

Needs and Problems Encountered Among Post Mastectomy Patients: Suggested Nursing Guidelines

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Abstract:

Background: Breast cancer is the most prevalent cancer worldwide with about one million new cases annually. Breast cancer remains major health problem all over the world. The life-threatening nature of breast cancer and the consequences of the aggressive treatment regimes can result in a wide range of physical, emotional and social consequences may influence the patients' needs. **Aim of this study:** assess problems and needs which encountered among breast cancer patients following mastectomy and develop suggested nursing guidelines. **Subjects and methods:** Descriptive design was conducted for sample of 60 adult female patients admitted to oncology units, at Zagazig University hospitals through: using interview questionnaire sheet. **Results:** This study revealed that, most patients suffered from pain, difficulty in hand movement at surgical site, high costly treatment, chemotherapy and radiotherapy side effects following mastectomy. There are significant relations between patients' ages and needs for helping in eating, clothing and bathing, between level of education and needs for economic help and between constipation and patients' needs for nursing guidelines. **Conclusion:** Patients' substantial needs and problems require professional support even after completion of the patients' treatment. Continued assessment of the patients' needs and symptoms provide the basis for purposeful counseling and education. **Recommendations:** Rehabilitation programs for patients should be developed and implemented in clinical practice.

Key wards: Mastectomy- Problems- Needs-Nursing Guidelines

Introduction:

Breast cancer forms a serious health issue, which creates a significant health burden in every country.⁽¹⁾ In Egypt, as in many other parts of the world, breast cancer is the most common type of cancer: it accounts for approximately 38% of reported malignancies among Egyptian women⁽²⁾. Breast cancer is now the most common cancer in both developed and developing regions with around 690,000 new cases annually in each region⁽³⁾.

The treatment modalities for primary breast cancer include surgery, chemotherapy, radiotherapy and hormonal therapy, all four of which

can be used alone or in combination. Surgery is a primary treatment for breast cancer, whereas adjuvant therapies such as chemotherapy and radiotherapy are commonly used after primary treatment in order to inhibit metastasis and enhance long-term survival rates⁽⁴⁾.

Despite the efficiency of the surgical treatment of breast cancer, several complications have been reported. Among them we can mention lymphedema, infection of the surgical wound, and chronic postoperative pain⁽⁵⁾. The removal of a breast has also implications for the psychological,

social, and sexual well-being of the patient ⁽⁶⁾.

Needs assessment in oncology should include a direct and comprehensive assessment of the multidimensional impact of cancer on the lives of patients and should address important domains of physical, functional, emotional, social and spiritual well-being, as well as practical needs ⁽⁷⁾. Basic or biological needs may be considered as deficiencies which must be fulfilled by the environment. Psychosocial needs should be understood as a bio-psychosocial framework of health and illness ⁽⁸⁾.

Oncology nurses play crucial roles in understanding and supporting the patients in their psychological, family, social, and even sexual lives after ⁽⁹⁾. For example nursing guidelines for Patient suffer from nausea and vomiting including: assess patients' Chemotherapy induced nausea and vomiting, number of episodes of vomiting, the patient's ability to eat after chemotherapy, document antiemetics taken by the patient. Document weight weekly. ⁽¹⁰⁾

Significance of the Study:

Mastectomy may be a source of crisis threatening a woman's life as well as womanhood. Regardless of the latest major developments in the early diagnosis and treatment of cancer the fact that breast cancer treatment is a long and expensive process, that it may cause the loss of an organ, that it may spread to other organs and it may cause death are all together bringing about severe physical, psycho-social and spiritual problems which not only affect the woman but also the husband and kids.

Aim of the study:

1. Assess needs and problems encountered among breast cancer patients following mastectomy.

2. Develop suggested nursing guidelines based on needs and problems encountered among breast cancer patients post mastectomy.

Research questions:

- What are the problems encountered among patients post mastectomy?
- What are the needs for breast cancer patients post mastectomy?

