

THE PERCEPTION OF WOMEN WHO UNDERWENT A MASTECTOMY PROCEDURE ASSISTED IN A FEDERAL HOSPITAL

Percepção de mulheres submetidas a mastectomia acompanhadas em um hospital federal

Percepción de mujeres sometidas a mastectomía acompañadas en un hospital federal

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ABSTRACT

Objective: The study's main purpose has been to describe the perception of mastectomized women regarding their body. **Methods:** It is a qualitative study was accomplished at a gynecological clinic of a Federal Hospital in *Rio de Janeiro* city. It consisted of nine women diagnosed with breast cancer, who underwent a mastectomy procedure. An interview was carried out using an instrument with sociodemographic data and a structured question. **Results:** The mastectomy impacted on the participant's perception, the ambivalence between the hope of being healed and fear of the disease coming back, make easier the acceptance of the mastectomy, and the family symbolizes support. **Conclusion:** This study showed that after mastectomy, each woman has different perceptions of their body.

Descriptors: Women, mastectomy, nursing.

RESUMO

Objetivo: Descrever a percepção corporal das mulheres mastectomizadas. **Métodos:** Estudo de abordagem qualitativa realizado no ambulatório de ginecologia de um Hospital Federal do Rio de Janeiro. Constituiu-se nove mulheres diagnosticadas com câncer de mama e submetidas a mastectomia. Realizou-se uma entrevista a partir de um instrumento com dados sócio demográficos e uma questão estruturada. **Resultados:** A mastectomia neste estudo evidenciou na percepção das participantes, a ambivalência entre a esperança de cura e o retorno da doença, conhecer a possível cura favoreceu aceitar a mastectomia e a família simboliza suporte. **Conclusão:** O estudo evidenciou que após a mastectomia cada mulher reage e percebe seu corpo de uma forma diferente da outra.

Descritores: Mulheres; Mastectomia; Enfermagem.

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RESUMÉN

Objetivos: Describir la percepción corporal de las mujeres mastectomizadas. **Métodos:** Estudio de abordaje cualitativo realizado en el ambulatorio de ginecología de un Hospital Federal de Río de Janeiro. Se constituyó de nueve mujeres diagnosticadas con cáncer de mama y sometidas a mastectomía. Se realizó una entrevista a partir de una cuestión estructurada y una pregunta. **Resultados:** La mastectomía en este estudio evidenció en la percepción de las participantes, la ambivalencia entre la esperanza de curación y el retorno de la enfermedad, conocer la posible cura favoreció aceptar la mastectomía y la familia simboliza soporte. **Conclusión:** El estudio evidenció que después de la mastectomía cada mujer reacciona y percibe su cuerpo de una forma diferente a la otra.

Descriptor: Mujeres; Mastectomía; Enfermería.

INTRODUCTION

Nowadays, cancer is one of the leading causes of death in the world and is the most common type of cancer among women in Brazil after non-melanoma skin cancer, corresponding to about 25% of new cases each year. In Brazil, this percentage is 29% and an estimated 600,000 new cases of cancer occur each year, biennium 2018-2019.^{1,2}

Breast cancer is a recurrent disease of the multiplication of abnormal breast cells, forming a tumor with a great potential to invade other organs. Most of the time, it has a good prognosis if diagnosed early, and, in general, it is known that the earlier the cancer is detected, the greater the chances of cure and the better the patient's quality of life. Therefore, recommendations for early detection are necessary to initiate therapy and guarantee the quality of life of this woman.^{3,4}

There are three main ways to treat breast cancer, namely chemotherapy, radiation therapy, and surgery. Nonetheless, there are currently few malignancies treated with only one therapeutic modality.⁴

The surgical therapeutic modality is a mastectomy, which is an aggressive surgical procedure and usually generates a lot of damage to women, especially concerning impaired self-image that causes physical, emotional, and social trauma.

