

# Cancer Therapy Complications And Using The Computer

## COMPUTER WORLD USERS



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## Suggestions for Short and Long Term Problems

The problem of persistent swelling or pain in one or both arms after trauma of any kind can affect computer usage, especially for people who must work on the computer for prolonged periods of time. We offer the following brief suggestions for short and long term problems while recovering from surgery, swelling, pain, and other long term complications (see page 2) such as Lymphedema, PBTPS or Peripheral Neuropathy.

1. Reaching for the computer's mouse, keyboard or number pad may aggravate shoulder and arm pain because of the shoulder and upper arm muscles contracting. By reducing the angle between the arm and the body, the binding or pressure that the contracting muscles place on the shoulder and axillary nerve branches may reduce pain as well. Adjustable arm rests on chairs can help to relieve the arm muscles during keyboard and mouse use. Strategically placed pillows can be a useful solution.
2. You may need to purchase adaptive ergonomic equipment. There are various shapes and sizes of keyboards, computer mice (trackballs, touch pads, cordless/wireless etc.), and number pads to accommodate your needs. Visit a computer store to test them for comfort.
3. Rest your eyes. Exercises such as palming or scanning other objects in the room may be helpful.
4. Remember to take small breaks every hour or so.

## INTRODUCTION

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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