Efficacy of Evidence-Based Professional Education on Strategies for Lymphedema Prevention in Post-operative Breast Cancer Patients

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INTRODUCTION

- Breast cancer-related lymphedema (BCRL) remains a significant source of morbidity among post-operative breast cancer patients, a fact highlighted by the American Society of Breast Surgeons 2017 Lymphedema Panel.
- Risk reducing behaviors (RRB) have been widely implemented in an attempt to reduce the occurrence and severity of lymphedema.
- Despite their wide spread use, RRB lack scientific evidence to support their efficacy.
- Education of healthcare providers is required to dispel many of the “myths” about BCRL.

OBJECTIVES

1. Assess healthcare worker perceptions regarding strategies for lymphedema prevention in patients who had undergone surgery for breast cancer
2. Determine the efficacy of an educational intervention in changing perceptions regarding such strategies.

METHODS

- A thirteen question survey focused on the management of breast cancer related lymphedema was distributed electronically to attending, fellows and resident physicians in surgery, medical oncology and radiation oncology.
- An evidence-based lecture addressing content relevant to lymphedema risk factors, prevention, and management was given to each group, and a post-session survey with content identical to the pre-education survey was then distributed.

METHODS CONT.

- Combined responses to the pre- and post-educational session surveys were compared to determine the efficacy of this educational session in changing perceptions regarding RRB.

RESULTS

- 120 surveys were distributed. 90 responses pre-education survey (PRE): 60 responses post-education survey (POST)

- After the educational session respondents were more likely to report the correct timeframe
- The proportion of respondents that changed did so to a significant degree (p < 0.001)

LIMITATIONS

- More participants considered an increased BMI and radiation therapy a risk factor after the session (p = 0.006, p < 0.001 respectively)

CONCLUSIONS

- Responses were recorded on a scale of 1-5 similar to a Likert scale. 1 being unlikely to recommend an intervention and 5 being very likely to. Here, the median is shown.
- Respondents were more likely to permit blood pressure measurements and blood draws in the ipsilateral arm (p < 0.001, p < 0.001)
- Participants recognized the utility of aerobic exercise both prior to and after the educational session