

Mastectomy patient quality of life with external prosthesis



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- Zohra Jetha

Introduction

This Literature review is regarding the explore quality of life and experiences with external prosthesis among mastectomy patient. The aim of this literature review is to identify the experiences and satisfaction by using external breast prosthesis after mastectomy (breast removal surgery). This literature provide the recent statistic of breast cancer, effects on women after mastectomy, types of prosthesis , satisfaction with prosthesis, and role of prosthesis nurse.

Search strategy

comprehensive computerized search done for literature review . literature was obtained through numerous electronic database such as, CINHAL, PUB Med, Blackwell synergy, Science direct, British medical journal and other search engines for example Google scholar. Moreover the topic was searched from 1997 to 2013 articles, reports. Different key words used related to the topic such as breast cancer, satisfaction and breast cancer, external prosthesis and mastectomy , mastectomy and impacts, statistic of breast cancer, experience and mastectomy, quality of life and mastectomy etc. the total 20 articles were found on over all content, only five article found direct on satisfaction level with external prosthesis after mastectomy, and these all studies were done in Australia, Canada, and Ireland, and Taiwan; however, I couldn't found any study in Pakistan.

Breast cancer prevalence

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The Worldwide cancer cases are increasing day by day, according to World Health organization (WHO) fact sheet estimate that in 2012, 14. 1 million new cancers were identified and; however, 8. 2 million deaths occurred due to cancer. Globally the most prevalent cancer is lung cancer which is 13. 0%, and second number breast cancer 11. 9%. This is a most common diagnosed cancer in women globally; one in every four women dies because of this cancer. In 2012 1. 7 million patients were diagnosed with breast cancer, in comparison 2008 estimates breast cancer incidence increased 20%; however, mortality rate increased by 14%, total 522000 deaths occurred in 2012. (WHO, 2012; 2013). Breast cancer is very high in Asia; it is expected that every one out of the nine women is facing the problem of cancer. The Karachi cancer register reported 34. 6% breast cancer cases are present in the city. It is count the most common cancer in this area. (Bhurgril et al, 2000; Sobani et al , 2012). To compare previous data recent Karachi Cancer registry indicates that Annual rate of breast cancer is 69. 1 per 100, 000. In Lahore, Shaukat Khanum Memorial Hospital reported that over a period of 8 years, there were 3, 338 cases of breast cancer were encountered (Banning, Hafeez, Faisal, Hassan, Zafar, 2009). Furthermore advancement in breast cancer treatment, early detection of disease, increased breast cancer survival rate than earlier in high risk countries. (Gallaghe et al, 2006). However this pattern is different in developing countries as people still are unaware about early mammography and early detection. (Sobani et al, 2012).

Breast cancer Treatment

As soon the diagnosis conformed, the decision for treatment of breast cancer is decided by the physician to see the stage of disease, characteristic of the tumor, age related risk, and benefit, treatment protocol and also considers the choice of the patient. (Breast cancer, facts and figures, 2011-2012) “

Most women with breast cancer will have some type of surgery. Surgery is often combined with other treatments such as radiation therapy, chemotherapy, hormone therapy, and/or targeted therapy” (Breast cancer, facts and figures, 2011-2012). Women with early stage diagnosis have three efficient choices, breast- conserving surgery, Mastectomy, or mastectomy with reconstruction. Because the survival remains same, however choice of procedure put impact on quality of life. (Nissen et al 2001).

Mostly breast cancer patients are treated with mastectomy (removal of breast) and wide local excision (removal of lump and surrounding tissue).

Quality life of survivor

However, The diagnosis and treatment of this disease causes physical symptoms (pain), and emotional (sleep disturbance), psychosocial (depression), spiritual. (Roberts, Livingston, White, Gibbs, 2003; Dodd, Maria. Cho, Bruce, Miaskowsk, 2010). It is also known that mostly new diagnosed cases Women also reported high anxiety level. (Andersen, Brown, Morea, Stein, & Baker, 2008). “ The loss of one or both breast can lead to an impaired feminine self image and sexual dysfunction”. (Roberts, Livingston, White, Gibbs, 2003). Mastectomy cause changes in the shape or look of the breast; however, this Changes put major impact on women’s thinking of self body image and sexuality (Hassy-Dow, 2006, as cited by Fitch et al, 2012). “

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In particular after surgery women reported grief related to the loss of the breast , a decreased sense of femininity , worry about scar and breast symmetry” (Fitch , 2012). Using prosthesis after mastectomy can help the women in coping . Nevertheless an Oncology nurse plays an important role to provide education to women about cancer recovery, and adjustment with treatment. (Wilmoth & Ross, 1997 as cited by Fitch et al , 2012). Even though now day many women are choosing for immediate reconstruction after mastectomy, but major quantity of women will use external prosthesis after surgery. (Roberts et al, 2003). Furthermore Women who undergone breast conservation or breast reconstruction then women who have mastectomy alone have better body image but, greater mood disturbance discomfort. . (Nissen el al, 2001). According to Chang el al, 2007) breast cancer women undergone mastectomy or breast reconstructive surgery, did not report any of quality of life any difference. However body image was concern, some women have selected less expansive procedures. Furthermore Women were more satisfied if they have chosen of their treatment themselves. However “ Physicians should describe the options to women, along with the average satisfaction rates for women choosing those options, and help women to make the best personal decisions” (Hart, Meyerowitz, Appolne, Mosconi, Liberati, 1997). The essential element of Post mastectomy recover is proper rehabilitation such as using best fitted prosthesis. (Gallagher, Buckmaster , O’carroll , Kiernan & Geraghty, 2010).

