

EDUCATIONAL GROUP FOR THE PREVENTION OF LYMPHEDEMA SECONDARY TO BREAST CANCER

*GRUPO EDUCATIVO PARA PREVENÇÃO DO LINFEDEMA SECUNDÁRIO AO
CÂNCER DE MAMA*

*GRUPO EDUCATIVO PARA LA PREVENCIÓN DEL LINFEDEMA SECUNDARIO
AL CÁNCER DE MAMA*

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ABSTRACT

This is a qualitative study that aims to describe the experience of developing an educational group to reduce the risk of developing lymphedema in women undergoing breast cancer treatment. The educational group took place through a curricular internship in Occupational Therapy in a Telehealth Extension Project. Despite the challenges imposed by the COVID-19 pandemic, it was possible to develop work that highlights the contribution of educational groups to the emancipation and autonomy of subjects in relation to their health and highlights the importance of Occupational Therapy in health education.

Keywords: *Health Education; Training Support; Breast Neoplasms; Lymphedema.*

RESUMO

Trata-se de um estudo qualitativo, que tem como objetivo descrever a experiência vivenciada no desenvolvimento de um grupo educativo para redução do risco de desenvolvimento do linfedema em mulheres em tratamento do câncer de mama. O grupo educativo aconteceu por meio de um estágio curricular em Terapia Ocupacional num Projeto de Extensão em Telessaúde. Apesar dos desafios impostos pela pandemia do COVID-19, foi possível desenvolver um trabalho que evidencia a contribuição de grupos educativos na emancipação e autonomia dos sujeitos em relação a sua saúde e salienta a importância da Terapia Ocupacional na educação em saúde.

Descritores: *Educação em Saúde; Estágio; Câncer de Mama; Linfedema.*

RESUMEN

Este es un estudio cualitativo que tiene como objetivo describir la experiencia de desarrollar un grupo educativo para reducir el riesgo de desarrollar linfedema en mujeres en tratamiento de cáncer de mama. El grupo educativo se desarrolló a través de una pasantía curricular en Terapia Ocupacional en un Proyecto de Extensión de Telesalud. A pesar de los desafíos impuestos por la pandemia de COVID-19, fue posible desarrollar un trabajo que resalta la contribución de los grupos educativos a la emancipación y autonomía de los sujetos en relación a su salud y resalta la importancia de la Terapia Ocupacional en la educación para la salud.

Descriptores: *Educación em salud; Apoyo a la Formación Profesional; Neoplasias de la Mama; Linfedema.*

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INTRODUCTION

Lymphedema secondary to breast cancer is a chronic, progressive, and debilitating condition resulting from breast cancer treatment, such as surgery and radiation therapy. It can manifest immediately or years after treatment. It is defined as the accumulation of lymphatic fluids in the interstitial space due to alterations in the lymphatic system caused by the dissection or involvement of axillary lymph nodes¹. A prospective hospital cohort study conducted in Brazil evaluated 964 women and found that the cumulative incidence of lymphedema was 13.5% at two years of follow-up, 30.2% at five years, and 41.1% at 10 years².

Lymphedema has a negative impact on self-perception, satisfaction, performance of activities and use of the arm ipsilateral to breast cancer in functional tasks, productivity and execution of work tasks, and difficulty in participating in social activities of women who develop it³.

Arm care ipsilateral to breast cancer surgery involves avoiding trauma, injury, infection, and constriction in the arm. In addition to protecting the skin against ultraviolet rays, moisturizing the skin and caring for insect bites. It is recommended that women undergoing treatment for breast cancer maintain active arm movement, perform exercises and stretch the muscles that involve the shoulder joint, with the aim of strengthening muscles and stimulating lymphatic circulation⁴. Once lymphedema develops, treatment can be surgical or conservative⁵, but surgical treatment is considered exceptional⁶. Conservative treatment consists of the use of drug therapy, psychological follow-up and physical rehabilitation⁵. However, it is important that women undergoing breast cancer treatment are made aware of the necessary care to reduce the risk of developing lymphedema.

