

<https://doi.org/10.29289/259453942025V36S11076>

1076 – Feasibility of a self-management strategy for breast cancer-related lymphedema in the volume reduction phase: a pilot study

Anke Bergmann, Jessica Malena Pedro Silva, Nathália Bordinhon Soares, Maria Alice Costa Veiga, Rejane Medeiros Costa, Erica Alvez Nogueira Fabro, Eloa Moreira-Marconi, Suzana Sales Aguiar

¹Instituto Nacional de Câncer – Rio de Janeiro (RJ), Brazil.

²Universidade de Vassouras – Vassouras (RJ), Brazil.

Introduction: Lymphedema is the most common long-term complication of breast cancer treatment. Its control is fundamental to ensuring a better quality of life. Compression therapy is the main component of lymphedema treatment, traditionally using compression bandaging applied by a physiotherapist. An alternative strategy that appears promising is self-compression bandaging, since the individual assumes an active role in the treatment.

Objective: To evaluate the feasibility of self-compression bandaging compared with traditional application by a physiotherapist in the upper limb volume reduction phase.

Methods: This randomized clinical trial included women with breast cancer-related lymphedema in the volume reduction phase. The interventions were: (i) compression bandaging applied by a physiotherapist (Group A) and (ii) self-compression bandaging (Group B). Evaluation took place before the interventions and after 30 days, through upper limb perimetry and an interview to assess adherence and satisfaction. The primary outcome was the percentage of excess volume between the upper limbs. The sample size for the complete study was 96 participants (48 in each group). Data were analyzed with a 95% confidence interval and $p < 0.05$ for statistical significance.

Results: This pilot study included 12 participants (6 in each group), with a mean age of 57.62 years (standard deviation ± 10.5), of whom 66.7% had undergone mastectomy, 81.8% had grade II lymphedema, with an average baseline excess volume of 23.5% ($\pm 12.8\%$). The mean reduction in excess volume at 30 days was 41.1% ($\pm 16.2\%$) for Group A *versus* 26.5% ($\pm 15.5\%$) for Group B, with no difference between the groups ($p = 0.142$). Approximately 70% of participants in Group B had excellent adherence and were satisfied with the therapy.

Conclusion: Self-compression bandaging in women with lymphedema secondary to breast cancer proved to be a feasible strategy with high levels of adherence and satisfaction.

Ethics: Research Ethics Committee Approval (CAAE 76167023.6.0000.5274).

Registry: Brazilian Registry of Clinical Trials (ReBEC): RBR-3sp77cq.

Funding: Anke Bergmann receives a Productivity Scholarship (Level 2) from the Brazilian National Council for Scientific and Technological Development (CNPq).

Keywords: breast cancer; lymphedema; physical therapy.