Subjects and Methods:

Research Design:

A Descriptive design was used in the study.

Settings:

The study was conducted in Oncology Units at Zagazig University hospitals (the only place for follow up and treatment the women post mastectomy).

Subjects:

The subjects for this study included 60 female patients with breast cancer aging 30 to 72 years postoperative radical mastectomy operation under chemotherapy and radiotherapy at Zagzig University hospitals. Six patients were recruited for the pilot study and excluded from the main study sample.

Tools of Data Collection: The data of this study were collected by using two tools

Tool (I): A structured interview sheet was developed by the researcher composed of four parts:

Part 1:

The first part concerning with demographic data of the patients about age, number of children, number of full term pregnancies, breast feeding, education, family income .

Part 2:

Second part concerning with problems regarding breast cancer

patients on scheduled for operation following mastectomy.

Part 3:

Third part concerning with different modalities of treatment after mastectomy (radio, chemo, hormonal...etc.) and side effects.

Part 4:

Fourth part concerning with needs for breast cancer patients following mastectomy.

Tool (II):

Nursing guidelines regarding problems and needs encountered among Breast cancer patients following mastectomy.

Validity of Tools:

It was established to assure content validity by a panel of 5 experts who revised the tools of clarity, relevance, applicability, comprehensiveness, and ease of implementation and according to their opinion minor modifications were applied. Example for modification, remove questions related risk factors of breast cancer.

Pilot Study:

A pilot study was conducted on (10% of studied subjects) six female adult patients with radical mastectomy from the oncology department to test the applicability and test clarity of the designed questionnaire as well as to estimate the time needed to answer it. The modifications were done then the final form was developed. These patients were excluded from the study sample. Total sample size was 60 patients after excluding 6 patients for pilot study.

Field work:

Data were collected by using interview questionnaire sheet from breast cancer patients passed to mastectomy during hospitalization in oncology clinic, Oncology unit. Data collection was carried out from November /2011 to May /2012 in the mornings and afternoons, four days

per week. The interview questionnaire sheet was filled by the researcher during interviews with patients. The agreement for participation of the subjects was taken verbally before inclusion.

Administrative and ethical considerations:

To carry out the study, the essential approval was obtained from the directors of the selected setting. A letter was issued from Faculty of Nursing, Zagazig University to the director of the oncology departments at Zagazig University hospitals, explaining the aim of the study and requesting permission to use the premise for the collection of data. Also, the researcher obtained consent from patients to participate in the study.

Statistical design:

After data were collected it was revised, coded and fed to statistical software SPSS version 16. The given graphs were constructed using Microsoft excel software. All statistical analysis was done using two tailed tests and alpha error of 0.05. P value equals to or less than 0.05 was considered to be significant.

Results:

Table (1) reveals patients' characteristics. Mean of the age was 49.7 ± 10.3 years. 68.3 % of the sample was from rural area. As regard marital status, three-quarters (75%) of the total sample was married. As regard education level 55% was illiterate. Finally 43.3% of them had more than three children.

According to **table (2)** the results indicate that the majority of patients felt pain following operation (88.3%). 66% of women didn't have arm swelling post operative. On the other hand, the majority (81.7%) of total patients had difficulty in using the hand at operative site. The majority of the total patients didn't

have any changes in the other breast (81.7%). As regard to looking to surgical site, 76.7% looked to surgical site during dressing. Among two-fifth (60.9%) less care for the wound shape, while more than one third (37%) felt sadness when looking to surgical site. On the other hand, majority of patients didn't refuse friends and relatives' visits (85%). On the other hand, the majority (91.7%) of total sample did not use complementary tools, 85.7% of women will return to work after complete treatment. As regard to sexual problems 70% of patients didn't suffer from any sexual problems. The main causes were tiredness, side effect of treatment and pain in the operative site (50%, 27.8%, and 11.1% respectively. (5.6%) due to lack of desire and due to other causes. According to importance of breast in sexual relation, most patients think breast is important in sexual relation (66.7%). about two-thirds of sample (61.7%) didn't have marital problems following mastectomy, among patients face marital problems (78.3%) related to Husband and (21.7%) related to Wife. most of patients (76.7%) didn't have health insurance. Majority of patients suffer from high treatment costs (91.7%).

