



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

MASTECTOMY: SCARS IN FEMALE SEXUALITY

MASTECTOMIA: AS CICATRIZES NA SEXUALIDADE FEMININA

MASTECTOMÍA: LAS CICATRICES EN LA SEXUALIDAD FEMENINA

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ABSTRACT

Objective: to describe the reflexes of the mastectomy on the women's sexuality attended in the Women's Health Program. **Method:** it is a descriptive, qualitative study with 14 women submitted to total mastectomy in Montes Claros/MG. The data collection was performed through the semi-structured individual interview; then the analysis was performed from the Content Analysis Technique. **Results:** three categories were defined << Experiencing breast cancer: the reconstruction of the female identity after mastectomy >>; << Mastectomy and sexuality in times of cult of the body: implications in the sense of the female body >>; << When the mastectomy transcends the body: the scars on sexuality >>. Women with mastectomy experience feelings such as despair, sadness, and loss, but begin to construct a new definition of woman. **Conclusion:** the mastectomy experience is diverse and different for each woman, involving implications on identity, body, and sexuality. **Descriptors:** Breast Neoplasms; Mastectomy; Sexuality.

RESUMO

Objetivo: descrever os reflexos da mastectomia sobre a sexualidade das mulheres atendidas no Programa Saúde da Mulher. **Método:** estudo descritivo, de abordagem qualitativa, com 14 mulheres submetidas à mastectomia total em Montes Claros/MG. A coleta dos dados ocorreu por meio de entrevista individual semiestruturada, em seguida, foi realizada a análise a partir da técnica de análise do conteúdo. **Resultados:** três categorias foram definidas << Vivenciando o câncer de mama: a reconstrução da identidade feminina após mastectomia >>; << A mastectomia e sexualidade em tempos de culto ao corpo: implicações no sentido da corporeidade feminina >>; << Quando a mastectomia transcende o corpo: as cicatrizes na sexualidade >>. Mulheres mastectomizadas vivenciam sentimentos como desespero, tristeza e perda, mas passam a construir nova definição de mulher. **Conclusão:** a experiência da mastectomia é diversificada e distinta para cada mulher, envolve implicações sobre identidade, corporeidade e sexualidade. **Descritores:** Neoplasias da mama; Mastectomia; Sexualidade.

RESUMEN

Objetivo: describir los reflejos de la mastectomía sobre la sexualidad de las mujeres atendidas en el Programa Salud de la Mujer. **Método:** estudio descriptivo, de enfoque cualitativo, con 14 mujeres sometidas a mastectomía total en Montes Claros/MG. La recolección de los datos ocurrió por medio de la entrevista individual semi-estructurada, en seguida, fue realizado el análisis a partir de la Técnica de Análisis de contenido. **Resultados:** tres categorías fueron definidas << Viviendo el cáncer de mama: la reconstrucción de la identidad femenina después de la mastectomía >>; << La mastectomía y sexualidad en tiempos de culto al cuerpo: implicaciones en el sentido de la corporeidad femenina >>; << Cuando la mastectomía transcende el cuerpo: las cicatrices en la sexualidad >>. Mujeres con mastectomía viven sentimientos como desespero, tristeza y pérdida, pero pasan a construir nueva definición de mujer. **Conclusión:** la experiencia de la mastectomía es diversificada y distinta para cada mujer, envuelve implicaciones sobre identidad, corporeidad y sexualidad. **Descriptor:** Neoplasias de la Mama; Mastectomía; La Sexualidad.

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INTRODUCTION

Breast cancer affects women the most, both in developing countries and in developed countries. Incidence rates vary between different regions of the world, with the largest in 2012 in Western Europe (96/100 thousand) and the lowest rates in Central Africa and East Asia (27/100 thousand). It is also the leading cause of cancer death in women around the world. For Brazil, there were 57,120 new cases of breast cancer expected in 2014, with an estimated risk of 56.09 cases per 100,000 women.¹

Risk factors for breast cancer are related to women's reproductive life, aging, family history of breast cancer, alcohol consumption, overweight, sedentary lifestyle, exposure to ionizing radiation, and high density of breast tissue.²

The scientific and technical advances in mastology allow improving the cure rates of women affected by breast cancer, contributing to the gradual increase in life expectancy. However, together with this development, there is a significant number of women affected by this neoplasia, at an advanced stage, requiring hospitalization and surgery, which for the great majority is mutilating.³

The total mastectomy is a surgical intervention with traumatic consequences and seen by the woman as an aggression by the fact of promoting the "castration" of a part of her body: the breast. Removal of the breast may trigger feelings of loss with reflexes on the female image, and often the woman does not have enough preparation to adapt to the changes that occurred after surgery.⁴

The physical dimensions of cancer also reveal a devastating scenario of a mutilating disease, with the additional connotation of dirty disease, which produces secretions, necroses and exudes unpleasant odors. These associations favor the stigmatization and withdrawal of cancer patients from social life.⁵

