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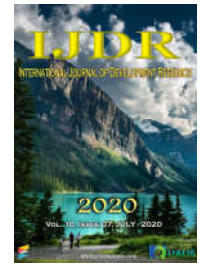
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DOUBTS AND FEELINGS IN WOMEN UNDERGOING MASTECTOMY

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ABSTRACT

It is known that after the mastectomy the woman suffers from the alteration of her body image, as the absence of the breast produces in this woman a sensation of mutilation, loss of her femininity and sexuality. In Brazil, breast cancer is the most frequent among women and the second most frequent in the entire population, being considered as a cause of disfigurement of the female body, causing suffering to the woman and her family. Mastectomy is considered the most aggressive treatment, as it causes mutilation. With the intention of reducing the disorders caused by the treatment, women choose to reconstruct their breast. Many studies carried out on the improvement of body image, sexuality and physical attraction among women who perform the reconstruction, detect that there is a significant improvement in these items, when discussing the result about anxiety, depression, self-esteem, mood and quality of life. The aim of this study was the integrative search that addresses the quality of life, feelings and experiences of women after mastectomy. The publications were obtained by searching the Virtual Health Library (VHL). After the inclusion and exclusion criteria, 18 articles were included in this work. The analysis of the publications suggests that, as it is a complex topic and little explored in the academic environment, there should be greater training for nursing professionals in helping to treat these women.

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INTRODUCTION

Breast cancer is a malignant tumor that develops in the breast as a result of genetic changes in some set of breast cells, which start to divide uncontrollably. Abnormal growth of breast cells occurs, both in the breast duct and in the breast globules. This cancer is the one that most affects women worldwide, with 1.38 million new cases and 458 thousand deaths from the disease per year, according to the World Health Organization (WHO). The proportion of breast cancer in men and women is 1:100 - that is, for every 100 women with breast cancer, one man will have the disease. In Brazil, the Ministry of Health estimates 52,680 new cases in one year, with an estimated risk of 52 cases per 100,000 women. According to data from the Brazilian Society of Mastology, about one in 12 women will have a breast tumor by the age of 90 (Brasil, 2010). This type of cancer in Western countries represents one of the main causes of death in women, as it is probably the most feared, due to its high frequency and, above all, for its psychological

effects, which affect the perception of sexuality and the personal image itself. It is relatively rare before the age of 35, but above this age, its incidence grows rapidly and progressively. Statistics indicate an increase in frequency in both developed and developing countries. According to the World Health Organization (WHO), in the 60s and 70s there was a 10-fold increase in age-adjusted incidence rates in Population-Based Cancer Registries on several continents (INCA, 2008). Mastectomy is the most used treatment for breast cancer, being responsible for a series of changes experienced by patients who face it, as it appears as an aggressive surgical process, accompanied by traumatic consequences for the woman's life and health, precisely because it is an emotionally difficult experience, requiring adequate and quality preparation during its preoperative period (Alves *et al.*, 2010). Thus, dialogue, sharing feelings and reactions, exploring ideas in depth and discussing relationships are extremely important in this preparatory phase, because when we act to strengthen a relationship with others, the immune system responds with greater activity. and it becomes

stronger, and the other systems of the organism start to work better (Alves *et al.*, 2010). The systematization of nursing care is of paramount importance so that nurses can safely manage and develop nursing care, analyzing the individual needs of the patient to undergo the surgical procedure, taking into account the promotion, maintenance and recovery of the health of the patient, customer and community. The SAE requires the nurse's interest in getting to know the patient as a whole, for planning the necessary care, thus guaranteeing a service with positive results. The nurse plays an extremely important role in assisting these women, assuming a supportive role and promoting efforts to adapt them to their new life situation. It is worth mentioning that not only the nursing team has an important role in assisting these patients, but the entire multidisciplinary team that works with patients with breast cancer, has a fundamental value not only in the preoperative monitoring, but also in the post-operative, as well as preparation for discharge. This must happen when women affected by this disease need to be guided together with their families about the necessary care and so that they have an understanding of the objectives of the treatment and its consequences (Alves, 2011).

