بسم الله الرحمن الرحيم

MONA MAGHRABY

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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شبكة المعلومات الجامعية

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جامعة عين شمس

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MONA MAGHRABY

Quality of Life for Clients with Modified Radical Mastectomy

Thesis

Submitted for Partial Fulfillment of the Requirement of the Master Degree in Community Health Nursing

By

Yassmine Hemdan Mahrous Eraky

B.Sc. Nursing

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Ain Shams University
2021

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Acknowledgment

First and for most I feel always indebted to Allah, *The Most Kind and Most Merciful.*

I wish to express my deepest thanks and sincere appreciation to ***Dr. Magda Abd-Elsattar Ahmed****, Professor of Community Health Nursing Faculty of Nursing Ain Shams University for her great support and advice, her valuable remarks that gave me the confidence and encouragement to fulfill this work.*

I express my special gratitude and appreciation to ***Dr. Mervat Mohamed Hassan****, Lecturer of Community Health Nursing Faculty of Nursing Ain Shams University for her great support and advice, her valuable supervision, cooperation and direction that extended throughout this work.*

I wish to convey my thanks to all who gave their time to and participated in this work.

Researcher

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List of Abbreviations

AUL:Affected upper limb

BSE:Breast self examination

BCS: Breast conserving surgery

BI : Body image

QOL:Quality of life

WHO:World health organization

NBCF:National cancer institute

NCI:National cancer institute

NHS:National health survey

NAT: Neo adjuvant therapy

DCIS: Ductal carcinoma in situ

CBE: Clinical breast exam

SERMS: Selective estrogen receptor modulators

IBR: Immediate Breast Reconstruction

PMPS: Post mastectomy pain syndrome

HRQOL: Health related quality of life

UL: Upper limb

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Quality of Life for Clients with Modified Radical Mastectomy

ABSTRACT

Prof. Dr. Magda Abd-Elsattar[(1)], Dr. / Mervat Mohamed Hassan[(2)], Yassmine Hemdan Mahrous[(3)]

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Introduction: Quality of life of the modified radical mastectomy patients are greatly influenced by the surgical procedure as well as other treatment modalities like radiation therapy and chemotherapy. **The aim of the study:** The study aimed to determine the quality of life for the client with modified radical mastectomy. **Research design:** Descriptive design utilized in carrying out this study. **Subject**: A Convenient sample composed of 100 adult women admitted to the oncology department at the outpatient clinic of Baheya hospital. **Tools**: Interviewing questionnaire to assess demographic data of the women, knowledge assessment sheet about modified radical mastectomy, women practices after modified radical mastectomy, women's health problems after modified radical mastectomy and quality of life scale. **Results:** 40% of the studied women had satisfactory knowledge regarding modified radical mastectomy, 72% of the studied women had unsatisfactory care after modified radical mastectomy and 81% of the studied women had poor quality of life. **Conclusion:** Based on the study finding it concluded that, there is a statistically significant difference between the quality of life of studied women with modified radical mastectomy and their knowledge, practices toward the care toward modified radical mastectomy. Besides, there is a statistically significant difference between the quality of life of clients with modified radical mastectomy and their health needs and problems. **Recommendation:** Develop a health education program for women after mastectomy and their family management of the psychological & physical problems of chemotherapy that allows patients to base their understanding of cancer on sound information and misinformation.

Keywords: Breast Cancer, Modified Radical Mastectomy, Quality Of Life

Introduction

Breast cancer is the most common cancer in women, exclusive of cancers of the skin. It is the second leading explanation for cancer death after lung cancer. Breast cancer is a major public health concern throughout –out of the world. It is common in both developed as well as developing countries **(Centers for Disease Control and Prevention, 2016)**.

The usual of care for breast cancer treatment include surgical deduction of the tumor and adjuvant therapies that include local irradiation and systemic therapies, such as biological agents, hormonal therapies, and chemotherapy. Both of these therapies may have short and long-term penalty that affect mobility, function, and quality of life (QOL). In addition, women with breast cancer suffer from severe stress, anxiety, and depression lasting many years after recovery. Improvements in treatments and earlier identification and staging of breast cancer have led to increased survival rates and life expectancy **(Smoot et al., 2016)**.

Surgery is the corner stone of definitive treatment for most women with breast cancer. Surgery is of any kind can