



Body Image and Quality Of Life after Mastectomy among Women with Breast Cancer

Thesis

*Submitted for Partial Fulfillment for the Requirement
Of Master Degree in Psychiatric Mental Health Nursing*

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By

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List of Abbreviations

BC	: Breast Cancer
BCS	: Breast Conserving Surgery
BR	: Breast Removal
HRQOL	: Health-Related Quality of Life
MPS	: Mastectomy Pain Syndrome
MRM	: Modified Radical Mastectomy
QoL	: Quality of life
WHO	: World Health Organization

Abstract

Background: Mastectomy alters body reality and may influence body image and quality of life. **This study aimed** to assess the body image and quality of life after mastectomy among women with breast cancer. **Subjects & Methods;** Descriptive correlational design was used in carrying out this study was conducted at oncology and radiotherapy department at Ain Shams University. The study sample is a convenient sample 60 women after mastectomy selected randomly. **Tools:** Body image questionnaire and world health organization quality of life questionnaire. **Results:** The majority of the women have poor physical, social and environmental quality of life and low concerns of their body image. **Conclusion:** Based on the study finding it concluded that, there was a positive correlation between body image and quality of life after mastectomy among women with breast cancer with highly statistically significant differences. **Recommendation:** Develop health education program for women after mastectomy and their family for management of the psychological & physical problems after mastectomy among women with breast cancer.

Key words: Body Image - Quality Of Life -Mastectomy

Introduction

Breast cancer remains a major public health problem, and it has the highest rank among women's cancer worldwide and breast cancer prevalence is increasing particularly in developing countries. It is the second leading cause of death in women worldwide. Approximately one in ten women develops breast cancer all over the world (**Zheng et al., 2013**).

The treatment modalities for primary breast cancer include surgery, chemotherapy, radiotherapy and hormonal therapy, all four of which can use alone or in combination. Surgery is a primary treatment for breast cancer, whereas adjuvant therapies such as chemotherapy and radiotherapy commonly used after primary treatment in order to inhibit metastasis and enhance long-term survival rates. Despite advances in cancer treatment, the survival rate and lifespan of breast cancer women are significantly improved (**Steiner et al., 2016**).

In Egypt, breast cancer is the most common cancer among women, representing 18.9% of total cancer cases (35.1% in women and 2.2% in men) among the Egyptian National

Cancer Institute (NCI) series of 10 556 patients during the year 2001 ,with an age-adjusted rate of 49.6 per 100 000 population (**Salem et al., 2010**). In Mansoura University Hospital, 686 new breast cancer cases of total 2796 cancer cases were diagnosed in 2010 and they were under radiotherapy or chemotherapy after surgical intervention (**Statistical Nuclear Medicine department, 2011**).

Breast cancer and its treatment result in physical and psychological problems; pain, fatigue and dysfunction. It is the responsibility of the nurse to identify the breast cancer patient's needs, make appropriate nursing diagnosis and initiate plans for care (**WHO, 2011 & Salem et al., 2010**).

As the incidence of breast cancer in women over 50 rises and survival rates increase, breast cancer is increasingly becoming a geriatric issue that warrants both further research and the expansion of specialized cancer support services tailored for specific age groups(**Petit, Dufour and Tannock, 2011**).

Outcomes for breast cancer vary depending on the cancer type, extent of disease, and person's age. Survival rates in

the developed world are high, with between 80% and 90% of those in England and the United States alive for at least 5 years (**Amro et al., 2015**).

According to a report by World Health Organization, more than 1.2 million people annually diagnosed with breast cancer. According to the reports by the U.S. National Cancer Institute, one out of every eight women will develop breast cancer during their lifetime. Given that breast cancer affects women at the age of peak efficiency, attention to this condition is of particular importance in medical circles. Apart from physical changes, cancer also influences women's quality of life and body image. In fact, women with breast cancer believe that breast removal is the excision of a body organ, which symbolizes their sexuality, femininity, and motherhood (**Harris, Barry and Malcolm, 2013**).

A mastectomy used as the primary treatment to reduce tumor size, and allows systemic therapy to be more effective. There are two types: a modified radical mastectomy (MRM) and total mastectomy. The MRM is the most common surgery used for the treatment of breast cancer. It involves removal of the entire breast, some fatty tissue, including the nipple, areola,

and pectoral fascia while preserving the pectoralis major; in addition, axillary lymph nodes removed. A total mastectomy involves the same procedure with the difference being preservation of the axillary lymph nodes and pectoral muscles (**Nikola et al., 2014**).

Body image includes conscious and non-conscious ideas and feelings about one's body; in other words, it is a concept composed of personal feelings about body size, sex, and body function and ability to attain certain goals. Although body image is of great importance among both men and women, it has a special place among women, considering the current social standards that place significant emphasis on women's beauty (**McKean et al., 2013**).

Apparent changes in women's body image accompanied by negative psychological consequences. A person's mental image of oneself is implicitly manifested in one's value responses and Since a person's perception of his/her body has a great impact on his/her character and behavior, a negative body image leads to negative psychological effects, which inevitably affect one's mood and interpersonal relationships(**Blanco-Sanchez, 2010**).

It seems that poor body image in women with mastectomy can affect their quality of life. Despite the importance of identifying psychological problems and mitigating these problems, very few studies have conducted in this regard. Several studies have focused on each of these variables and most of them have examined the relationship between these variables and other health components. In addition, limited research has compared these variables among female women with breast cancer and healthy women (**Safarzade, Roshan and Shams, 2013**).

Women with breast cancer are the largest survival group after the incurrence of cancer, but there is limited information about their quality of life. Quality of life is a multidimensional concept that is influenced by body position, mental image of body, functional status, mental stress, side effects of treatment, social communication, and individual's satisfaction with medical care(**Gautam, Maiya and Vidyasagar, 2011**).

Nurses can play a significant role in understanding women's individual need for information when they faced with a new diagnosis of breast cancer and they should consider the amount of information given to avoid confusion and

anxiety. Hence, assessing needs for those women is a critical step in guiding care planning, providing high quality care and achieving cancer women' and families' satisfaction (Vaismoradi, Turunen and Bondas, 2013).

Significance of the Study

Breast cancer takes away the pleasures of life; breast cancer women who undergo mastectomy are severely dissatisfied with their body image and their quality of life affected in a negative way. So therefore, there is a need to assess the body image and quality of life of mastectomy women with breast cancer. It can be helpful for the mastectomy women to cope up effectively with their body image and improve their quality of life.