This study emerged from our experiences in a practical field with patients hospitalized in the gynecology sector, preoperative and immediate postoperative, undergoing mastectomy who were sad and dissatisfied with their new body, arousing our interest in monitoring the perception of this woman related to her body after discharge from hospital for outpatient follow-up.

This research targets to describe the perception of mastectomized women concerning their "mutilated" body, being followed up at the gynecology clinic.

The study brings an approach for reflection of nurses who assist mastectomized women, care in the late postoperative period providing guidance on body care with concern for their self-esteem and their integration in society.

Bearing in mind the aforementioned, this research focused on the mutilation procedure, aiming to contribute to reflections on the psychological and bodily signs that the woman who underwent mastectomy might present.

METHODS

It is a study with a qualitative approach. Qualitative research is the one that appropriates a subject that belongs to a reality, that seeks to understand human relationships from subjectivity and intuition. This type of study works with the universe of meanings, attitudes, beliefs, motives, aspiration, values in the space of the relationships of processes and phenomena.⁵

The present study took place in the gynecology outpatient clinic of a Federal Hospital in *Rio de Janeiro* city. The study participants were women diagnosed with breast cancer who underwent the surgical procedure.

The interview technique was used for data collection, in which the interviewee can discuss the topic under scrutiny without being attached to the question asked.

The instrument was applied in two parts. The first for the demographic diagnosis related to the participants' personal, social and professional data. The second part consisted of a question that met the objective of the study. The question being: How do you perceive/see your body today after surgery?

The interview was carried out after the acceptance and signature of the Informed Consent Form (ICF), in a previously reserved place without circulation of people and other factors that could inhibit the participant due to the lack of privacy.

After the interviews, the audio data were transcribed, gathered and coded for analysis, with 3 categories emerging: perception - ambivalence - family.

The data analysis technique was used, which is based on reading and interpreting the meaning of the messages and describing the content. This technique is organized in 3 phases, as follows: 1) pre-analysis, 2) material examination, 3) results processing, interference and interpretation.⁶

In the initial phase (pre-analysis), the material was organized, documents were selected, and indicators were elaborated to guide the final interpretation. It was necessary to pay attention to some rules: 1) exhaustiveness, exhaustion of the whole matter without omission of any part; 2) representativeness, concern with samples that represented the universe of the participants; 3) homogeneity, this occurred through the use of a single technique - similar individuals; 4) pertinence, the documents were grouped to meet the research objective.⁶

In the second phase, the documents were grouped according to the registration units and context units.

In the third phase, the results were processed and became significant. Results processing, interference and interpretation was performed. These results were categorized and analyzed in the light of the theoretical framework.⁶

RESULTS

The sociodemographic data contained in the instrument made it possible to create a table to characterize the women who underwent mastectomy at a Federal Hospital in *Rio de Janeiro* city.

The participants were coded with the word “Woman”, followed by the Arabic number corresponding to the order of the interviews to ensure confidentiality. The study was approved by the Research Ethics Committee from the *Universidade Federal do Estado do Rio de Janeiro (UNIRIO)*, under the legal opinion No. 2.499.741 and the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 78882217.7.0000.5285.

Table 1 - Characterization of mastectomized women.

Variable	Mastectomized women
Age (years old)	
40-59	4 - 44.4%
>60	5 - 55.6%
Education	
Complete High School	4 - 44.4%
Complete Elementary School	4 - 44.4%
Incomplete Elementary School	1 - 11.2%
Marital status	
Single	1 - 11.2%
Married	7 - 77.6%
Divorced	1 - 11.2%
Profession	
Housewife	5 - 55.6%
General services	1 - 11.2%
Retired	2 - 22.0%
Cooker	1 - 11.2%
Total	9 - 100%

Source: Research data.

It is observed that seven (77.6%) women are married, five over the age of 60 years old (55.6%), and housewife as the higher percentage of occupation.

