



## **PREVENTION OF COMPLICATIONS AFTER RADICAL OPERATION IN PATIENTS WITH BREAST CANCER**

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### **ANNOTATION**

*The article discusses the development of measures to prevent complications after radical operations in patients with RCD and evaluation of their effectiveness. The study material included 147 patients with verified breast cancer, who underwent radical mastectomy (RM) as part of complex treatment : The frequency and structure of postoperative complications in the entire sample of patients and depending on the use of a complex of preventive measures were analyzed.*

**KEY WORDS:** *breast cancer, surgical treatment, lymphorrhea , prevention.*

### **INTRODUCTION**

Breast cancer occupies one of the leading places in the structure of malignant neoplasms in women of all age groups. Surgical intervention is important in the complex treatment of patients with breast cancer, which involves removing not only the affected breast, but also areas of lymph nodes in areas of potential metastasis [1,5]. In the early postoperative period, the most common complications are impaired lymphovenous drainage with intense or prolonged lymphorrhea , seroma formation , postoperative edema and postmastectomy syndrome, as well as impaired wound healing ( Abass MO, Gismalla MDA, 2018; Madsen R.J. , Esmond N.O., 2016; Marinescu S.A., Bezhinariu K.G., 2019). These complications lead to increased duration and cost of treatment and are responsible for deteriorating quality of life ( Sayegh HE, Asdourian MS, 2017; Josephine D.S., 2019). Therefore, it is very important to study the factors contributing to the development of postoperative complications and develop measures to prevent them[6,8].

Breast cancer (BC) in women is one of the main causes of mortality among the female population worldwide and ranks first in the structure of malignant neoplasms [3, 7, 8]. By 2020, the annual incidence of breast cancer is predicted to increase to 2,000,000 [6]. Improvements in early diagnosis and the systematic use of adjuvant therapy have significantly improved the results of treatment of patients with early breast cancer, which is reflected in the continued decline in the mortality rate from breast cancer in a number of Western countries. In Russia, breast cancer also ranks first in the structure of the incidence of malignant neoplasms (MNT). In 2008, the prevalence of breast cancer per 100,000 population was 328.8, 52,469 new patients were registered, stage I–II was diagnosed in 62.7% of patients [1].

In the treatment of breast cancer, the surgical method is dominant. In recent years, there has been an evolution of surgical approaches from radical Halstead mastectomy before breast-conserving surgery. Loss of an organ in 96.1% of patients leads to mental disorders . These are affective disorders (mood disorders), body dysmorphomania and body dysmorphophobia disorders ( excessive negative attitude towards body defects and fear of losing the mammary gland), nosophobic disorders (fear of tumor recurrence). The main reasons for the occurrence of these disorders are the diagnosis of breast cancer and a pronounced postmastectomy defect, and subsequently social maladjustment (loss of a job, becoming disabled, family breakdown, emotional isolation, etc.) [7, 8].

**The purpose of the study** was to develop measures to prevent complications after radical operations in patients with RCD and evaluate their effectiveness.

### **MATERIAL AND METHODS**

The baseline and results of surgical treatment were analyzed in 147 women with RD, whose average age was 49.1±11.6 years (26–82 years), who underwent radical surgical interventions: radical mastectomy (RM) or radical breast resection ( RGC) with lymph node dissection (LND) in the Andijan branch of the RSNPTSORiR . All patients were treated in accordance with current clinical guidelines. 113 (76.9%) women underwent Madden RME , and 34 (23.1%) underwent RGG. All patients underwent 2-3 order DLV and lymph node drainage. 139 (94.6%) patients received chemotherapy, 49 (33.3%) patients received neoadjuvant therapy (NAFT); hormonal therapy - 17 (11.6%) women (12 of them after a course of CT). 83 (56.5%) patients received adjuvant radiotherapy.



The frequency and structure of postoperative complications in the entire sample of patients and depending on the use of a set of preventive measures were analyzed.

## RESEARCH RESULTS AND DISCUSSION

Complications in the early period after surgery for RRD were identified in 76 (51.7%) patients. The most common complication was postoperative swelling of the limb, which was observed in 60 (40.8%) patients, grade I - in 23 (20.7%), grade II - in 33 (55%) and grade III - in 4 (6, 7%). Intense and/or prolonged lymphorrhea was observed in 37 (25.2%) patients, seroma ( lymphocele ) - in 33 (22.4%). Wound infection was detected in 18 (12.2%) patients, necrosis of the wound edge - in 15 (10.2%).

Most complications in the early postoperative period were associated: 24 (16.3%) patients had 1 complication, 53 (36.1%) had a combination of 2 or more complications.

## CONCLUSION

Thus, radical operations with DLV in patients with RRD are characterized by a fairly high incidence of early postoperative complications, associated mainly with impaired lymphovenous outflow. Analysis of the incidence of complications depending on baseline demographic and clinical data revealed a significant association only with BMI. Treatment methods had no significant associations, but there was a marked increase in the incidence of complications after RPG and adjuvant radiotherapy. Although it is DLV that leads to the development of these disorders, it remains a necessary element of radical surgery, in particular, with N-positive status, T3-4, TNRMZ, which indicates the need for a complex of preoperative preparation tools , improvement of surgical techniques and postoperative management of patients.

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