

Abstract

Risk Reduction

Aims/ Rationale

The impact of lymphoedema causes physical, psychological and social problems (Fu & Rosedale, 2009; Moffatt et al., 2003; 2017; Pusic et al., 2013). However, the effect of following the Lymphoedema Risk-Reducing Recommendations (LRRR) is mostly unknown, as is the type of advice and information provided by lymphoedema healthcare professionals (LHCP's). A literature review and clinical experience suggest much confusion exists and the type of LRRR provided is ambiguous and inconsistent.

Description

This session on risk reduction will discuss the evidence on risk reduction and present the results from a mixed method doctoral study investigating the impact of the LRRR from the perspectives of people treated for breast cancer and LHCPs.

Phase one aimed to investigate the LRRR from the perspective of people treated for breast cancer. This study used six focus groups to explore people's ($n=30$) understandings of lymphoedema, the LRRR and the impact of adherence on their lives. Phase two of the study investigated LHCP's knowledge of and views on the LRRR via a survey.

Evaluation

Four themes emerged from the data in phase one: Knowledge Deficits, Uncertainty and Confusion; Alterations and Adjustments to My Life; Control and Finding Normal Again and Changes for the Future. In phase two, considerable confusion and uncertainty surrounded the LRRR. LHCP's placed emphasis on unfounded avoidance behaviours that interfered with health and well-being.

People treated for breast cancer may find that a liminal state is generated due to LHCP's uncertainty and confusion regarding the LRRR. There is a need to enhance LHCP's knowledge and understanding of the LRRR. Education on the LRRR and unlearning historical practice are urgently required to enable sustainable change to take place within clinical practice.