



Advancing Functional Recovery And Reducing Distress in Patients Undergoing Breast Cancer Surgery

Sherry Hite, MOT, OTR/L; Leah Willover, OTD, OTR/L; Lynn Kim, OTD, OTR/L

INTRODUCTION

- Adults undergoing breast cancer surgery are at significant risk for decline in functional performance and increased psychological distress.
- Occupational Therapy (OT) interventions have the potential to enhance functional recovery, reduce distress, and improve overall well-being.
- This study assessed the outcomes of a structured pre- to post-operative OT program for individuals undergoing breast surgery.

OT PRE-OPERATIVE EVALUATION

- Baseline assessment: Function, ROM, Strength, Anxiety/Distress, Cognition, Work/School, Roles
- What to expect after surgery and how to manage symptoms
- Post op precautions and maintaining independence
- Home Exercise Program
- Lymphedema prevention and Bioimpedance spectroscopy baseline

DEMOGRAPHICS (N=206)

Race	n (%)
White	126 (61%)
Black or African Decent	20 (10%)
Asian	37 (18%)
Other	9 (4%)
Decline To Answer	14 (7%)
Ethnicity	n (%)
Hispanic or Latino	52 (25%)
Non-Hispanic or Latino	143 (70%)
Decline To Answer	11 (6%)
Insurance	n (%)
Commercial Insurance	85 (41%)
Medical/ Medicaid	60 (29%)
Medicare/ Medicare + Commercial Insurance	61 (30%)
Surgery Type	n (%)
Mastectomy + Axillary Lymphadenectomy	24 (12%)
Mastectomy + Sentinel Node Biopsy	62 (31%)
Lumpectomy + Axillary Lymphadenectomy	11 (5%)
Lumpectomy + Sentinel Node Biopsy	74 (37%)
Mastectomy or Lumpectomy, no lymph node biopsy	30 (15%)
Planned Reconstruction	n (%)
Yes	69 (34%)
No	116 (56%)
Pending	21 (10%)
Neoadjuvant Chemotherapy	n (%)
Yes	63 (31%)
No	27 (13%)
Pending	115 (56%)

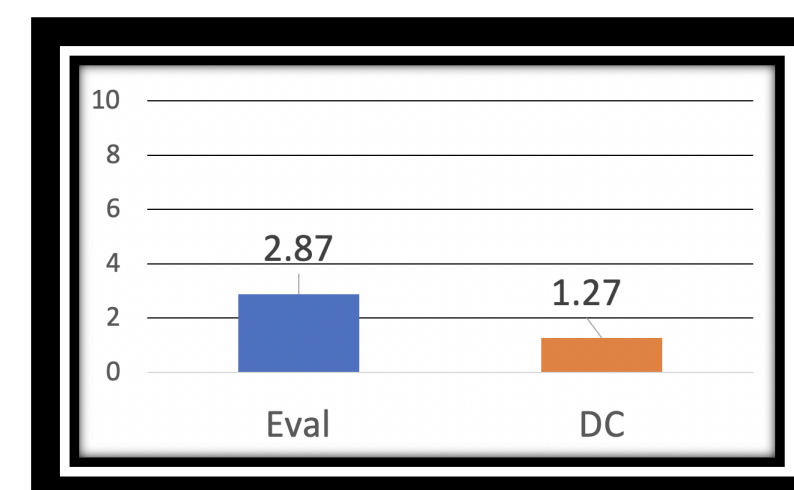
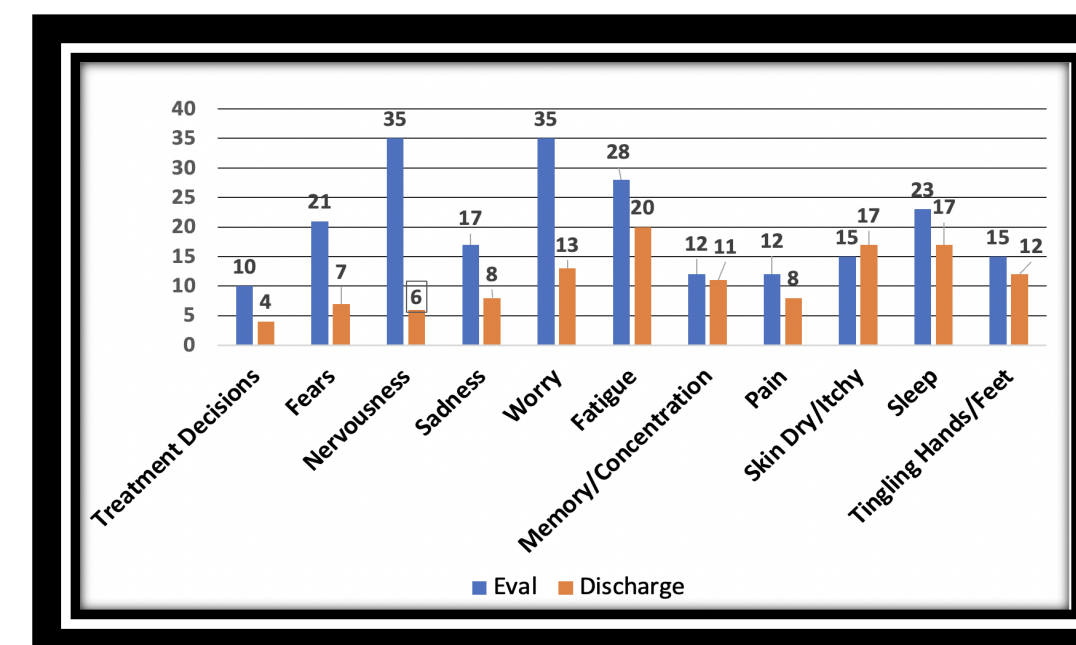
METHODS

