Original Resear	Volume - 12   Issue - 10   October - 2022   PRINT ISSN No. 2249 - 555X   DOI : 10.36106/ijar Physiotherapy QUALITY OF LIFE IN BREAST CANCER PATIENTS DEPENDING UPON THE TYPE OF SURGERY
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**ABSTRACT** Introduction- Breast cancer is abnormal growth of cells in the breast. Breast cancer affects all the domains of quality of life such as physical health, mental health, functioning due to emotional problems, financial problems and social problems. Symptoms of fatigue, insomnia, and pain have the most important influence on these domains. Aim of the study- To evaluate quality of life of breast cancer patient's post-surgery Methodology- It is a cross-sectional study. European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Caner 30 (EORTC QLQ C-30) and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire dates as study tool. Results- The functional scale score of the EORTC QLQ C-30 was the highest in radical mastectomy (80.56%) indicating a higher level of functioning. A lower level of functioning in breast reconstruction surgery (64.75%). The quality of life was highest in breast reconstruction surgery (17.71%) and lowest in radical mastectomy (9.9%). Conclusion- The quality of life was better in breast reconstruction surgery and was lowest in radical mastectomy.

# INTRODUCTION:

## **KEYWORDS** : quality of life, breast cancer patients

The prevalence of breast cancer is increasing in Indian females. Previous literature reported the increasing incidence of breast cancer of around 167 million new cases diagnosed in 2012 in the world with an annual incidence of approximately 1,44,000 new cases of breast cancers in India<sup>1.</sup> The type of surgery depends upon the stage of cancer, size of the lump, and age. Breast Conservation Surgery includes lumpectomy and segmental mastectomy (quadrantectomy). Several factors favour BCS are smaller, monocentric tumours; younger age, treatment carried in specialized institutions, favourable factors, localization of tumour and patient compliance <sup>10</sup>. The complications of breast conservation surgery are pain, bleeding, infection, and temporary swelling. The complications of MRM include wound dehiscence, seroma, surgical site infection, hematoma, altered sensation, and pain.<sup>2</sup>. Complications are postsurgical pain and infection. Radical mastectomy includes removal of the breast, the pectoralis muscles, chest fascia, and the ipsilateral axillary lymph nodes. The extent of resection also led to important associated morbidity paraesthesia, lymphedema, rib cartilage damage, or pneumothorax by the perforation of the intercostal space.

Few of them are age, stage of disease at presentation, performance status, and disease status at last follow-up, which we found in our study significantly impacting QOL of patients<sup>17,18</sup>.

The domains of the EORTC QLQ-C-30 are functional scales: physical role, cognitive, emotional, social; symptom scales: fatigue, pain, nausea, vomiting; global health status; quality of life scale. EORTC QLQ-C-30 and BR-23 questionnaires are used reliably to assess Quality of Life in Indian patients<sup>15</sup>.

Breast cancer affects all the domains of quality of life and in their population. It is the most prominent in emotional and social functions, as well as role functions domains. Symptoms of fatigue, insomnia, and pain have the most important influence on these domains.<sup>6</sup>. The aim of the study was to assess the quality of life in breast cancer post-surgery.

## METHODOLOGY AND MATERIALS

The duration of the study\_6 months. The sample size is 80 postoperative breast cancer patients. Inclusion Criteria was those who underwent surgery for breast cancer and were willing to participate in the study. Exclusion Criteria: was those who were Unwillingness to participate in the study and terminal stage breast cancer

### **METHOD**:

The study comprises of assessing the quality of life in breast cancer patients' post-surgery. The self-made questionnaire assessed the type of surgery. The EORTC QLQ C-30 and BR-23 were used to assess the quality of life in breast cancer patients. Data was collected from the participants using Google forms. The record was recorded and

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analysed using Microsoft Excel. The information and their respective identities were kept confidential. The EORTC Scoring Manual was used to calculate the score. Functional scales  $S=\{1-(RS-1)/Range\}X$  100.Symptom Scale  $S=\{(RS-1)/Range\}X100.$ Global Health Status /QOL S= $\{(RS-1)/Range\}X100$ 

### RESULTS

A total of 80 patients were recruited in the study. The mean age of participants was  $64\pm12.4$  years.

# Table No 1: Different Types Of Surgery Piechart



The pie chart concluded that 44% of the patients underwent a total mastectomy,35% of the patients underwent breast conservation surgery,10% of the patients underwent breast reconstruction surgery,8% of the patients underwent modified radical mastectomy, 4% of the patients underwent a radical mastectomy.

