

Digital Physical Therapy in Gynecologic Oncology during the COVID-19 Pandemic

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A Fisioterapia Digital em Oncoginecologia durante a Pandemia de Covid-19

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INTRODUCTION

The novel coronavirus disease 2019 – COVID-19 is a health concern at global level. Identified in December 2019, it rapidly demonstrated to be related to the severe acute respiratory syndrome coronavirus 2 – Sars-CoV-2. The COVID-19 outbreak brought critical challenges to public health, research and medical communities¹, demanding considerable efforts to reduce the transmission².

Oncologic treatments as chemotherapy and surgery cause immunodepression, making patients more susceptible to pneumonia, because of the weakened immune response by respiratory bacteria and viruses. So far, there are no well-established guidelines for patients with cancer, but it is known that they have high risk of severe disease and death in cases of COVID-19^{3,4}.

It has been fairly challenging to care for patients with cancer amidst the pandemic, given their vulnerable status and aggressive nature of the subjacent illness. Cancer centers have adhered to strict guidelines for infection control in hospital and outpatient environment, including reduction of individuals in their facilities^{5,6}.

Restrictive measures to interrupt the circulation among cities, limited access to public transportation, social distancing, conscientization of the population to remain at home and guidance about health care in essential cases have been recommended and outpatient visits were reduced⁶. These instructions have been implemented gradually and in different manners according to socioeconomic, cultural conditions, characteristics of political and health systems and operational procedures in the implementation⁷.

Regarding cancer control, incidence and mortality by cancer are higher in women with gynecological neoplasms in low-and medium-income countries compared to

developed countries. Gynecologic oncology concentrates in the female reproductive system including cervix, ovary, endometrium, Fallopian tubes, vagina and vulva cancers. Given the ongoing scenario, pragmatic approaches to deal with the challenges of minimizing the adverse effects of the treatment and the advance of the disease that leave very restraining functional sequelae, impacting directly the physical and psychosocial well-being of these women are necessary⁸. All these factors contribute to prevent these patients to access physiotherapy services that can't be postponed.

In this context, digital physiotherapy appears as a resource for remote care, helping to break the barriers encountered in the practice of in-person consultation. Its first initiatives appeared in 2017 in a joint collaboration of the World Confederation for Physical Therapy (WCPT) and of the International Network of Physiotherapy Regulatory Authorities (INPTRA)⁹.

In 2020, with the current restrictions of COVID-19 pandemic, digital physiotherapy practices were authorized to facilitate the rendering of effective physiotherapy services, improve the access to information about care and management of health resources. In Brazil, since March 2020, Resolution number 516/2020 of the Federal Council of Physical Therapy and Occupational Therapy (COFFITO) corroborated the guidelines of the international entities and allowed tele-consultation and tele-monitoring, avoiding direct contact and less exposure of the patients⁸.

DEVELOPMENT

COVID-19 brought opportunities to use digital tools to improve the access of the patients, keeping the quality and safety of the physiotherapy services. In

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practice, is a fast transformation when services start to be communication-based (electronic visits, virtual check-ins), in addition to sparing scarce resources, including personal protective equipment⁹.

Tele-consultation and tele-monitoring are conducted through mobile applicative, computer or tablet and are indicated for educational activities, guidelines about self-care activities and continuation of kinesiotherapy in cases that have been previously evaluated in-person^{10,11}. Although there are limitations of tele-consultation as a substitution of physical exam, a virtual exam modified by video-call may allow to devise an initial treatment plan, for example, observe the appearance, the movement or self-exam under orientation¹². Before the visit, it is essential to perform the anamnesis. Therefore, measures can be taken remotely based in the clinical evaluation through video-call and in the patient report¹³.

Considering the consequences of not providing care to these patients due to the uncertainty about the duration of COVID-19-related social distancing, it is envisaged the possibility of tele-consultation, because of the main complaints of the patients in follow-up of Gynecologic Oncology Physiotherapy, to help guiding the care to treat common complications as: (1) pain; (2) lymphedema/post-thrombotic syndrome; (3) sexual dysfunction; (4) urinary incontinence; (5) peripheral neuropathies. In addition, there are questions that permeate the necessities of gynecologic oncology treatment – women who, during social isolation, can suffer with the growth of interpersonal conflicts, violence and domestic injuries¹³ and the monitoring of the status of these patients, yet remotely, is very important¹⁰.

CONCLUSION

Because of the clinical vulnerability of patients with cancer and high risk of developing severe cases of COVID-19, extra care needs to be taken in relation to prevention criteria and precautions against the dissemination of the novel coronavirus.

Digital physiotherapy through tele-consultation and tele-monitoring is a promising asset to keep the care to the patients with gynecologic cancer, avoiding the discontinuation of the follow up in this moment, minimizing the compromise of the results, reducing the transit to hospitals/outpatient facilities, risk of contamination and favoring the functionality of these women.

It has been observed the good application of this resource in clinical practice, which encourages the submission to the Institutional Review Board of a protocol to analyze the results achieved so far and elucidate the

benefits of digital physiotherapy in providing care to women with gynecologic cancer.

CONTRIBUTIONS

All the authors contributed substantially for the conception and design of the study, gathering, analysis and interpretation of the data, wording and critical review and approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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