Time Point 1 Pre-Operative Evaluation	Time Point 2 Post-Operative Appointment #1	Time Point 3 Discharge From OT Services
•AMPAC-ADLs •LAWTON- IADLS •Quick DASH- Upper Extremity Functioning •National Cancer Comprehensive Network (NCCN) Distress Thermometer	• NCCN Distress Thermometer	•AMPAC-ADLs •LAWTON- IADLS •Quick DASH- Upper Extremity Functioning •National Cancer Comprehensive Network (NCCN) Distress Thermometer •Satisfaction Survey

RESULTS

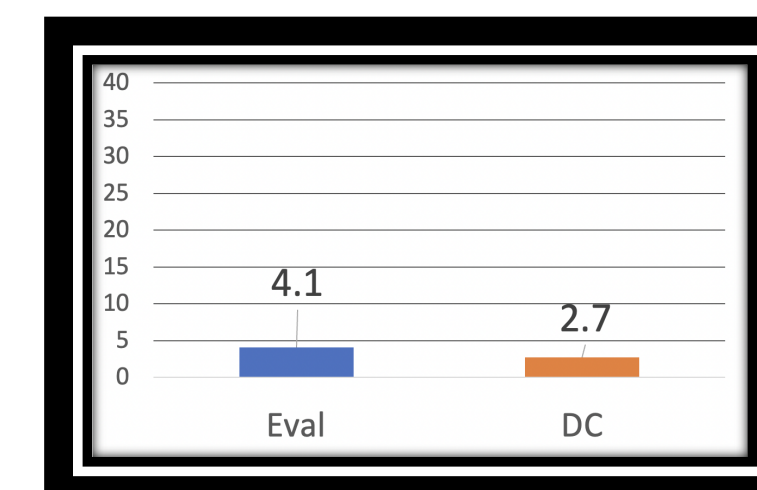
- Of (N=206) patients evaluated pre-operatively, (N=83) completed both pre-operative and post-operative measures.
- All (N=83) patients achieved independence in ADLS, and those no longer restricted by post-operative precautions regained independence in IADLS

NCCN DISTRESS THERMOMETER



Simple, Paired t-test, 1-tailed: T-statistic: 6.37 P = 3.91 x10⁻⁹ (P= <.001).