Table (3) shows, frequency & percentage distribution for needs of the patients post-mastectomy. According to dealing with pain following mastectomy, (70%) of studied samples needs knowledge about dealing with pain following operation. Most patients (78.3%) need knowing disease prognosis. as regard to respecting patients' privacy; majority of patients (96.7%) need respect privacy. Concerning patient need doctor guides majority of patients (90%) need doctor guide following mastectomy while (68%) need nurse guides. Most

patients (70%) need more cooperation from relatives. On other hand most patients need dealing with previous patients (75%). Most of studied sample (70%) needs feeling of not being rejected. According to faith and convenience majority of patients (81.7%) need more faith and convenience.

Table (4) indicates the relation between gastrointestinal changes related to chemotherapy following mastectomy and need for nurses' guides. The table revealed significant relation between occurrence of nausea and constipation and needed nurses' guidelines ($P < 0.05$).

Discussion:

A diagnosis of breast cancer frequently causes patients an emotional trauma which is reflected in increased feelings of vulnerability, loss of control and uncertainty. Cancer treatments such as surgery, chemo-/radio- and hormonal therapy may lead to a large number of health complaints. Patients need psychosocial support from close relatives and from health care professionals in order to manage the challenges of everyday life and complete an effective adjustment process⁽¹¹⁾.

The study revealed women at age of 40-year were 35% while at 50-year represented thirty one percent. The results of the current study indicate that the age is a variable predictor in breast cancer prevalence as about one third of the sample is older than 40 years. This result was in accordance with Matos et al.,⁽¹²⁾ indicated that the interviewed women's mean age was 53 years. Advanced age, generally 50 years or more, is reported to be the most important causal factor of breast cancer.

In relation to marital status the present study showed that, married

represented higher percentage than divorced and widowed. This result is in agreement with study by Primo et al.,⁽¹³⁾ more than half of these women (55.2%) were married. that mean the majority of breast cancer women were married.

As regard to residence, the majority of the subjects in the present study were from rural areas of Egypt. This result contraindicated to the Egyptian study conducted by Dey et al.,⁽¹⁴⁾ who stated that; breast cancer incidence is 3-4 times higher in urban areas of Egypt and this cannot be explained by known reproductive risk factors. Women in urban areas are prone to using more plastics and electrical appliances, household insecticides, detergents, cosmetics etc.

Regarding the educational level, the current study illustrated that the majority of patients were illiterate. The present findings may be due to that the setting of the study is free governmental hospital and the majority of patients have low educational and economical standards. This finding is supported by Beiki et al.,⁽¹⁵⁾ who found that women with high educational level had statistically and significantly 30% to 40% better breast cancer survival compared to women with the lowest educational level, irrespective of country of birth.

In the current study, majority of patients suffer from post-operative pain. This finding was in agreement with study by Gärtner et al.,⁽¹⁶⁾ reported that 47% of women treated for breast cancer experience pain and 58% of women experience sensory disturbances in the surgical region 1 to 3 years after surgery. Half of the women reporting pain reported moderate to severe pain.

As regards the incidence of lymphedema in the current study was one-third. This finding was supported

by Egyptian study by Ghamry,⁽¹⁷⁾ lymphedema incidence increased in patients with stage II disease (27.6%) more than patients with stage I (18.2%) and it is incongruent with Study by Weon et al.,⁽¹⁸⁾ who stated that, the incidence in this study was found to be 59.3%. This could be related to these women's known risk factors, undergoing lymph node dissection (81%) and radiation therapy (53%).

