

Phantom Syndrome Management in Females after Mastectomy

Inara Roja, Zenija Roja¹, Janis Zalkalns²

Rīga Eastern Clinical University Hospital, Latvia

¹ University of Latvia

² Rīga Stradiņš University, Latvia

II

Introduction. Phantom breast syndrome (PBS) is characterized by a sensation of the persistence of the breast after its removal and has an incidence of 25–36% after mastectomy with experiencing chronic pain, negative self-body image and anxiety [Downing, et al., 1984; Dijkstra, et al., 2002; Markopoulou, et al., 2010]. One of the treatment possibilities in health monitoring for such patients is cognitive hypnotherapeutic treatment (CHT) by deep mind-body relaxation, change the sensory experience of the continued presence of the breast after mastectomy, with self-management strategies, pain-blocking imagery and ego-strengthening [Montgomery, et al., 2007; Simpkins, et al., 2010] integrated with medication therapy (MT) from the first treatment day for relieving affliction [Caffo, et al., 2003].

Aim. The purpose of the study is to investigate the benefits of the cognitive hypnotherapy treatment in the integrated four-week treatment course for employed female patients suffering from PBS after mastectomy.

Material and methods. Over last two years, 15 female patients, aged 31–47, white collar workers, suffering one–six months from PBS after radical mastectomy through primary unilateral breast cancer – with mild to severe pain feelings in the breast area, and emotional distress, impact on psychosocial functioning after mastectomy – was treated. Group A females (n = 8) received 4-week integrated treatment: CHT twice a week, 60 minute-long one hypnotherapy session, and coxibs group's medicine Etoricoxib 60 mg tablet once a day from the first treatment day. Group B females (n = 7) for 4 weeks received only medicine Etoricoxib 60 mg tablet once a day. Intensity of pain was measured by Visual Analogue Scale (VAS: 5-point scale, 0 – no complaints, 5 – high level of pain intensity) [Robinson, et al., 2001]. A stage of anxiety before and at conclusion of the treatment course, during follow-up was measured by Rosenberg Self-esteem Scale (RSES: scale ranges from 0–30: scores between 15 and 25 are within normal range, below 15 – suggest low self-esteem, negative self-body image) [Rosenberg, 1965]. Females were asked to keep a Pain Diary during treatment course. Treatment efficacy was re-evaluated in follow-up visit after 4 months.

Results. The results according to VAS and to RSES indicated decrease in pain intensity till the evaluation scored 0 points, without distressful “phantom sensation” in the absent bodily part – for 75% of Group A females at the conclusion of the therapy course and for 62% – during follow-up, high self-esteem (25–30 points) – for 87% of Group A females, and only – for 14% of Group B females.

Conclusions. Phantom breast syndrome as health state marker is an important issue for health monitoring in employed females after mastectomy. Four-week cognitive hypnotherapy treatment course integrated with coxibs group's medicine treatment at the lowest possible dose is an effective treatment in phantom syndrome management.