In the postoperative period of the mastectomy, the woman may present a series of difficulties in resuming her professional, social, family and sexual life, since there is difficulty in dealing with the body, since the surgery produces significant alterations in the body image and in the woman's self-image, which can affect her experiences of sexuality and her marital satisfaction. Such interferences in sexual practice are often experienced from physical changes brought about by cancer treatments such as breast

loss, fatigue, vaginal dryness, leading to pain and discomfort in intercourse.⁵

The breast, a bodily symbol laden with sexuality, when damaged by mastectomy, also promotes feelings of inferiority and self-rejection in women, and the greater the representation of the breast for a woman, the greater the impact of the feeling of loss after surgery.⁶

It is hoped that this study may provide health professionals with knowledge about the reflexes of mastectomy in women's sexuality, which demand differentiated and humanized attention to the context in which they are inserted. Moreover, in the scenario of this study, it can be subsidized the development of postures and actions by the professionals, attuned to the experiences of these women. For this, the following guiding question was elaborated: What are the reflexes of the mastectomy in the sexuality of the woman? Moreover, to answer it, the objective is:

- To describe the reflexes of the mastectomy on the sexuality of the women assisted in the Women's Health Program.

METHOD

This is a descriptive study with a qualitative approach. The subjects of this study were 14 women who underwent total mastectomy, followed up by the Women's Health Program of the city of Montes Claros, MG, Brazil.

Participants met the following inclusion criteria: women who underwent a total mastectomy in the minimum interval of one year; with cognitive capacity for the proposed questions; sufficient discretion to freely and comprehensively accept their participation in the survey and over 18 years old. The definition of the number of participants took place through the saturation of speeches.

The data collection was performed through the semi-structured individual interview, based on the following guiding question: "Tell me about your sexuality after the mastectomy." Data collection was performed from December 2013 to March 2014.

Before the research was carried out, the pre-test data collection instrument was tested to assess whether the interview script responded to the objectives proposed by the study. After the adjustments, the data was collected.

All the interviews were carried out in a private room, with a quiet and silent atmosphere, recorded with the consent of the participants and then transcribed in full in chronological order. Then the transcription of the interviews, the reading of the reports and

the codification with the letter E and a corresponding number (E1, E2, E3, E4, ...) were done to guarantee the anonymity and the confidentiality of the interviewees.

The data were analyzed by the technique of content analysis,⁷ being defined three categories: << Experiencing breast cancer: the reconstruction of the female identity after mastectomy >>; << Mastectomy and sexuality in times of cult of the body: implications in the sense of the female body >>; << When the mastectomy transcends the body: the scars on sexuality >>.

The study considered the ethical and legal aspects established in Resolution 466/2012 of the National Health Council. Authorization was obtained for the coordination of the Women's Health Program of the city of the municipality of Montes Claros through the Agreement of the Institution for Participation In Search. The research project was approved by the Committee on Ethics in Research - Opinion nº 764.728 of 09/20/2013, Certificate of Presentation for Ethical Appraisal (CAAE) 21013013.0.0000.5146. The preservation of the subjects' autonomy was guaranteed by the signing of the Free and Informed Consent Term.

RESULTS AND DISCUSSION

The participants of this study are 14 women, aged between 47 and 71 years old, 12 are married, one divorced and one single. As for the education level, 10 had complete elementary school; two had complete high school; one had complete higher education, and another was illiterate. As for the profession, one is a teacher; two are domestic, and 11 are housewives. Regarding the time of total mastectomy, three were performed in 2004, four in 2008, three in 2010 and four in 2012. None of the interviewees chose to perform breast reconstruction until then.

♦ Experiencing breast cancer: the reconstruction of female identity after mastectomy

This category revealed the impact of the diagnosis of breast cancer on the interviewees. Feelings of despair, sadness, annoyance, horror and the fear of death were experienced, as well as the reconstruction of the feminine identity.

The interviewed women, faced with the impact of the diagnosis of breast cancer, experienced feelings of despair and disorientation, as evidenced by the following statements:

The floor opened [...]. (E1)

[...] I panicked, I left, I went into desperation. (E6)

[...] I did not cry, I did not talk, I stood still. (E8)

[...] It was like this, I was like this without a floor. (E14)

In a study of the reactions of women to the diagnosis of breast cancer in Alfenas - MG, at the moment of the diagnosis feelings of fear and horror; uncertainty; anxiety symptoms; depression and panic disorder were revealed, as found in this study. These feelings reinforce the association of cancer with a negativity-laden disease that, momentarily, seems to dispel any hope for the continuity of life.^{8,9} Also in a study carried out in Vitória - ES with 84 women submitted to mastectomy, it was verified that breast cancer is a disease that represents different situations of threat, which can generate anxiety and a depressive state in the woman. Fear was perceived as to the success of the treatment, as well as the possibility of its recurrence and the fear of death.¹⁰⁻¹²

