

EVALUATING THE ROLE OF CLINICAL REFLEXOLOGY IN PAIN MANAGEMENT OF A POST SURGICAL BREAST CANCER PATIENT : A CASE STUDY 2011.

Author : Abbigail Langstone-Wring BSc MBRCPC ICR.

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Background.

Female aged 37.

2003 diagnosed breast cancer left breast. Treatment : Chemotherapy : Radiotherapy : Lumpectomy.

2005 cancer in sternum : radiotherapy.

2006 Full abdominal hysterectomy.

2007 Bilateral mastectomy, tumours in both lungs also spine T4 and L3 : radiotherapy.

2009 Liver and lung : chemotherapy.

2010 bones treated with radiotherapy.

2011 Brain : radiotherapy.

I first saw Mrs R Nov 2010 for pain relief following breast cancer diagnosis and treatment. She was an out-going and positive lady. Her oncologist was supportive of her choice of therapy and agreed for me to treat on a regular basis. Mrs R continued to work for as long as was possible. Believing that working was good for her mental wellbeing and gave her a reason to get out of bed in the morning. Plus it gave some pattern of normality which helped her to cope with ongoing treatment. Mrs R was happy to give information and permission for me to publish this case study.

Method.

I delivered up to 1 hour of standard reflexology treatment as set out in the protocol of Susan Cressy VCTC qualification handbook. Following guidelines of professional body code of conduct /ethics. To determine pain levels pre and post reflexology, data was collected using a simple numerical scale of 1...5 . With 1 (low) representing a manageable discomfort and 5 (high) representing severely debilitating. To gauge the feeling of wellbeing at the beginning of each treatment again a simple numerical scale was used. With 1 being low and the wording Not Good Not Coping to 5 being high Good Managing. Data was collected at each visit 20 visits in all. From Nov 2010 – Nov 2011 Treatment 17 (Oct 2011) and subsequent treatments were home visits as Mrs R too frail to travel.

Results.

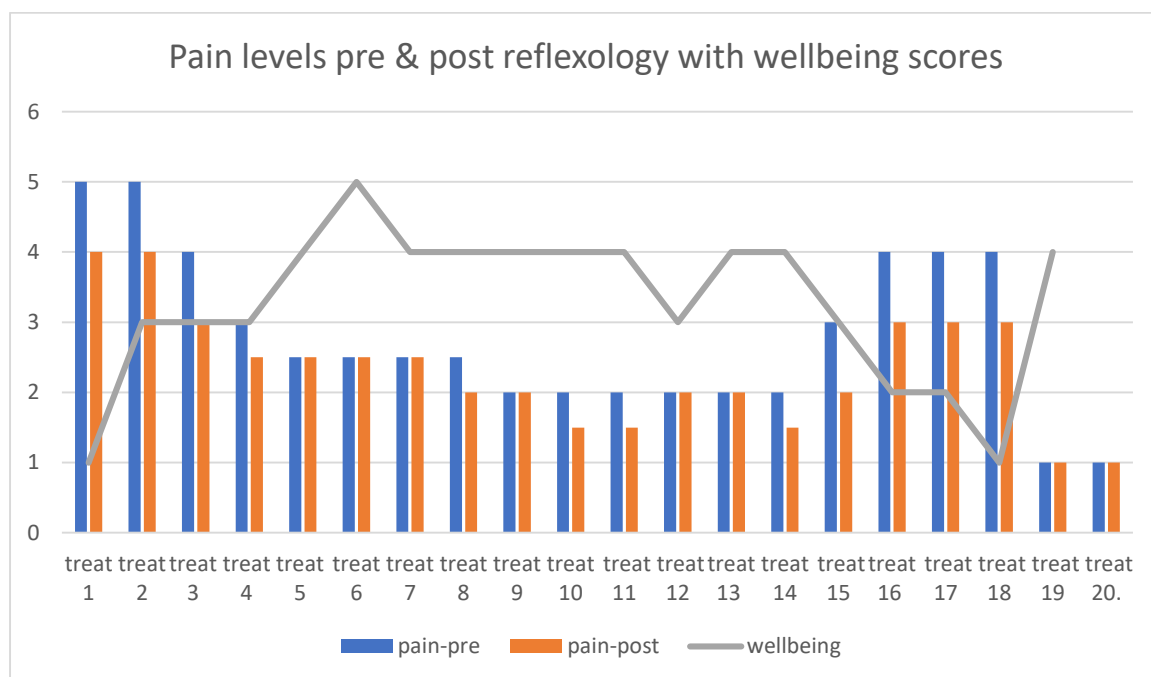
There was a decrease in pain level in 12 out of the 20 treatments = 60%

Wellbeing scores taken prior to treatment showed that on 10 occasions 4 was recorded. = 50%

These results show a significant drop in pain levels and indications are that there might be a beneficial cumulative effect from reflexology treatments.

Wellbeing improved and the last two treatments 19, 20. Treatment 20 there was a deterioration in Mrs R ability to communicate. A few days after this treatment I was contacted by Mrs R mother who told me the sad news that she had suffered a fatal heart attack on the way to hospital. ©AW/ 2010

Although this evidence is anecdotal and retrospective it does have value regarding the patients perception of pain and wellbeing.



Pain level pre reflexology. Please circle with red pen.

Manageable Discomfort 1.....2.....3.....4.....5 Severely debilitating.

Pain level post reflexology. Please circle with blue pen.

Manageable Discomfort 1.....2.....3.....4.....5 Severely debilitating.

Wellbeing Scores. Prior to each treatment.

Please circle the number that best represents how you are feeling.

Not good 1.....2.....3.....4.....5 Good.

Not coping Managing