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28604 – EFFECTS OF TAPING APPLICATION ON THE POST-OPERATIVE PERIOD FOLLOWING RECONSTRUCTIVE BREAST SURGERY: A CASE SERIES FROM THE *BREASTAPING I* STUDY

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Introduction: Surgical treatment is the cornerstone for most cases of breast cancer. Working alongside the multidisciplinary team, the role of the physiotherapist has been increasing in early intervention for oncological, aesthetic, and reconstructive breast surgeries. Currently, it is possible to initiate therapies even in the surgical theater to prevent complications and minimize adverse events resulting from the acute inflammatory reactions of the body in response to surgical trauma. In this context, the use of taping—a sticky elastic tape—stands out, as it can act on the skin's mechanoreceptors and help reduce the effects of the local inflammatory reaction. **Methodology:** This is a case series study in which one group of participants received taping application on the breast region immediately after reconstructive surgery, while another group received only guidance without any intervention. Seven days post-surgery, the participants with taping had the tapes removed, and both groups were asked to evaluate their perception of pain, swelling, and discomfort during the postoperative period using the Visual Analog Scale (VAS). VAS scores range from 0 to 10, where 0 indicates no perception of the analyzed symptom - pain, swelling, or discomfort - and 10 indicates the maximum perceived level by the participant. For this analysis, descriptive statistical methods were employed; lower values closer to zero represent milder symptoms, while higher values closer to 10 indicate more severe symptoms. The study has been approved by the Research Ethics Committee (REC) of the Porto Alegre Clinical Hospital (Certificate of Presentation for Ethical Review - CAAE 67163523.6.0000.5327) and registered in the Brazilian Registry of Clinical Trials – ReBEC (RBR-6g85ff9). Conclusion: The descriptive results suggest a difference in participants' perception of pain, swelling, and discomfort with the application of taping during the postoperative period of breast reconstructive or oncoplastic surgery due to cancer in the region. The variables studied showed lower values in the taping group compared to the non-intervention group, which may indicate a potential benefit of taping in the immediate postoperative period regarding the reduction of pain, edema, and discomfort. The study is ongoing, encompassing additional variables beyond participants' perceptions and involving a larger sample size to reach the final number necessary for classification as a randomized controlled trial. The results presented here are considered a case series and cannot be regarded as conclusive.