The present study results showed the majority of patients had difficulty in movement of hand following mastectomy. This finding was not parallel with study by Ka'rki et al.,⁽¹⁹⁾ About one-third of the patients still experienced neck-shoulder pain, breast and axillary's scar tightness and upper limb numbness one year after the operation. The incidence of upper limb edema was fairly constant during the one-year period (25–26%). Upper limb weakness was reported less frequently than the other common impairments. Activity limitations in lifting, carrying and reaching out were experienced by many of the subjects. Impairments were interfering with maintenance of sleep and the amount of sleep among one-third of the patients.

The current study revealed that the majority of patients don't use anything to give natural form of the breast. This result was supported by Egyptian study by Hussein⁽²⁰⁾ change the form of clothes succeeded in women underwent mastectomy, as the majority not using anything to give natural form of the breast become lowery distressed when with various life situations, when communicate with others, that resulting in change in the way she behaves.

Mastectomy is associated with serious problems in the sexual functioning of breast cancer patients. The main problems relating to

sexuality confronted by breast cancer patients post mastectomy were the feeling of mutilation and prejudices related to self-image and depression.

The current study revealed that most samples didn't suffer from sexual problems. The present study finding disagrees with Keskin & Gumus⁽²¹⁾. In this study, it was established that cases with mastectomy had depressive symptoms and problems regarding body image, spouse relationships and sexual dissatisfaction. In this study, it was found that as depression and negative body image increases, the sexual satisfaction and couple harmony decreases.

Study revealed that two-thirds of samples have changed self-opinion. This finding contraindicated with that of Esmaili et al.,⁽⁹⁾. Based on the findings of the study, 40% of the cases were satisfied with their appearance at a medium level, while 42.2% considered themselves attractive at an average level. Still 51.5% of the cases were very satisfied with their breast function. This finding was in accordance with Study by Cebeci et al.,⁽²²⁾. Participants perceived the changes in self-perception and everyday life as negative and perceived the changes related to understanding the value of health and developing a greater appreciation of life as positive. Specifically, participants stated that loss of hair and the other side effects of cancer treatment as well as the dependence on others for self-care and household chores during the acute phases of treatment had a negative impact on their self-perception. In addition, they desperately wanted to return to their normal lives.

In the current study revealed that majority of patients believed in extent when looking to surgical site following mastectomy. This finding contraindicated with Ibrahim &

Khair.⁽²³⁾ The most common cause of dissatisfaction was body image after mastectomy. Depression and anxiety were uncommon after mastectomy in this study. This improved by time and their frequency dropped from 25% in the first month to 15% after 3 years. Sexual pleasure was not affected by mastectomy. Physical wellbeing was affected after mastectomy but most of the patients attributed this to the adjuvant chemotherapy and/or radiotherapy and their side effects rather than mastectomy. Regarding the spiritual and cognitive achievements, a good number of patients were able to satisfy themselves.

The current study revealed that most patients didn't have marital problems following mastectomy is not correspondent with Avci and Kumcagız.⁽²⁴⁾ In this study, it has been detected that marital relations between women and their husbands were negatively affected after the surgery. In this research, it has been ascertained that marital adjustment scores of women and husbands are mid-level and loneliness levels are high.

Concerning returning to work following mastectomy, the present study revealed that majority of patients would return to the work following mastectomy. It may be due to patients' need for money and most of patients work before complete treatment. In similar study by Cavanna et al.,⁽²⁵⁾ In this group of patients, 77,9% of them had full return to work after a median delay of ten months, Anxiety and depression seem to affect employment by decreasing work hours, and increasing absence. The factors affecting returning to work as well as its delay were: medical (chemotherapy and lymphedema), demographic (age) and socio-professional (education level,

which induces differences in the socio-professional groups, constraints of the job, and colleagues support.⁽²⁶⁾

More than 50% reported at least one economic burden event related to either work or financial hardship. More than a quarter reported changes in income or sacrificing things like family plans over a 6 month period, and among those who worked, more than 15% reported changes in motivation, productivity or quantity (missed days) of work.⁽²⁷⁾ These study findings also supported that chemotherapy was associated with more economic burden events. Our results indicated that survivors reported persistent economic events in the months after initial active treatment.