Prosthesis

“ Breast prosthesis is an artificial breast form that fits into a bra in order to replace the natural breast. It is most often used after surgery for breast
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cancer, either after a mastectomy or a wide local excision”(Action research 2004). After mastectomy or lumpectomy 90% women choose to wear prosthesis permanently or temporarily till reconstruction surgery is being done.

Types of prosthesis

There are two type of prosthesis are available, conventional external prosthesis these prosthesis is worn inside the brassier to provide natural look. Temporary light -weight prosthesis filled with cotton wool are used after surgery till the scar fully recover, after six weeks silicone made prosthesis are fitted in brassier it has the same weight as normal breast. Partial prosthesis which has hollow it give shape to prosthesis used after wide local excision. The second type is adhesive prosthesis is fixed with skin with the help of strip; this prosthesis could worn for whole week and during night time. There some disadvantages with conventional prosthesis, there is risk to dislocate form brassier during sports or other activity. Most of the women remain comfortable to with adhesive prosthesis; because less chance to dislocate form its place andno need to wear brassier all the time.(Thijs-Boer, Thijs, van de Wiel, 2001; Roberts, Livingston et al, 2003; Gallagher, O’Carroll el al, 2006). Furthermore Some Studies also suggested that women who use prosthesis for more than five years after post mastectomy as compare those who wear it less are more satisfied than longer time of period (Fitc et al , 2012).

Dissatisfaction with prosthesis

Women showed dissatisfaction is associated to attribute of the fitting experience such as fitting time, lack of privacy, fitting by man, incorrect fitting and attitude of the fitter., this dissatisfaction also has been associated with negative impact of femininity and body image, restricted choices of clothing and difficulty dressing, discomfort from sweating caused, its weight and most important the cost.(Lee,(1991; Roberts, Livingston, White, Gibbs , 2003). Other dissatisfaction reasons could be the prosthesis cost, high cost may be the major concern for women. (Livingston., Roberts, White, Gibbs, Bonnici ,& Hill. 2000). Breast care nurse play a major role to provide physical care, psychological support, and provision of accurate information regarding prosthesis; beside this role of breast fitter is very significant to be responsible for supplying an fitting prosthesis It is also found that prosthesis fitter have very important role on women's acceptance and satisfaction with prosthesis.(Roberts, Livingston, White, Gibbs , 2003).

Research gap analysis

Literature review led to explore quality of life and experiences with external prosthesis among Mastectomy patient. This issue is highly significant and need to research in Pakistani context in order to observe the experience of women after mastectomy, according to literature the survival rate is increasing is as the time passes, moreover women faces the physical, psychological, social, spiritual and sexuality issues after mastectomy. However, Recovery and rehabilitation is becoming important for breast survivor. There are limited studies are done in this field in different countries; however I could not find any study in Pakistan. I have found studies on cancer statistic of breast cancer in Karachi, and attitude towards breast <https://assignbuster.com/mastectomy-patient-quality-of-life-with-external-prosthesis/>

cancer, but I could not find any study for breast Cancer survivor experiences. I also have not any found any policy for it. This literature review will helped me to explore quality of life and experience of women after mastectomy in our culture. It will also help to develop policy to provision of prosthesis for Pakistani women. Pakistan is a developing country, poverty and gender inequality is also very common. Women's physical needs are remain neglected and least priority is given to their psychological and sexual health. Reconstructive surgeries are very expensive and it also require post care. It is very difficult for common people to afforded this expansive where they still trying to fulfill their basic needs. Furthermore proper training of health care provider is also significant. If health care provide aware about it; so they can disseminate this information to patients and families. It very important for women's health; because if women will be healthy will be able to provide better attention towards her family.

Conclusion

To conclude that, above literature review is highlights the worldwide cancer, breast cancer statistic, and limited available data of Pakistan. It is also discussed the impact on women's physical, psychological, social, spiritual, and sexual health after mastectomy, and different surgical modalities and also emphasis on women's rehabilitation

References,

Action Breast Cancer. (2004). Breast Prostheses. Retrieved from <http://www.irishcancersociety.ie/action/prosthesis.php>

<https://assignbuster.com/mastectomy-patient-quality-of-life-with-external-prosthesis/>

Andersen, M. R., Brown, D. J., Morea, J., Stein, K., & Baker, F. (2008).

