October is Breast Cancer Awareness Month, which aims to educate the public about breast cancer prevention and treatment. This campaign was co-founded by the American Cancer Society and a breast-cancer drug company in 1985. Since that founding, massage therapy for breast cancer survivors and patients has been adopted as a relaxing, pain-relieving complement to Western care.

MASSAGE Magazine presents this article on the benefits of massage therapy for breast cancer patients and survivors, written by oncology massage expert Cheryl Chapman, R.N., H.N.-B.C., L.M.T., on behalf of the Society for Oncology Massage.

Breast Cancer and Massage
If anyone needs and deserves soft, caring touch with massage, it is women living with breast cancer, whether before, during or post-treatment.

Massage and touch at any stage of breast cancer will take a woman to another place than her disease. Massage can assist her throughout her entire journey, from diagnosis to recovery. There is nothing good about a diagnosis, surgeries, chemotherapy or radiation. It can also be difficult for the patient to deal with family issues, body image, finances, friends and do-gooders. Massage can help.

When I’ve asked my clients what massage does for them, they have replied with comments such as:

- “I’ve had enough pain, and now it is time to feel something good”;
- “For the first time, I feel in touch with, and back with, my body”;
- “The emotional and physical drain is now easier to deal with”;
- “The treatments are wearing me out and the only thing that helps is massage”;
- “Touch is empowering”;
- “You have no idea how much I look forward to our time together”; and,
- “I never could have gone through this without your hands.”

Beyond anecdotal evidence, many research studies have indicated that massage eases pain and increases feelings of relaxation, among other benefits, for breast cancer patients.

**When to Massage**

Ideally, the best approach is to massage a few days pre-surgery and another the day before surgery. The benefits from this would activate the parasympathetic nervous system, which is our relaxation response. This decreases adrenaline, lowers blood pressure, slows respiration, relaxes the diaphragm and reduces cortisol. Massage allows the release of emotions and feelings such as fear, anger, guilt, loneliness and helplessness. The internal benefits decrease muscle contractions, lower blood sugar, and increase digestive enzymes and peristalsis.

Touch is a respite from physical pain and discomfort, emotionally as well as spiritually.

Presurgical massage prepares the body for an operation by gently releasing trigger points, softening muscles and connective tissue, and alleviating body trauma and tension.

Postoperatively, massage alleviates surgical pain and edema. Massage assists in dissipating the residual effects of anesthesia, softens and reduces scar tissue, boosts the immune system and provides a safe, nurturing feeling.
Massage allows a woman to let go of fear, anger and loneliness and deal with her altered self-image. During the painful process of reconstruction, touch provides a message of connection and support. Massage reconnects a woman and brings her back into her body by feeling the hands on her skin. And, last but not least, it simply feels good.

Losing a breast takes a great deal of physical and emotional strength and courage. Even when an implant is placed, it is not the same as a natural breast. The type and stage of cancer will determine what surgery is done. Reconstruction is a painful and sometimes lengthy process. Issues with self-image arise.

Many women have no support of any kind. As much as we are not psychologists, massage therapists can be there for these clients in a small but important way. Our touch is very powerful. As the saying goes, it reaches body, mind and spirit.

During chemotherapy and radiation, light massage is vital in all phases and in addressing side effects and complications. Radiation is most always done post-surgery and unfortunately solidifies and hardens the fascia and burns the skin.

Side effects do not last, but complications may make life difficult for a long time. The best time to provide a massage session is a day or two before the next chemotherapy or radiation treatment. Standard Swedish massage is contraindicated at this time, as it will place her body into hepatic overload. Instead, light massage and techniques such as CranioSacral Therapy or energy work are best. Energy modalities work very well in all phases of cancer. Combining both energy work and gentle massage is ideal.

The length of the session can be from a few minutes to an hour, and will be determined by the medical treatments the client is receiving. The massage environment may be the client’s home, a hospital or massage office.
The Intake

Before any touch or massage is done there are vital questions that need to be answered.

Have one or more lymph nodes been removed? If so, how many, where and when? All that is needed is one node removed from the axilla to cause lymphedema. The second important question is if a medication port is present. A medication port should always be located on the opposite side of the node removal. If this is not the case, there is also a high risk for lymphedema. When a medication port is present, no massage may be applied over or above the area.

Although you cannot massage that arm, leaving this arm completely untouched may be disconnecting to the client. What can be done is a feather-light hand walking or small, light, slow strokes up from fingers to shoulder with no pressure.

Unless you provide only energy work, a physician’s note is suggested while the client is in active treatment. This ensures the physician is aware that massage is part of her patient’s treatment protocol, and may provide the massage therapist with needed information.

Expand Touch

An estimated 232,000 new breast cancer cases will be diagnosed in the U.S. in 2015, according to the report, *Cancer Facts & Figures 2015*, published by the American Cancer Society. Will you be one of the specially trained massage therapists capable of offering healing touch to this very deserving population?

Breast cancer patients are hoping you say “yes.”

About the Author

*Cheryl Chapman, R.N., H.N.-B.C., L.M.T., has been a nurse since 1965, with a specialty in cancer and breast cancer nursing. She has been a massage therapist since 1988 and Holistic Nurse Board Certified since 2000. She began her Cancer and Mastectomy training program in 1990. Chapman has authored numerous articles on cancer, mastectomy and lymphedema, and wrote The Happy Breast Book. She has a private practice in Maplewood, New Jersey, and at age 71 continues to teach her passion all over the U.S.*

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