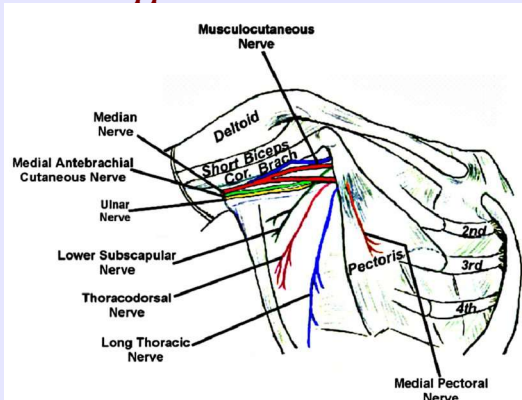


# Post Breast Therapy Pain Syndrome

## Upper Thoracic Nerves



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## Introduction

Post Breast Therapy Pain Syndrome (PBTPS) is a complex constellation of symptoms. The old term post-mastectomy syndrome is not sufficiently descriptive with breast-conserving therapy. PBTPS may result from polyneuropathies caused by surgery, chemotherapy, radiation therapy, hormonal therapy, and lymphedema. These may be additive to impairments caused by surgery.

PBTPS remains an underreported-yet often debilitating-consequence of breast cancer therapy. PBTPS is estimated to affect 10 to 30% of women who have had breast cancer surgery. Because PBTPS is not well understood by many physicians, breast cancer patients are often not advised about this risk prior to surgery, or the risk may be otherwise minimized. Indeed, many patients are advised to seek psychiatric care by well-intentioned physicians who are unfamiliar with PBTPS.

In post-surgery follow-up visits, patients may describe some early postoperative pain, but often PBTPS does not manifest as an ongoing chronic problem until at least 30-90 days afterwards. Over 50% of patients diagnosed with PBTPS unexpectedly experience chronic pain and other serious sensory disturbances. They report increased pain with movement, leading to clinically significant arm and shoulder restriction of motion. PBTPS discomfort interferes with active daily living, sleep and impairs overall quality of life. A specific area of PBTPS related functional impairment, is the ability to use a computer. Lymphedema a potential complication of axillary dissection, may also further contribute to postoperative pain syndromes. PBTPS is best treated as soon as possible, because it becomes chronic and more resistant to effective treatment when diagnosis and initiation of therapy is delayed.

In view of these factors, it is important that all patients are carefully counseled about the risk of PBTPS prior to undergoing surgical treatment for their breast cancer. The timely diagnosis and treatment of PBTPS requires that both physicians and patients have a clear understanding about this syndrome, with appropriate referrals to experienced pain management specialists.