Health education is one of the forms of awareness, health education actions can be developed through educational groups, from the association of people who seek the same health care. This is a method that enables the discussion of the main health problems and provides the sharing of suggestions for the resolution of the problems presented⁷. Therefore, the objective of this research is to report the experience lived in an educational group to reduce the risk of developing lymphedema secondary to breast cancer.

METHODS

This is a qualitative study, of the experience report type, which describes the experience lived during a mandatory curricular internship in Occupational Therapy, through the Projeto de Extensão em Telessaúde, of a higher education institution in the city of Rio de Janeiro, from July 19 to October 11, 2021.

The educational group had the participation of five women, whose average age was 47.6 years. Among the participants, one was a manicurist and the other four declared themselves to be housewives. All participants were treated at a philanthropic hospital, which does not have an occupational therapist in the multidisciplinary team.

The participants came to the educational group through referrals from women who had participated in the previous groups. The only criterion to participate was to have undergone breast cancer surgery with an axillary approach.

Tele-education, through the educational group strategy in Occupational Therapy, took place through the *Google Meet*® platform. The group included three interns, the preceptor teacher and five women undergoing breast cancer treatment.

Each week, one of the interns was responsible for mediating the content, which always aimed to make the participants aware of the risks of developing lymphedema. A week before each meeting with the participating women, the group of interns met to study the topic and prepare the presentation that would be made. The focus of the presentation was to contain only images, to avoid the risk of excluding women with low or no schooling. The information, notes and reflections in this report are the result of consulting the field diaries developed as a mandatory activity during the internship.

RESULTS

At each meeting, a different topic was addressed, set out in a nine-week schedule, namely:

- 1st Week - Presentation of the schedule and pathophysiology of lymphedema to the participants: it was the first contact of the trainees with the participants. The preceptor teacher explained the pathophysiology of lymphedema and one of the interns presented the schedule. The demands of the participants were listened to, and with this it was necessary to make changes in the schedule and in the proposed themes.
- 2nd week - Monitoring and care for the arm ipsilateral to surgery: the first presentation of a proposed topic took place, which was presented in a more general way. Afterwards, we sought to better understand the knowledge that the participants had about caring for the arm ipsilateral to surgery. What they already did and how they did it. Once again, the demands were heard and possible changes and adaptations were discussed, to the context of each.
- 3rd week - Food preparation, burns, injuries and protection in the kitchen: this was one of the themes that needed to be restructured and advanced, this occurred in order to meet the demands brought by the participants. Some of the women reported that they had stopped cooking or washing dishes for fear of developing lymphedema. On that day, from the occupational therapeutic point of view, it was possible for the women to review some decisions that were made due to insecurity and fear. Through the process of raising awareness and presenting resources, such as various models of gloves to carry out household activities (washing dishes, chopping vegetables, picking up a hot pan in the oven, among others), as shown in figure 1.
- Week 4 - Household chores, care with chemicals, muscle effort and rest: it was the continuation of the theme of the previous week.
- 5th week - Tight accessories, weight bearing and physical exercise: on this day, the importance of physical activity supervised by a specialized professional was presented, possibilities and alternatives for shopping in supermarkets and fairs, in addition to the explanation of the risks involved in the use of tight accessories.

Figure 1: Presentation made at the 3rd meeting – importance of the use of gloves.

Source: own authorship.

- Week 6 - Walks, trips and exposure to the sun: from this theme, the importance of leisure in their lives was discussed, forms of protection from the sun, insect bites and rest routine were presented. It is important to note that this group took place in the city of Rio de Janeiro, which in addition to many beaches also offers many walks in parks, woods and forests.
- 7th week - Nail care and hair removal: being treated for breast cancer does not prevent women from taking care of themselves, so on that day alternatives were presented to the most common and traditional techniques related to armpit hair removal and nail care, such as the use of waxes and nourishing creams for the cuticle and hair trimmer, among others.
- 8th and 9th weeks - Review of the guidelines: in each of these weeks, the first three topics discussed above were reviewed. The presentations were adjusted by the interns, with the addition of new elements that were discussed during the weeks of each theme. For the end of the group there was a fraternization, although the meetings were remote, it was possible to have a moment of relaxation and toast.