## Table No 1.2 Bmi Pie-chart

Normal	26.25
Underweight	1.25
Obese type 1	16.25
Obese	1.25
Overweight	55

PIE CHART 1.2 BMI



Normal • Underweight • Obese type 1 • Obese • Overweight

55% of the participants were overweight. 27% had normal BMI, 16% were obese type 1, 11% were obese, 1% were underweight.

#### Table 2.1 Eortc Qlq C-30 Scale

EORTC QLQ C-30	TM	BRS	BCS	RM	MRM
FUNCTIONAL SCALE (FS)	71.57	64.75	74.66	80.56	74.5
SYMPTOM SCALE (SS)	26.64	35.4	25.51	19.63	25.7
GLOBAL HEALTH	13.36	17.71	12.75	9.9	12.85
STATUS/QUALITY OF LIFE					

GRAPH 2.1 EORTC QLQ C-30



From the graph 2.1, it can be concluded that the functional scale score of the EORTC QLQ C-30 (European Organization for Research and Treatment of Cancer Quality of Life Core-30), it can be concluded that the functional scale score was highest in radical mastectomy and lower in breast reconstruction surgery. The symptom scale was highest in breast reconstruction surgery and lowest in radical mastectomy. The global health statusn or quality of life was better in breast reconstruction surgery and lowest in radical mastectomy.

Table No 3.11	Eortc Br-23 Functional	l Scale And Sym	ptom Scale)
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From the above graph, it can be concluded that the high level of functioning was in Total Mastectomy and least in Breast Reconstruction Surgery and symptoms were high in Breast Reconstruction Surgery and least in Total Mastectomy.

#### DISCUSSION

The prevalence of breast cancer is increasing in Indian women living in urban as well as rural areas. We found that the frequently presenting symptom is a painless lump (60%). The mean age was 64 years. The mean BMI was 26.8+4.08.

In our study, 44 % of the patients underwent a total mastectomy and least 4 % of the patients underwent a radical mastectomy.

Quality of life depends on various factors like age, education, socioeconomic status, stage of the disease at the time of diagnosis, social relationship, type of surgery and systemic therapy side effects. Therefore, assessing the quality of life is a subjective measure. The scales used to measure the quality of life in breast cancer patients are Functional Assessment of Cancer Therapy G-general, European Organization of Research and Treatment of Cancer Quality of life Questionnaire Core-30 (EORTC QLQ C-30), and European Organization of Research and Treatment of Cancer Breast Specific Module -23. The quality of life was compared and assessed in different surgeries like breast reconstruction surgery, breast construction surgery, total mastectomy, radical mastectomy, and modified radical mastectomy. Parmar et.al: concluded that EORTC QLQ C-30 and BR-23 are reliably used to assess QOL in Indian patients.

Some women are worried about their health in the future. Some women experience nausea, vomiting, pain, dyspnoea, insomnia, appetite loss,

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constipation, and diarrhoea. Some women cannot afford the treatment due to financial difficulties. Systemic side effects are dry mouth, hot flushes, and headaches. Due to the removal of axillary lymph nodes, some women have lymphedema, pain in the shoulder or hand, swollen arm or hand and difficulties raising the arm. The breast symptoms faced by breast cancer patients' post-surgery are pain in the affected breast, affected breast swelling, and skin problems like dry, itchy, and flaky in the area of the affected breast.

In our present study, we found that the functional scale score of the EORTC QLQ C-30 was highest in radical mastectomy indicate a higher level of functioning and lowest in breast reconstruction surgery. A high problem was found in breast reconstruction surgery and low in radical mastectomy. The quality of life was the highest in breast reconstruction surgery and lowest in radical mastectomy. The body image perception was better in breast reconstruction surgery. The sexual functioning was better in breast conservation surgery.

### CONCLUSION

The study concluded that breast cancer surgery adversely affects physical as well as mental health. We found in EORTC QLQ C-30 that a high level of function was found in radical mastectomy followed by breast construction surgery and was lowest in breast reconstruction surgery. A high level of symptoms was found in breast reconstruction surgery and was lowest in radical mastectomy. The quality of life was better in breast reconstruction surgery and was lowest in radical mastectomy. In EORTC BR-23, the high level of functioning was found in total mastectomy and was lowest in breast reconstruction surgery. High level of symptoms was found in breast reconstruction and was lowest in a total mastectomy.

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