

# Patient Perceptions of Arm Care and Exercise Advice After Breast Cancer Surgery

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**E**arly detection and advances in breast cancer treatment have resulted in an increasing number of survivors since 1990 (American Cancer Society, 2009). Emphasis is placed on minimizing long-term side effects of treatment to facilitate survivors' return to healthy lives. However, myriad chronic upper limb impairments that result from surgery and radiotherapy (e.g., shoulder restriction, pain, lymphedema) may interfere with some women's ability to resume normal physical function (Carter, 1997; Fu, 2005; Hack, Cohen, Katz, Robson, & Goss, 1999; McNeely et al., 2006; Satariano, Ragheb, Branch, & Swanson, 1990). Chronic impairments such as lymphedema also may contribute to poor psychological health, resulting in low self-esteem and poor body image (Carter; Hull, 2000; Tobin, Lacey, Meyer, & Mortimer, 1993).

Advice concerning arm care and exercise after breast cancer surgery aims to prevent the development of chronic upper limb symptoms. Conflicting advice has been reported about the extent to which women may use their affected arm after surgery (Collins, Nash, Round, & Newman, 2004; Greenslade & House, 2006; Karki, Simonen, Malkia, & Selfe, 2004). The most common differences in advice appear to be between traditional advice, in which women are instructed to minimize the risk of lymphedema by avoiding strenuous arm work, and advice based on current research, which supports normal use of the affected arm (Ahmed, Thomas, Yee, & Schmitz, 2006; Kilbreath, Refshauge, Beith, & Lee, 2006; McKenzie & Kalda, 2003; Ohira, Schmitz, Ahmed, & Yee, 2006). The National Lymphedema Network (2008a, 2008b) updated its position statement about risk-reduction practices and exercise so that women are no longer advised to avoid strenuous activity, such as lifting heavy objects (Ridner, 2002).

Many complex factors affect how women interpret advice given by health professionals about arm care and exercise. Contributing factors include personality, demographic and treatment variables, and internal perceptions of threat and coping (Ajzen, 1991; Becker, 1974; Rogers, 1983). Protection Motivation Theory (Rog-

**Purpose/Objectives:** To describe in greater detail women's experiences receiving advice about arm care and exercise after breast cancer treatment.

**Design:** Cross-sectional survey.

**Setting:** Three hospitals in Sydney, Australia.

**Sample:** 175 patients with breast cancer recruited 6–15 months after their surgery.

**Methods:** Patients completed a survey about their perceptions of arm activity after breast cancer and were asked to respond to an open-ended question about their experience receiving advice about arm care and exercise. Comments from 48 women (27%) who volunteered responses were collated and categorized.

**Main Research Variables:** Patients' experience with arm care and exercise advice after breast cancer surgery.

**Findings:** Topics raised by respondents included perceptions of inadequate and conflicting advice, lack of acknowledgment of women's concerns about upper limb impairments, an unsupported search for information about upper limb impairments, fear of lymphedema, women's demand for follow-up physiotherapy, and some positive experiences with supportive care.

**Conclusions:** Upper limb impairments are problematic for some breast cancer survivors, and these concerns are not always taken seriously by health professionals. To date, standardized advice is provided that does not meet the needs and expectations of a cohort of women after breast cancer surgery.

**Implications for Nursing:** Health professionals could better address patients' concerns about upper limb impairments by providing accurate advice relevant to the surgery.

ers) refers to perceived threat as the sum of how at risk an individual feels about the health risk in question (perceived vulnerability) and how severe an individual perceives the health risk to be (perceived severity). Perceived coping refers to how confident an individual feels to carry out instructions as advised (self-efficacy) and how effective the individual perceives the advice to be (response efficacy). The combination of these factors may aid exploration about how women internally