It should be noted that all participants had at least one absence from the meetings, however, all of them were present at the last meeting in which there was a review of the themes previously addressed.

DISCUSSION

In 2020, due to the Covid-19 pandemic, measures to control the transmission of the coronavirus were enacted in Brazil, such as the mandatory use of masks, closure of commercial establishments and interruption of face-to-face classes. As a result, educational institutions needed to adapt to the new conditions, with the use of technologies that facilitated remote contact, which led to many challenges for mandatory curricular internship, which is an activity that promotes the conjunction of knowledge developed, built and acquired in theoretical disciplines with practice. Thus, distance learning also had its positive side, as it proved to be an option for teaching continuity in

extreme situations⁸. Therefore, the educational group took place remotely, respecting the health guidelines to face the pandemic.

The main objective of the proposed educational group was health education, which was understood as the transformation of existing knowledge, whose practice aims to develop people's autonomy and responsibility in caring for their own health, through the understanding of their health situation⁹. The study by Panobianco et al.¹⁰ used health education to construct a didactic-instructional manual for mastectomized women to enable them to prevent lymphedema. Sunemi et al.¹¹ constructed an educational video as a resource for the prevention of lymphedema secondary to the treatment of breast cancer.

Health education aims even if educational practices are emancipatory, and the strategy valued by this model is dialogic communication⁹. In view of this, the educational group for the reduction of lymphedema secondary to breast cancer, even though it was remote, favored the exchange of experiences among the participating women with the mediation of the preceptor teacher and the trainees. Through educational groups, a woman's doubt or curiosity can raise points of discussion and reflection in others. Health education groups can also be important sources of external motivation, which, when directed in a dynamic and reflexive way, can boost internal motivation, aiming at awareness for self-care¹². Educational groups are also relevant options for participants with low or no schooling, if active methodologies that do not make use of the written word are used. In addition, they can also encourage women to become multipliers of information and guidance.

Knowing and perceiving the reality of the participants removed the preeminence and revealed the role of the group. To build effective self-care in reducing the risk of developing lymphedema, just knowing the risk factors is not enough, it is also necessary to understand why these factors are a risk. In view of this, it is possible to affirm that in addition to the women participants, the interns and the preceptor teacher also went through a significant teaching-learning process.

One of the factors that drove this dynamic process, in the collective construction of knowledge for self-care, is related to the fact that the educational group is coordinated by an occupational therapist teacher and by interns from the Occupational Therapy course. Occupational Therapy provides possibilities for adaptations and/or alternatives to facilitate performance in occupations and thus promote the reduction of exposure to risks. The occupational therapist is the professional who identifies the problems encountered in the activities of daily living and instrumental activities of daily living of women undergoing treatment for breast cancer and who proposes the resources that help and favor the execution of these activities¹³. Another important point is the contribution of Occupational Therapy in relation to women's social participation, educational groups can encourage women to return to activities they consider important, with adaptation when necessary.

In the weekly meetings, alternatives to the restriction were made available, such as, for example, not indicating the removal of the cuticles, but offering the possibility of using moisturizing creams and nourishing waxes; explain the risks of burns in the kitchen and demonstrate the use of various types of gloves to handle objects at high temperatures;

organization of tasks with moments of rest to reduce fatigue during household chores; among others.

As the educational group progressed, the women showed enthusiasm and satisfaction because they understood that they could indeed perform their daily occupations and activities, as long as they were in favorable conditions to avoid exposure to the risks of developing lymphedema. In view of this, it is possible to affirm that educational groups are powerful strategies for the process of learning self-care.

CONCLUSION

The educational group to reduce the risk of developing lymphedema was a challenging space, due to the remote format, but it was essential in the construction of the training process for the trainees in Occupational Therapy. For the women participants, it can be affirmed that the educational group provided meetings that contributed to the knowledge about lymphedema, its demystification, as well as enabled rich moments of exchange of information, guidance and positive affections for the achievement of conscious self-care.

Finally, the contribution of educational groups in the emancipation and autonomy of subjects in relation to their health is highlighted. As well as the importance of Occupational Therapy appropriating health education, given the differential provided by this professional, who focuses on the reconstruction of significant functions and occupations for the subjects.

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