



POST MASTECTOMY PAIN AMONG BREAST CANCER PATIENTS AT SOUTHERN PHILIPPINES MEDICAL CENTER



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Introduction

Breast cancer is the leading killer of women aged 35 to 54 worldwide and in Asia, the Philippines have the highest incidence rate. Since mastectomy is the most common management, post mastectomy pain poses a significant burden that should be identified and addressed.

To date, there is still a dearth of studies focusing on the association of post mastectomy pain and the quality of life of these breast cancer patients.

Hence, study aims to identify the prevalence rate of post mastectomy pain among breast cancer patients in Southern Philippines Medical Center (SPMC) as well as to describe the socio demographic, family and biomedical factors, pain characteristics and quality of life correlated with it.

Methods

This study made use of a prospective cross sectional study design which was conducted among post mastectomy breast cancer patients in the outpatient department of SPMC. Participants completed self administered questionnaires.

Results

- ❖ Post mastectomy pain prevalence rate is 48.9%.
- ❖ The mean VAS score of these patients is 5(+/-1), worst pain score mean is 8(+/-2) and their mean acceptable pain score is 3(+/-0.4).
- ❖ Only 27.3% of those who had pain took medications.
- ❖ 68.2% of those with pain are not satisfied with their pain control.
- ❖ Factors significantly correlated with postmastectomy pain are BMI, Stage of breast cancer, Family illness trajectory and Stage of family life cycle.

Association of Post mastectomy pain with Quality of Life.

	(+)Postmastectomy Pain n=22	(-)Postmastectomy Pain n=23	P value
QLQ-C30 * mean (SD+/-)			
I. Global health Status/QOL,	63(+/-11)	70(+/-11)	0.0287*
II. Functional Scales	86(+/-19)	87(+/-17)	0.7884
III. Symptoms Scales	17(+/-20)	10(+/-16)	0.2227
QLQ-BR23**mean(SD+/-)			
I. Functional Scales	93(+/-6)	94(+/-10)	0.8338
II. Symptoms Scales	15(+/-14)	5(+/-10)	0.0044*

Quality of life and functional scales scores of those with pain are significantly lower compared with those not in pain and they are likely to experience other symptoms aside from pain based on their symptoms scales scores.

Conclusion

Results of this study showed that there is indeed a high prevalence of post mastectomy pain among breast cancer patients who follow up at our out-patient department. Most of them are not satisfied with their pain however, medications that could have addressed such predicament are not readily given.

This only shows us that post mastectomy pain assessment and management in our setting needs to be improved as the pain that these patients are experiencing has an impact in their well being. Moreover, this study tells us that the family, being a unit of care and a source of psychosocial support, plays a significant role in the development and possibly in the management of post mastectomy pain.

As physicians, this is our responsibility. To provide holistic health care and improve the quality of life our patients.

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