The current study shows that more than two thirds of patients need information about disease prognosis and doctors guide. As regard to respect patients' privacy, majority of patients need to respect their privacy. On the other hand, most patients require support from relatives and patients who had same disease. Similarly Schmid-Bu"chi et al.,⁽²⁸⁾ found that approximately one year after finishing their medical treatment, patients with breast cancer still have a substantial need for help with specific problems related to the cancer and its treatment. Particular amongst these, psychological problems such as worry about the future and the course of the illness, need to take care of relatives.

In the current study majority of patients suffered from gastrointestinal changes, most of these changes are

nausea and vomiting. This result is in agreement with Egyptian study by Abd Elsalam⁽²⁹⁾ as regard to physical condition among patients in that study, finding showed that the most common problems in relation to gastrointestinal system for patients with cancer include loss of appetite, nausea and vomiting.

Conclusion:

The findings of this current study can be concluded as following: most patient suffering from many problems related to operation and treatments and need supportive care from health care professionals specially nurse has important role. The mainly affected needs were physical regarding mobility and body care movement.

Recommendations:

In the light of the main findings of current study the following recommendations are suggested:

- Prioritization of patient's problem and needs should be emphasized and attention by the nurses should be taken to overcome these problems and meet needs.
- The patients of post mastectomy have a need of knowledge about self-care after discharge; planned discharge education should be prepared and given to patients before discharge. This education includes all physiologic, psychological and social problems that can occur for patients and the patients' families are included in the education.

Table (1): Frequency and percentage distribution of socio-demographic characteristics of patients with radical mastectomy included in the study (n =60)

Socio demographic data	No.	%
Age:		
▪ 30-	8	13.3
▪ 40-	21	35.0
▪ 50-	19	31.7
▪ 60-72	12	20.0
Mean ± SD	49.7 ± 10.3	
Marital status:		
▪ Married	45	75.0
▪ Divorced	4	6.7
▪ Widowed	11	18.3
Residence:		
▪ Urban	19	31.7
▪ Rural	41	68.3
Education:		
▪ Illiterate	33	55.0
▪ Basic	4	6.7
▪ Secondary	17	28.3
▪ University or more	6	10.0
Children number		
▪ No children	2	3.3
▪ 1	1	1.7
▪ 2	13	21.7
▪ 3	18	30.0
▪ 4+	26	43.3

Table (2): Frequency & percentage distribution of problems of the patients post-mastectomy

Physical problems	No.	%
Surgical site pain		
▪ Yes	53	88.3
▪ No	7	11.7
Arm swelling:		
▪ Yes	20	33.3
▪ No	40	66.7
Hematoma at surgical site:		
▪ Yes	8	13.3
▪ No	52	86.7
Difficult hand moving at surgical side:		
▪ Yes	49	81.7
▪ No	11	18.3
Any change in another breast	11	18.3
▪ Yes		
▪ No	49	81.7
Psychological problems:		
Able to look to surgical site after operation:		
▪ Yes	46	76.7
▪ No	14	23.3
Feeling when looking:		
▪ Sadness	17	37.0
▪ Indifference	1	2.2
▪ Believed in extent	28	60.9
Do you welcome for friends visits:		
▪ Yes	51	85.0
▪ No	9	15.0
Artificial complementary tools:		
▪ Yes	5	8.3
▪ No	55	91.7
Will go to work after finishing treatment (n=14):		
▪ Yes	12	85.7
▪ No	2	14.3
Self-opinion change:		
▪ Yes	36	60.0
▪ No	24	40.0
Nervousness:		
▪ Yes	37	61.7
▪ No	23	38.3
Sexual problems:		
▪ Yes	9	15.0
▪ Sometimes	9	15.0
▪ No	42	70.0
If yes, why (n=18):		
▪ Lack of desire	1	5.6
▪ Surgery effect	2	11.1
▪ Treatment effect	5	27.8
▪ Tiredness	9	50.0
▪ Others	1	5.6
Breast is vital at sexual relation:	40	66.7