Frequent Search for Sense by Long-Term Breast Cancer Survivors Associated with Reduced HRQOL. *Women & health*, 47(4), 19-37. doi: 10.

1080/0363024080209973

Banning, M., Hafeez, H., Faisal. S., Hassan. M., Zafar. A. (2009). The Impact of Culture and Sociological and Psychological Issues on Muslim Patients With Breast Cancer in Pakistan , *Cancer Nursing*, 32 (4), 317-324

Bhurgri1. Y., Bhurgri1. A., Hassan, S. H., Zaidi, S. H. M., Rahim. A ,

Sankaranarayanan. R., & Parkins. D (2000). Cancer incidence in Karachi, Pakistan: first results from karachi cancer registry. *Int. J. Cancer: 85* , 325-329.

Breast cancer, facts and figures. (2013-2014). *American cancer society*.

Retrieved from

[http://www.cancer.](http://www.cancer.org)

[org/acs/groups/content/@research/documents/document/acspc-040951.pdf](http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-040951.pdf)

Chang, J. T., Chen. C., Lin. Y., Chen. Y., Lin. C., & Cheng, A., (2007). Health-related quality of life and patient satisfaction after treatment for breast cancer in northern Taiwan. *Int. J. Radiation Oncology Biol. Phys., Vol. 69*, 49-53. doi: 10. 1016/j. ijrobp. 2007. 02. 019

Dodd, M, J., Cho, M, H., Cooper, B, A., Miaskowsk, C. (2010). The effect of symptom clusters on functional status and quality of life in women with breast cancer. *Eur J Oncol Nurs* , 14(2): 101-110. doi: 10. 1016/j. ejon. 2009.

09. 005

<https://assignbuster.com/mastectomy-patient-quality-of-life-with-external-prosthesis/>

External breast prostheses in post-mastectomy care: women's qualitative accounts *European Journal of Cancer Care* 19 , 61-71.

Fitch, M, I., MacAndrew, A., Harris, A., Anderson, J., Kubon, T., & McClennen, J. (2012) , Perspective of women about external breast prosthesis, *Conj. rcaio summer/Ete* . doi: 10. 5737/1181919×223162167

Gallagher, P., Buckmaster, A., O'Carroll, S., Kiernan G. & Geraghty, J. (2010)

Gallagher. P, O'Carroll. S, Buckmaster. A, Mathers, Kiernan. G, Geraghty. J. (2006) An investigation into the provision, fitting and supply of external breast prostheses: A national study. Action Breast cancer: a project Irish Society.

Hart. S., Meyerowitz. B. E., Appolne. G., Mosconi. P., Liberati. A. (1997). Quality of life among mastectomy patients using external breast prostheses. *Pub Med*, 83(2): 581-6.

Lee. J.,(1991). Breast prosthesis. *British Medical Journal*, 302 , 43-44

Nissen, M. J., Swenson, K. K., Ritz, L. J., Brad Farrell, J., Sladek, M. L., Lally, R. M. (2001). Quality of Life after Breast Carcinoma Surgery. A Comparison of Three Surgical Procedures. *American Cancer Society*, 91, 1238-1245.

Livingston. P., Roberts. S., White. V., Gibbs A., Bonnici . D,& Hill. D. (2000). Do women have equitable access to quality breast prosthesis services?. *Australian and New Zealand journal of public health*, 24 , 452-453.

Retrieved from http://www.iarc.fr/en/media-centre/pr/2013/pdfs/pr223_E.pdf

<https://assignbuster.com/mastectomy-patient-quality-of-life-with-external-prosthesis/>

Roberts. S., Livingston. S., White. V., Gibbs. A. (2003). External breast prosthesis use: Experience and view of women with breast cancer, breast care, and prosthesis fitter. *Cancer Nursing, 26(3)*, 179-186

Sobani, Z., Saeed, Z., Baloch, H., Majeed, A., Chaudry, S., Sheikh, A., Umar, J. Waseem, H., Mirza, M., Qadir, I., Khan, S, M., & Kadir, K,. (2012). Knowledge attitude and practices among urban women of Karachi, Pakistan, regarding breast cancer. *Journal of Pakistan Medical Association, 62*, 1259- 1264.

Thijs-Boer, F. M., Thijs, J. T., van de Wiel, H. B. M. (2001). Conventional or Adhesive External Breast Prosthesis? a prospective study of the patients' preference after mastectomy. *Cancer Nursing, 24 (3)* , 227-230

The Impact of Culture and Sociological and Psychological Issues on Muslim Patients With Breast Cancer in Pakistan , *Cancer Nursing, 32 (4)*, 317. 324

World Health Organization. (2012). *International agency for research cancer* . [Fact sheet] Retrieved from http://publications.cancerresearchuk.org/downloads/product/CS_FS_WORLD_A4.pdf

World Health Organization. (2013, December). *International agency for research cancer* . doi: GLOBOCAN 2012. Retrieved from

http://www.iarc.fr/en/media-centre/pr/2013/pdfs/pr223_E.pdf