Based on the data obtained through the following question: “How do you perceive/see your body today after surgery?” three categories have arisen. 1) Perception of the body without breasts: self-image and self-esteem of the mastectomized woman; 2) Ambivalence: the hope of being healed and fear of the disease coming back; and 3) The family.

I - Perception of the body without breasts: self-image and self-esteem of the mastectomized woman.

The post-surgical period has a psychological impact on the perception of sexuality, personal image, and self-esteem.

Sometimes I go to the bathroom and I get that glimpse in the mirror, and I get shocked and say: oh my God! I'm mutilated. But what about female pride and self-esteem? I try sometimes to work on my self-esteem. My husband tells me that nothing has changed, but I know it has. It changed because a part of me left. We know something is missing. That something is different. (Woman II)

When I look at myself as soon as I see this one down and this one with nothing. I'm not feeling good. I say to myself: why do I have to keep one side perfect and the other defective? (Woman III)

One of the things I was upset about, I'm going to show you. You see. Look! Eight months. Everything twisted. The cut is too ugly. What a poorly cut badly closed. Horrible! I don't even like to look, but I have to pass the alcohol. But when I saw my cut. Terrible! Terrible! And do you want honesty? I hadn't touched myself. I would let it alone. Dying! (Woman V)

Some things. We feel odd because we feel things that we never felt. It was a little difficult. My hair fell. I was conceited. I use a wig. I don't like it, but sometimes I put it on. When my hair grows a little, I will use my hair because I don't like it. It heats up a lot. Regarding the breast, I'm not even worried. I'm accepting it in a good way. I don't want to put anything else here, because I'm not a girl anymore. It is not because I came from a home that I have to face everything again. Moreover, this is suffering. (Woman VI)

II - Ambivalence: the hope of being healed and fear of the disease coming back.

Some women have shown confidence in treatment and hope for a cure after mastectomy. What can be evidenced in their statements, although the breast was removed, they had confidence in their prognosis.

The fact that I know that I no longer have cancer is wonderful. (Woman II)

It is taking too long to heal the wound. Because I am diabetic. I want to take a shower and I can't wet the dressing properly. (Woman III)

We are old. It's all right. But what a poorly cut badly closed. (Woman V)

This is suffering. Sometimes a little pain, I have a drain, but I'm feeling good. Sometimes I have trouble sleeping. The position, we cannot sleep on the arm, we have to be careful. You cannot suspend. You can't do anything. You have to stay settled. (Woman VI)

III – The family.

The family is of great importance starting from the diagnosis to the post-operative period of mastectomy, as mastectomy has an impact not only on women but extends to their family.

I sometimes try not to get my husband a little bit worried or sad because he tells me that nothing has changed. But I know it did. It changed because a part of me left. And, although I keep saying everything is fine every day, then he says: what is important? You have a chest and be sick, or you have no chest and be healthy. (Woman II)

I did it, but because of my children and my granddaughters who were pushing me. For me, I was going to leave it alone. Dying. It is over. I didn't move for myself. But how they kept insisting too much. My granddaughter even paid for exams. My daughter, who works at the 'ilha do governador' hospital, managed to get it right here for me to come to operate it, then I went, aiming not to upset anyone. But I did not settle for it. Not! (Woman V)

My God. I try to do things and now I just have to look. She's taking care of me. It's a bath that you can't take alone because you have to raise your arm to be able to put on clothes. I depend on her for doing it all. (Woman VI)

Suddenly, because there are so many people on my side supporting me, helping me, I think it was not a big deal, because there was all the preparation before, my husband and my son. People saying like this: Don't worry! It's just a phase! In the future ahead you can rebuild. (Woman IX)

DISCUSSION

This study refers to this woman's self-image and her self-esteem due to the surgical procedure she has undergone.

Some scholars highlight the breast as an organ full of symbolism for women such as femininity, motherhood, and sexuality, any interference or damage to the breast may compromise their self-esteem and their self-image. As the testimonies of women II, III, V, and VI in the first category, we realize how shaken this femininity and sexuality are. As a result of this change in body image and the devastating changes in the function and physical appearance of these women, the self-concept is affected.