▪ Yes		
▪ No	20	33.3
Social problems :		
Marital conflict:	23	38.3
▪ Yes		
▪ No	37	61.7
Who is responsible		
▪ Husband	18	78.3
▪ Wife	5	21.7
Financial problems:		
Insurance:	14	23.3
▪ Yes		
▪ No	46	76.7
Costly treatment:		
▪ Yes	55	91.7
▪ No	5	8.3

Table (3): Frequency and percentage distribution for needs of the patients post-mastectomy (n=60).

Needs	Yes		No	
	No.	%	No.	%
Knowledge needs:				
▪ Dealing with pain	42	70.0	18	30.0
▪ Physiotherapy for arms after surgery	38	63.3	22	36.7
▪ Side effect of treatment	22	36.7	38	63.3
▪ Prognosis	47	78.3	13	21.7
Physical needs:	9	15.0	51	85.0
▪ Post-surgical care				
▪ Help for eating, clothing and bathing	18	30.0	42	70.0
▪ Better services at hospital	29	48.3	31	51.7
▪ Plastic surgery	15	25.0	45	75.0
Psychological needs:	58	96.7	2	3.3
▪ Respect the privacy				
▪ Doctors guides	54	90.0	6	10.0
▪ Nurses guides	41	68.3	19	31.7
▪ More cooperation from relatives	42	70.0	18	30.0
▪ Psychologist	15	25.0	45	75.0
Social & spiritual needs:	45	75.0	15	25.0
▪ Dealing with previous patients				
▪ Feeling of not being rejected	42	70.0	18	30.0
▪ Economic help	29	48.3	31	51.7
▪ More faith and convenience	49	81.7	11	18.3

Table (4): Relation between gastrointestinal changes related to Chemotherapy following mastectomy and need for Nurses guides. (n=60)

GIT changes	Nurses guides				P [£]
	Yes (n=41)		No (n=19)		
	No.	%	No.	%	
▪ Nausea	39	95.1	14	73.7	0.016*!
▪ Vomiting	36	87.8	13	68.4	0.071
▪ Pain	32	78.0	12	63.2	0.225
▪ Yellow skin	30	73.2	10	52.6	0.116
▪ Flatulence	3	7.3	2	10.5	0.676!
▪ Peptic ulcer	34	82.9	17	89.5	0.509
▪ Constipation	23	56.1	3	15.8	0.003*
▪ Diarrhea	15	36.6	7	36.8	0.958
▪ Stool color changes	9	22.0	2	10.5	0.287
▪ Loss of appetite	35	85.4	16	84.2	0.907
▪ Weight loss	19	46.3	8	42.1	0.759
▪ Eating disturbance	34	82.9	17	89.5	0.509

£ P value of Pearson's X^2 test

! P value based on Fisher exact probability

* P < 0.05 (significant)

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ضوء النتائج الرئيسية للدراسة الحالية تم اقتراح
التوصيات التالية:

- ينبغي التأكيد على تحديد أولويات المشكلة واحتياجات المريض، وأن ينال الاهتمام الكافي من الممرضات للتغلب على هذه المشاكل وتلبية الاحتياجات.
- المرضى بعد استئصال الثدي لديهم حاجة للمعرفة حول الرعاية الذاتية بعد الخروج من المستشفى، لهذا ينبغي وضع خطة لذلك بحيث تشمل جميع المشاكل الفسيولوجية والنفسية والاجتماعية التي يمكن أن تحدث للمرضى كما يجب تضمين أسر المرضى في التعليم.

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