During the pre and postoperative period, the nurse must put into practice his knowledge and skills to guide the patient and his family to understand the reason for the surgery, passing security and at the same time giving a humanized and participative assistance, clarifying doubts and relieving the individual's anxiety. This research intends to understand the behavior change of mastectomized women. Observing how nursing assistance in the pre and postoperative period is performed. If this assistance provides information and guidance regarding the disease, meeting the needs, thus ensuring physical, emotional and spiritual comfort. Leaving the scientific community to work in this area. This research aimed to identify the main doubts, fears and feelings of women submitted to mastectomy. Therefore, it intends to know the emotional aspects focused on the nursing care provided to women in the pre and postoperative period.

MATERIALS AND METHODS

For the elaboration of this integrative review, the following steps were taken: objective of the integrative review, establishment of inclusion and exclusion criteria for articles and analysis of results. To guide the integrative review, the following question was formulated: what are the fears, doubts and feelings of women undergoing mastectomy? The BIREME database (Latin American and Caribbean Center for Health Sciences Information) was used to select the articles, reducing possible biases in this stage of the elaboration of the integrative review. The inclusion criteria for the articles defined for the present review were: articles published in Portuguese, with the abstract available in the chosen database, without selecting the year of publication; field research articles; articles with online text published in their entirety and articles that portrayed the marital relationship, expectations and fears about mastectomy, thus relating thoughts of uselessness in relation to surgery. Due to the specific characteristics for accessing the selected database, the strategies used to find the articles were the inclusion criteria of the integrative review, the guiding question, previously established to maintain consistency in the search for the article and avoid possible bias.

The descriptors of the methodology consulted in the VHL (Virtual Health Library) were: mastectomy, emotions, feelings and knowledge. The research was carried out through online access, associating the descriptors: mastectomy and knowledge, 45 articles found; mastectomy and emotions, found 33 articles; mastectomy and feelings, 53 articles were found, with a total of 131 articles. Of the 131 articles found, 74 were in a language other than Portuguese, 31 were repeated, 19 were not available in full. At the end, 07 articles were selected to compose this integrative review. To collect data from the articles that were included in the integrative review, an instrument was developed based on Ursi (2005); containing the following items: article identification; methodological characteristic; study identification; sample and results found. Chart A reflects the articles that met the inclusion criteria, covering the following aspects: name of the article, authors, methodology, results and conclusion / final considerations. The presentation of the results and discussion of the data obtained was carried out in a descriptive manner, enabling the reader to assess the applicability of the elaborative integrative review, that is, to impact the possibility of nursing care for women undergoing mastectomy, due to the lack of information and guidance, meeting expectations and reducing their expectations.

RESULTS AND DISCUSSION

In this integrative review, seven articles were analyzed that met the inclusion criteria previously established and then a table of the examined articles will be shown. Of the articles included in the review, six are written by nurses and one was unable to identify the professional category of their authors. Among the articles evaluated, five were developed in hospital institutions, one in an outpatient clinic, and one at home. It was also found that the articles selected each were carried out in different institutions. Regarding the type of journal in which the articles included in the review were published, three are from the Revista Escola de Enfermagem, one from the Ana Nery magazine, one from the Mineira de Enfermagem magazine, one from the Brazilian Nursing magazine and one was published in a nursing magazine. another area of health. As for the type of research, all selected articles are of a qualitative approach, so in relation to the strength of the evidence obtained in the articles, all are of evidence level 4. Regarding the purpose of this review, that is, the doubts, fears and feelings presented in these women, it was observed in the articles presented that they seek security in a "superior being", as a source of faith, the understanding and help of their partner, but they are also embarrassed about the loss of an organ, producing series of emotional conflicts, associated with suffering and fear of dying.

For women who will undergo mastectomy, pre-operative education is of paramount importance. Client education is defined as an instrumental and protective action by nurses towards the client, in which the provision of information is its essence. It is of great value to clarify your doubts about the procedures to be performed in your conditions in the pre and postoperative period so that negative feelings such as fear are alleviated. Women are concerned when receiving the diagnosis of the disease, due to their limitations in daily tasks and thoughts of uselessness after the surgical procedure. Also the feeling of insecurity in the marital relationship and fear of being alone.