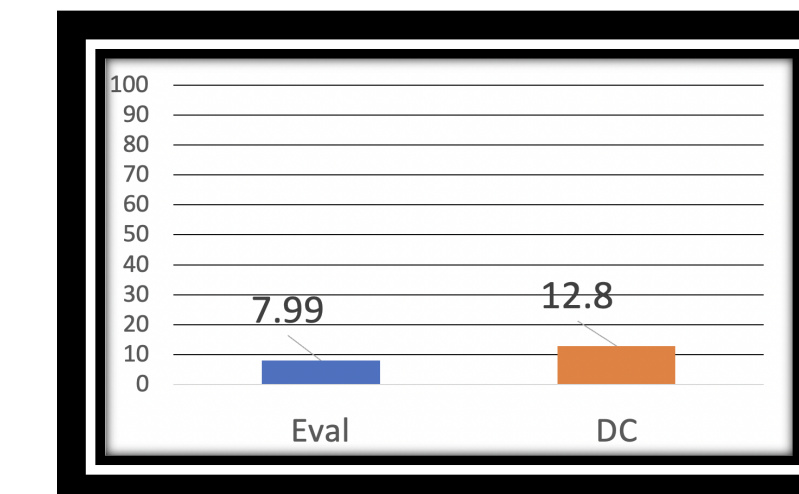
Distress level significantly decreased



Simple, Paired t-test, 1-tailed: T-statistic: 6.37 P = 0.0003 (P= <.001).

Number of endorsed problems significantly decreased

QUICK DISABILITIES OF THE ARM, SHOULDER, AND HAND



Simple, Paired t-test, 1-tailed: T-statistic: -2.27 P = 0.013 (P= <.05).

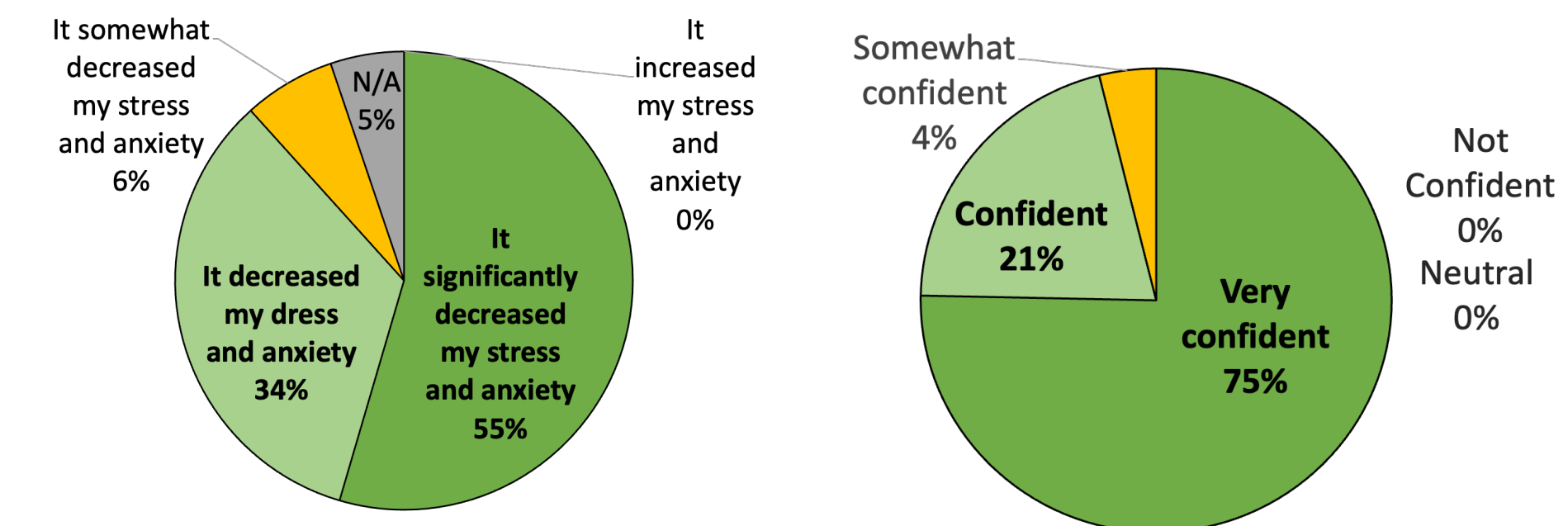
Quick DASH significantly increased

No shoulder flexion/abduction above 90 degrees for 3 weeks

No lifting for 6 weeks

54 of 83 (66%) of patients discharge **prior to end of 6-week precautions** at their 1st post-op

PATIENT SATISFACTION



CONCLUSION

- OT services effectively support functional independence and reduce psychological distress in patients undergoing breast cancer surgery.
- Although mild declines in upper extremity function were observed due to surgical precautions, independence in ADLs and IADLs was maintained.
- Patient-reported outcomes highlight the program's effectiveness in reducing anxiety and improving overall recovery, underscoring the value of integrating OT into surgical care pathways.

REFERENCES

