In our information-centric society, the ability to use a personal computer is essential in the professional and private lives of millions of people around the world. The functional impairment of using a computer comfortably with Post Breast Therapy Pain Syndrome (PBTPS), Lymphedema and Peripheral Neuropathy has received little attention.

PBTPS is a complex constellation of symptoms. The old term, Post-Mastectomy (after breast amputation) Syndrome, is not sufficiently descriptive with breast-preserving therapy. Newer treatments such as the Sentinel Lymph Node Biopsy (SNLB) may diminish the pain. PBTPS may result from poly-neuropathies caused by surgery, chemotherapy, radiation therapy, and hormonal therapy. Any surgery such as Mastectomy, Lumpectomy, Lymphectomy, breast implants, augmentation and reconstruction creates possible risk for PBTPS.

In post-surgery follow-up visits, patients are able to describe slight early post-operative pain, but often, PBTPS does not manifest as an ongoing chronic problem until 30-90 days or even many years later. 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 and sleep and impairs overall quality of life.

Upper-extremity Lymphedema, a potential complication of axillary dissection, may adversely affect an estimated 10-30% of breast cancer survivors in both short-term and long-term discomfort, chronic pain, debility, and loss of function in the affected limb. Lymphedema is not often discussed and remains an under-reported complication of cancer therapy.

Chemotherapy can affect the conveyance functions of the nerves inducing Peripheral Neuropathy. Some chemotherapy drugs may cause symptoms during or immediately after the first dose. Research to examine what proportion of patients have complete resolution of symptoms or how long it takes for symptoms to resolve is needed.

Patients who develop complications such as Lymphedema, Post Breast Therapy Pain Syndrome and Peripheral Neuropathy usually suffer throughout the duration of their entire lives. Clinical standard management advances are not well delineated, resulting in considerable confusion and frustration for patients. Anxiety and depression are two main repercussions from the challenges faced by patients within the workplace, social situations and at-home. These compromise quality of life. Considering these factors, it is important that all patients are carefully counseled.

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