

Title	Physiotherapeutic treatment of lymphoedema and shoulder stiffness after breast cancer treatment
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Aim

The objective of this evaluation, which was requested by the Caisse nationale d'assurance maladie des travailleurs salariés (CNAMTS [National Health Insurance fund for salaried workers]), is to specify the indications, non-indications and contraindications relating to physiotherapeutic treatment, in the course of the same session, of upper limb lymphoedema and shoulder stiffness in women who have undergone treatment for breast cancer. The content of the sessions will also be determined (techniques used, durations of each procedure), as will their total duration and frequency.

Conclusions and results

Combined physiotherapeutic treatment sessions involve, in succession, skin care, rehabilitation of the shoulder, manual lymph drainage (MLD), and bandaging. Therapeutic education of the patients is also an essential element of these sessions. Passive mobilisation of the scapulohumeral and scapulothoracic joints of the shoulder complex at levels below the pain threshold, without bandage, forms the basis of the rehabilitation of the shoulder. Many MLD techniques have been described and are practiced, but no standard manual lymph drainage technique has been identified.

Combined sessions are indicated in the intensive phase of treatment (as opposed to the maintenance phase), provided that the following criteria are met:

- difference in circumference of more than 2 cm at at least one point on the affected limb by comparison with the contralateral limb;
- asymmetry of shoulder passive range of motion, that has appeared or become more pronounced after treatment for breast cancer;
- compliance with the entire treatment procedure associated with MLD (bandaging);
- major functional repercussions (loss of autonomy) due to lymphoedema and shoulder stiffness.

The non-indications and contraindications to combined sessions have also been defined. The duration of these sessions has been estimated at at least 1 h 15 minutes. The optimal frequency of sessions combining MLD and rehabilitation of the shoulder is 10 sessions, 5 days out of 7, for 14 days in succession.

The programme of combined sessions normally only needs to be carried out once in each patient for each breast operated upon.

Methods

The assessment method used is based on:

a critical analysis of the literature published between January 2002 and September 2012, after a literature search of the Medline, Pascal, BDSP, Kinedoc, Cinahl and Pedro databases;

the well-argued opinion of 10 experts in a working group;

the review of the report by a reading group of 23 experts.

The report was examined by the Commission nationale d'évaluation des dispositifs médicaux et des technologies de santé (CNEDiMTS [National Committee for the Assessment of Medical Devices and Health Technologies]), then validated by the HAS Board.

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