Chart 1. Articles selected from the database

ARTICLE	AUTHORS	METODOLOGY	RESULTS	CONCLUSION
Deus é presença incondicional à mulher com possibilidade de vir a ser mastectomizada.	Bittencourt, J. Cadete, M.	Qualitative research with a phenomenological approach.	In general, women expressed in their speeches the need to seek and recognize a superior being as a source of support, faith and hope in coping with the surgical process.	The authors believed that religiosity, as a source of courage and trust in God, is a form of defense and protection against moments of tension, especially those experienced before surgery.
Vivência do diagnóstico de câncer de mama e de mastectomia radical: percepção do corpo feminino a partir da fenomenologia.	Azevedo, R. Lopes, R.	Qualitative study with phenomenological method.	The woman after the surgery, she experiences a process of acceptance of conformity with the conditions of being mastectomized and with the changes occurred in her own body.	The authors had the possibility of getting closer to being a mastectomized woman and reflecting on the care practices developed in order to value and listen to this clientele, considering their values, beliefs and desires.
Percepções, conhecimentos e vivências de mulheres com câncer de mama	Fabbro, M. Montrone, A. Santos, S.	Descriptive study with a qualitative approach	Women were concerned about having to leave their homes and limitations in domestic work, as there was a feeling of uselessness because they were unable to perform all the domestic tasks they were used to.	The authors believe that women experience a series of emotional, physical and social consequences that are related to body image, since it is built throughout life, from human experience with the outside world.
Conhecimento e expectativa de mulheres no pré-operatório da mastectomia	Silva, A. Alves, P. Santos, M. Fernandes, A.	Descriptive exploratory study with a qualitative approach.	Thus, a broad and early approach to the patient to be mastectomized, in the preoperative period, must be performed by the nursing team, since there is the possibility of detecting feelings and concerns presented by these women.	The authors found, therefore, that the woman when experiencing the preoperative mastectomy should be supported by the multidisciplinary team and the nurse in relation to the physical, emotional and social aspects so that the removal of the breast represents a moment of less shock, emotionally shake, depression and feeling useless.
Percepção do conjuge dos cônjuges de mulheres mastectomizadas com relação à convivência pós-cirúrgica	Silva, T. Santos, M. Almeida, A. Fernandes, A.	Qualitative study	The existential experience of a marital relationship has been expressed as difficult, especially when the couple already had a difficult relationship and which, when facing situations of illness and with repercussions on the sexuality of both, seems to some women to be irreparable.	The authors believe that despite the faith in God, the partners revealed, at the same time, feelings of embarrassment, shock, pessimism due to the impact of the diagnosis and fear and powerlessness to revert the situation of the installed disease.
Nossa vida após o câncer de mama: percepções e repercussões sob o olhar do casal.	Ferreira, D. Farogo, P. Reis, P. Funghetto, S.	Qualitative Method Study	The importance of supporting women with breast cancer can be observed in a study in which it was found that women with a partner showed improvement in their emotions and in a stable relationship and that with mastectomy, they felt inferior when compared to those who have breasts	The authors suggest that the impact of having breast cancer is experienced in a more pleasant way, it is necessary that society be informed about previous care for prevention and ways of coping if someone comes across such a situation with a family or with oneself, causing this disease in the life of a certain person does not have an extremely traumatic effect.
Os sentimentos das mulheres pós-mastectomizadas	Moura, F. Silva, M. Oliveira, S. Moura, L	Descriptive qualitative research.	Therefore, assistance to women is essential to offer information regarding the problem, surgical procedure, continuity of treatment, possibilities for aesthetic interventions, as this information helps to reduce feelings of doubt, fear, nervousness generated by the lack of support and helps these women.	The authors believe that assistance should be aimed at improving the quality of life in all its breadth. Therefore, the woman in this adaptation period with the "new" needs professional and family support / support within the understanding that goes far beyond the disease without you, because what you really need is in focus are the feelings. The anguish, doubts and difficulties of these women and not only in terms of illness.

Thus, the role of nursing is essential to promote quality care, thus resulting in improving the quality of life, in addition to enabling humanitarian interaction between nurse-patient, reducing or avoiding doubts, fear and feelings that the surgical act may trigger in the patient, making him more secure and confident.

