



**Service Priorities and Programmes**  
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**Symptom Assessment and Intervention: multidisciplinary approach on early phase of breast cancer rehabilitation**

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**Introduction**

Symptom assessment for cancer rehabilitation is equally important as much, if not more, than other assessments such as physical functions and even global quality-of-life measures. Memorial Symptom Assessment Scale-Short Form (MSAS-SF) measures 32 symptoms from cancer patient in terms of distress or frequency, with four subscales measuring global distress, physical symptom distress, psychological distress and total sum of symptoms. It is a specific tool for symptom assessment in cancer rehabilitation. MSAS-SF is adopted in Breast Centre of Kwong Wah Hospital to act as a clinical tool for assessment of multidisciplinary approach on early phase of breast cancer rehabilitation. It can provide specific targets for subsequent symptom management and treatment intervention.

**Objectives**

To explore the use of MSAS-SF as a specific and practical tool for symptom assessment in breast cancer rehabilitation. It enables the team to identify the patient's symptom and formulate the management and intervention accordingly.

**Methodology**

Since October 2013, all patients undergone early phase of breast cancer rehabilitation program were assessed through the MSAS-SF on day 2, day 14, day 21 and 1 month post operatively by breast care nurses (BCN) or physiotherapists in the Breast Centre of Kwong Wah Hospital. BCN and physiotherapists provided corresponding intervention for those symptoms score >3 in MSAS-SF. The data of MSAS-SF was analysed by SPSS.

**Result**

Approximately 80 patients were evaluated by the MSAS-SF. More than 80% patients revealed distress on more than 1 physical symptom. Among the physical symptoms, the most frequently reported symptoms were lack of energy, pain, feeling drowsy, dry mouth and itching. Of the four psychological symptoms, the most prevalent symptoms were worrying, feeling sad and feeling irritable. Both physical and psychological

symptoms improved with decreased severity upon physiotherapist's and nurse's intervention in the subsequent follow-up sessions. Counselling from BCN could significantly reduce the frequency of psychological symptoms during the rehabilitation program. Conclusion The early phase of breast cancer rehabilitation in Kwong Wah Hospital was a patient centred program. Not only did it facilitate physical and functional recovery, but also promoted patient's psychological well-being. Distress experienced from physical and psychological symptoms were identified by Memorial Symptoms Assessment Scale-Short Form and were well managed by the multidisciplinary team in breast centre.