

## Keele Critically Appraised Topic (CAT Form)



### Clinical Question

In patients post breast cancer surgery, is the early addition of scar massage more effective than usual care in improving pain, range of movement, function, improved scar appearance and emotional wellbeing?

### Clinical bottom line

There is no evidence to answer the above question. Further research should be conducted in this area. Care post breast cancer surgery should be continued in line with the PROSPER trial guidance.

### Plain language summary

We wanted to find out if starting scar massage early after breast cancer surgery helps people improve functional outcome more readily, rather than waiting for scar thickening to develop and then massaging the area, in line with the PROSPER trial guidelines. Sadly, there is no research evidence to answer this question so care will continue as recommended from the evidence based PROSPER trial research.

### Why is this important?

Since the PROSPER trial published in 2021, Physiotherapy (including exercise plus an information leaflet) has been supported as part of the recovery following breast cancer surgery. Psychological, physiological, and functional outcomes were observed and improved following a course of supervised sessions including stretching and strengthening exercises.

In addition the use of scar massage as an adjunct to treatment of patients following breast cancer surgery has been used by clinicians if cording developed, as outlined by the PROSPER trial published in 2021.

Anecdotal evidence of improvement with earlier introduction of scar tissue massage prior to possible cording development has been noted. It is important to establish the clinical effectiveness of introducing massage earlier in the recovery journey to ensure evidence based consistent treatment for all patients post breast cancer surgery.

### Search timeframe

2000-2024

### Search criteria

<b>Population Intervention Comparison Outcomes (PICO) themes</b>	<b>Description</b>	<b>Search terms</b>
Population and Setting	Adults who have had breast surgery following a diagnosis of cancer.	Breast surgery Wide local excision Mastectomy Reconstruction DIEP flap Tram flap Latissimus dorsi flap
Intervention or Exposure	Scar Massage	Massage Effleurage Kneading Stroking Exercise Stretches

Comparison, if any	Usual care	Usual care Exercise
Outcomes of interest	Pain  Range of movement  Emotional Wellbeing  Function  Patient satisfaction Scar appearance	Pain  Numerical Rating Scale' NPRS-11  Visual Analogue Scale (VAS)  McGill Pain scale (short)  Active range of movement/ active range of motion/ range of movement/ range of motion  Emotional wellbeing  PHQ-9  HAD  Function  Timed up and go  Six-minute walk test Vancouver Scar scale (VSS)
Types of studies  e.g. Randomised Controlled Trails, Systematic reviews	Systematic reviews, RCT's, Non- randomised controlled trials, retrospective study, Pilot studies, Clinical trials, Case reports	

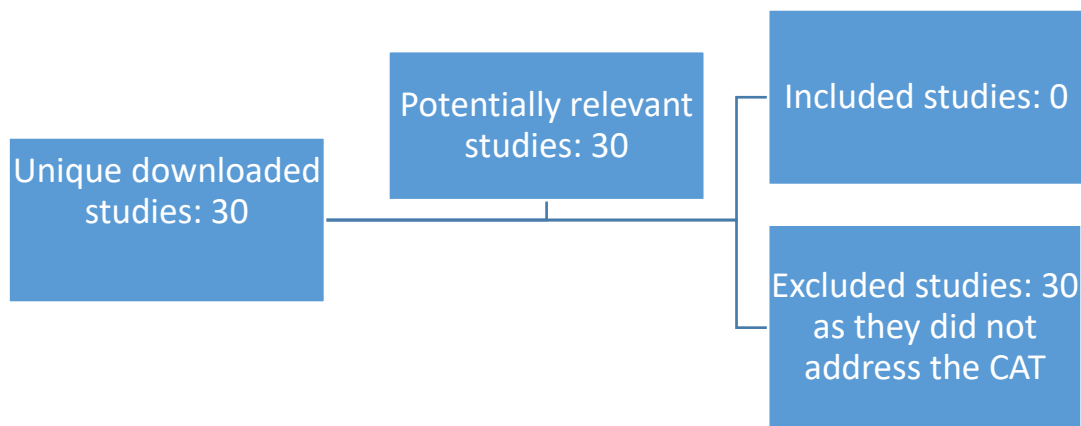
### Databases searched

CINAHL Complete, Medline Complete, Embase, Emcare, AMED, Cochrane Library, PubMed, and Trip Database.

### Date of search

30/4/24

Results of the search: include the number in each box



## Summary

There were 30 potential studies identified. However, there were no relevant studies to answer this specific CAT question.

## Implications for practice

Currently there is no research evidence for the early introduction of scar massage post breast cancer surgery. In the absence of further research, practice following the UK PROSPER trial should be continued.




## What would you post on Social media?

The UK PROSPER study currently provides the best available evidence for the management of patients post breast cancer surgery. With respect to early addition of scar massage more research is required.

## References

[Exercise versus usual care after non-reconstructive breast cancer surgery \(UK PROSPER\): multicentre randomised controlled trial and economic evaluation](#)

Please tick the box that best reflects your clinical bottom line and include the picture on page 1

CAT image	Evidence quality	Checkbox
	Good quality evidence to support use....	<input type="checkbox"/>
	Insufficient or poor quality evidence OR substantial harms suggest intervention used with caution after discussion with patient...	<input type="checkbox"/>
	No good quality evidence, do not use until further research is conducted OR Good quality evidence to indicate that harms outweigh the benefits....	<input checked="" type="checkbox"/>

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