Conclusion

Concluding the present integrative review, in search of the best available evidence, in relation to the doubts and feelings in

women submitted to mastectomy, it is understood that currently, due to its high incidence, breast cancer becomes one of the major concerns, mainly due to the physical, psychological and social impacts that they have on women's health. Upon receiving the diagnosis of cancer, the woman faces series of emotional conflicts, associated with suffering and fear of death. Mastectomy, as one of the indicated therapeutic approaches, represents a threat to the woman's life due to the mutilation of an organ that represents her femininity. After analyzing the data, it was concluded that mastectomy causes a whirlwind of doubts, anxieties and fear

of what is to come, mainly due to the patient's lack of information and lack of knowledge about the surgery. Thus, the woman ends up facing a stressful preoperative, the main feelings surrounding the surgery being: doubts, anxiety, fear of the unknown and death. For the impact of having breast cancer to be experienced in a more pleasant way, it is necessary for the woman to be informed about previous care for prevention and ways of coping if someone comes across this situation with a family member or with herself, causing that this disease in the life of a certain person does not have an extremely traumatic effect, as seen in this study.

REFERENCES

- Alves, PC. *et al.* 2010. Cuidados de enfermagem no pré-operatório e reabilitação de mastectomia: revisão narrativa da literatura. Programa de Pós-Graduação em Enfermagem da Universidade Federal do Ceará, Fortaleza.
- Alves. PC *et al.* 2010. Conhecimento e expectativa de mulheres no pré-operatório da mastectomia. *Revista Escola de Enfermagem, Fortaleza.*
- Azevedo RF, Lopes RLM 2006. Vivência do diagnóstico de câncer de mama e de mastectomia radical: percepção do corpo feminino a partir da fenomenologia. *Revista Online Braziliam Journal of Nursiny.*
- Brasil. Ministério da Saúde 2013. Caderno de atenção básica. Controle do câncer de mama e colo do útero. Editora MS, Brasília.
- Brasil. Ministério da Saúde 2009. Instituto Nacional do Câncer. Estimativas 2010: Incidências de câncer no Brasil. Rio de Janeiro.
- Fabbro, MRC *et al.* 2008. Percepção, conhecimento e vivência de mulheres com câncer de mama. *Revista de Enfermagem do Rio de Janeiro, Rio de Janeiro.*
- Ferreira, DB *et al.* 2011. Nossa vida após o câncer de mama: percepções e repercussões sob o olhar do casal. *Revista Brasileira de Enfermagem de Brasília, Brasília.*
- Gil, AC 2009. Como elaborar projeto de pesquisa. 4^o Edição, Editora Atlas S.A. São Paulo.
- Inca. Instituto nacional do câncer 2008. A estimativa de 2008. A incidência de câncer no brasil. Rio de janeiro.
- Mariutti, MG *et al.* 2007. Relação de ajuda da enfermeira com a mulher na pré-mastectomia. *Revista Mineira de Enfermagem, Minas Gerais, p. 144-148, abril/junho.*
- Moura. FMJSP *et al.* 2010. Os sentimentos das mulheres pós-mastectomizadas. *Revista Escola Anna Nery do Rio de Janeiro, Rio de Janeiro.*
- Nascimento, KTS *et al.* 2014. Cuidar integral da equipe multiprofissional: discurso e mulheres em pré-operatório de mastectomia. *Escola Anna Nery, Rio de Janeiro, vol. 18, julho/setembro.*
- Santos, MCL *et al.* 2010. Comunicação terapêutica no cuidado pré-operatório de mastectomia. *Revista Brasileira de Enfermagem, Brasília, p. 675-678, Julho/ agosto. 2010.*
- Silva, PA *et al.* 2011. Câncer de mama: fatores de risco e detecção precoce. *Revista Brasileira de Enfermagem, Brasília, novembro.*
- Silva. TBC *et al.* 2009. Percepção dos cônjuges de mulheres mastectomizadas com relação à convivência pós-cirurgia. *Revista Escola de Enfermagem de São Paulo, São Paulo.*
- Souza, MT *et al.* Revisão Integrativa: o que é e como fazer.
- Tenani, MHP *et al.* 2007. A importância do conhecimento do cliente sobre o enfrentamento do tratamento cirúrgico. *Faculdade de medicina de São José do Rio Preto, São Paulo, p. 81-87, abril/junho.*
- Ursi, ES; Gavão CM 2005. Prevenção de lesão de pele no perioperatório: revisão integrativa da literatura. *Revista Latino-am Enfermagem, Rio de Janeiro.*
