projeto Gráfico: Setor de Edição e Informação Técnico-Científica / INCA





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