The nurse must provide the necessary guidance to the patient and act in a humanized way, minimizing negative thoughts and providing confidence and security that the surgery will be safe. The possibility of a cure in the face of the disease and a need to avoid death facilitates the acceptance of mastectomy.⁷

With the increase in survival, it is essential to have discernment about the experience of living with breast cancer, as the presence of uncertainty appears as an important part of the lives of these women and is marked by fear of the return of the disease.

When talking about their experiences without breasts, some women tried to be strong and show that everything was fine. Others, on the other hand, burst into tears when

it was necessary to interrupt the interview to support them. You have to be strong to talk about something that affects self-esteem. For us authors, there was a feeling of gratitude for these women to allow us to get into a subject so intimate for them.

The ambivalence between the hope of being healed and fear of the disease coming back is of great importance to raise self-esteem, evidenced by the family's participation as a support for their quality of life. This ambivalence was evident in the statements of women II, III, V, and VI, in the second category.

The postoperative period is marked by ambivalence. There is the relief of having survived the surgery and the hope of being cured, but there is also the fear of the disease coming back, facing the pain, the dressings, and of the permanent possibility of a mutilated body.

Therefore, it is important to emphasize the fundamental role of nurses in the rehabilitation of this woman, considering that these traumas can negatively influence the evolution of treatment and compromise family dynamics.

Nurses play an important role in this process of accepting women with their new bodies, as they propose strategies based on the systematization of nursing care, highlighting welcoming and qualified listening, to overcome negative feelings arising from illness and surgery, seeking well-being, physical, emotional and better adaptation of women to their new situation. In addition to these strategies, the nursing team must create ways to maintain the balance between maintaining the physical, emotional and social functions of these patients, in other words, care for their rehabilitation.^{8,9}

To achieve this rehabilitation, it is necessary for the nursing team to develop educational actions that help patients with self-care, hospital discharge and return to their homes, as difficulties and challenges can appear throughout the course of illness until rehabilitation. In this sense, the importance of care that should be taken at home should be explained to these patients, to avoid complications and to facilitate recovery.⁹

The nurse's participation through consultations is very important to give emotional support to this woman who is in this ambivalence between the disease and the hope of cure and the family can be the support link between the nurse and this woman.

As the acceptance of this new post-surgical image, it is not only experienced by the woman, but by her family and her surroundings, especially when she has a partner, this constitutes an essential factor in her recovery, either avoiding unnecessary stressors or helping you deal with them. According to the testimonies of women II, V, VI and IX, the family is evident as the main pillar of support and encouragement in the rehabilitation of these women, present in the third category.⁸

Furthermore, not only for the detection of problems, but also for the implementation of care and health recovery, the family facilitates the relationship between the nursing professional and the woman.

Women who had great family support showed connection and confidence when referring to their family members.

The feeling that was evidenced at that moment was one of thanks for their family members, who did not give up on them even when they doubted about the cure or recovery. When some of them declared that they only performed the procedure because of their family members, showing a concern to please loved ones.

Hence, the family members, especially the husband, influence the acceptance of the new body and are the support of this woman.

CONCLUSION

Bearing in mind the aforesaid, this study showed that after the mastectomy procedure, each woman has different perceptions of their body. It was also observed that the breast removal surgery had an important and great impact on this woman's social and family relationships, considering that the ideal body model is still very strong in society. For some of them, it was related to the acceptance, in a positive way towards their self-esteem, their family and their husband with her body. For another group of women, it was hard accepting her "new" body with scars and the lack of breasts.

The registered nurse plays a key role in this acceptance process, helping this woman with a mutilated body, exercising an important support function through educational actions, and promoting efforts in the search for a better adaptation.

The family is the very core of this process, helping in the rehabilitation of this woman, being part of the closest support system so that she can overcome the physical, emotional, and social damage caused by mastectomy.

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