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RESEARCH ARTICLE

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Factors associated with professional healthcare advice seeking in breast cancer–related lymphedema

Chia-Yu Lin RN, MSc[1] | Hsueh-Erh Liu RN, PhD[2,3,4] | Ming-Huei Cheng MD, MBA[5,6]

[1]Department of Nursing, College of Medicine, Chang Gung Memorial Hospital, Chang Gung University, Taoyuan, Taiwan

[2]School of Nursing, College of Medicine, Chang Gung University, Taoyuan, Taiwan

[3]Department of Rheumatology, Chang Gung Memorial Hospital, Taoyuan, Taiwan

[4]Department of Nursing, College of Nursing, Chang Gung University of Science and Techology, Taoyuan, Taiwan

[5]Department of Plastic and Reconstructive Surgery, College of Medicine, Chang Gung Memorial Hospital, Chang Gung University, Taoyuan, Taiwan

[6]Department of Medical Research and Development, Center of Tissue Engineering, Chang Gung Memorial Hospital, Taoyuan, Taiwan

Correspondence
Ming-Huei Cheng MD, MBA, Professor, Department of Plastic and Reconstructive Surgery, College of Medicine, Chang Gung Memorial Hospital, Chang Gung University, 5, Fu-Hsing Street, Kweishan, Taoyuan 333, Taiwan.
Email: minghueicheng@gmail.com and minghuei@adm.cgmh.org.tw

Abstract

Objectives: This study aimed to identify the cognitive factors associated with the professional healthcare advice (PHCA) seeking behavior in breast cancer-related lymphedema (BCRL).

Methods: From January 2018 to December 2018, patients with BCRL were prospectively enrolled for a cross-sectional survey of lymphedema-related perceived risks, lymphedema quality of life (LYMQoL), knowledge scale of lymphedema, and PHCA behavior at first clinical visit, 3 and 6 months postbaseline.

Results: A total of 180 patients including 100 (55.6%) patients underwent a vascularized lymph node transfer (VLNT) and 80 (44.4%) patients received compressive decongestive therapy (CDT) were enrolled. At 6 months of follow-up, mean episodes of cellulitis (from 2.2 to 0.2 times/year), mean circumferential difference (7.8 ± 3.9%), wearing compression garments (from 29% to 0 %) in the VLNT group were statistically reduced than those in the CDT group (p = .01, <.01, and <.01, respectively). The overall LYMQoL had statistical improvement in VLNT group (p < .01). The short symptom duration, greater education level, less episodes of cellulitis, and higher knowledge of lymphedema were associated with increased adherence to PHCA (p = .03, .03, .02, and .01, respectively).

Conclusion: BCRL patients who sought PHCA had great control of lymphedema and improve their quality of life.

KEYWORDS

breast cancer–related lymphedema, professional healthcare advice

1 | INTRODUCTION

Lymphedema usually develops after axillary lymph node dissection. Breast cancer–related lymphedema (BCRL) is a major complication after breast cancer.[1] The incidence of BCRL is approximately 15%-30% and seems to increase up to 2 years after diagnosis or surgery of breast cancer.[2] Most of the studies published in the current literature reported the cumulative incidence of lymphedema in a 5-year follow-up period to range from 3% to 42.2%, depending on the assessment of the outcome and characteristics of the sample.[3-6]

The clinical management of lymphedema includes compressive decongestive therapy (CDT), manual lymphatic drainage, compression garments, pneumatic pumps, multilayer bandaging for Cheng's grade 0 and 1 patients, lymphovenous anastomosis (LVA) for grade 1 and 2 patients, and vascularized lymph node transfer (VLNT) for grade 2 and above patients. Wedge excision, liposuction, and the Charles procedure are additions to physiological procedures.[7-13] With development in medical treatment, breast cancer mortality has been significantly decreased. Patients with breast cancer should be informed of quality of life (QoL) when discussing posttreatment outcomes. In other words, a greater focus should be given to improving the QoL of and medical services for breast cancer survivors.

BCRL affects multiple aspects of a patient's daily life and is deeply disturbing, both physically and psychologically. The physical effects

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