Women with breast cancer go through reflections and questions about the past and future life of the disease that will directly affect their way of life and their behavior towards their health. The process that results from the surgical intervention and adjuvant treatments cause changes in the relationship with the sexual and affective partner, family and friends; confrontation of prejudices and stigmas; review of identity positions adopted in sexuality; sexual life; self-image and self-esteem; the fear of recurrence of the disease; and possible patterns of anxiety and depression.⁸

Breast cancer is the disease most feared by women, due to its severity, unpredictable evolution, and mutilation, which causes significant changes in self-image. Receiving the diagnosis of breast cancer is devastating news, causing a strong impact on people's lives. The discovery of breast cancer has repercussions for many of the feelings of suffering experienced by women with mastectomy among them: despair, sadness, panic, crying, which are marked in women's lives as a traumatizing and worst moment of their lives. After the great impact of the discovery of breast cancer, the fear of dying appears in women.¹⁰⁻¹¹

This situation can be seen in the following reports:

So, I was desperate, and now I thought one more! (E1)

I thought I was going to die, too. (E3)

[...] My greatest fear was this, to die right! (E3)

Cancer is related to the belief that its wearer is doomed to death. This stigma is historical because of the few chances of cure that a cancer patient had long ago, with mutilating surgical techniques and the absence of effective adjuvant treatments.⁹ Despite advances in medicine in the early diagnosis and treatment of breast cancer, it is still seen as a “death sentence” by most women affected by the disease.¹¹

Breast cancer disrupts women's biopsychosocial functioning. Mastectomy, aggressive treatment, brings to women physical, social and psychological repercussions generated by uncertainties, fears, and anxiety because of aesthetic alteration due to mutilations or irreversible physical and psychological scars.¹³

The occurrence of breast cancer and the accomplishment of the mastectomy are considered remarkable and unforgettable experiences for the woman, who is faced with the need to face life in a new way since the disease brings changes, which cause to learn to deal with new situations, restrictions, and possible barriers.¹⁴ Also, women begin to rebuild their identity, to value their lives, manifesting feelings of overcoming, victory and are considered warriors because they go through a sad and arduous procedure that is the Mastectomy, as evidenced in the speeches:

I am a victorious woman, a warrior. I think I am a very strong woman. I am a warrior, after everything I have been through. (E4)

I think I magnified more; I feel superior to what I was before. A better person, more capable than before. Not for less, I felt for more. (E7)

I am a new woman. (E4)

Although breast cancer and total mastectomy were seen by most women as devastating, women undergoing a mastectomy in this study, after performing the surgery and the entire treatment took another look at their lives.

A study carried out with women also affected by breast cancer in Campina Grande - PB highlighted positive attitudes in facing breast cancer. There are many reasons for them to move forward: the children, God, and their courage, enough factors to define themselves as warriors and go for treatment.¹⁵

However, the overvaluation of the body in modern times is undeniable. Breasts are felt and seen as a symbol of the female being, being linked to eroticism, sexuality, as well as to the function of breastfeeding, and their extinction and sickness affect female sexuality and corporeality.

♦ Mastectomy and sexuality in times of culturing the body: the implications in the sense of female corporeality

The category demonstrated the representation and importance of the breast for women; the experience of mutilation; the self-image before the mirror and the denial of breast reconstruction.

The feelings of annoyance regarding the loss of the breast, and the representativeness of the breast were evidenced by the interviewees:

I was upset without the mama, without a piece of me. I had the chest, but now had to take it, it is sad [...]. (E1)

If you were born perfect and then take something out of yourself is very difficult. (E8)

[...] I felt so inferior, would be a common thing, I lose the arm, a leg, but the breast is a very important thing. (E11)

[...] People think that we will not give more breastfeeding after we know that the breast is the most important thing of the woman. The woman who does not have the breast looks like it is empty, there is nothing. (E12)

Research with spouses in Fortaleza - CE, showed that body image had been highly valued in society and especially in the media in general, reflecting considerably in the lives of people, especially women. Therefore, after the surgical procedure, they confirm the partner's dissatisfaction with the loss of the breast, generating feelings of sadness and devaluation of the female image.¹⁸ The most frequent complaints observed in another research highlighted the fear of not being more sexually attractive and the sensation of decrease of femininity, resulting in loss of self-esteem.¹⁹

The breast symbolizes the femininity of the woman and is full of representations, because besides being object of desire, satisfaction and sexual appeal, a strong icon in the contemporary culture, is also characterized as one of the first ties of narrowing mother and son, and independent of the age group in which the woman is, when she develops breast cancer, the emotional conflict between the real and the symbolic occurs. The loss of the breast weakens the woman in her sexuality, femininity, and motherhood. After the mastectomy, the woman begins a course of suffering, deep discomfort, and much sadness, due to the representativeness of the breast in her life.^{14,16-7}

The mastectomy has a strong repercussion on femininity, a mutilating character that affects self-image, causing the woman to experience a series of emotional, physical and social effects that are related to body

image.^{18,20} about the experience of mutilation, women of this study expressed themselves:

Because that breast is bigger, it makes a difference; it is strange. My chest was crippled on one side. (E2)

[...] So, I said I am going to get a mutilated woman. (E6)

[...] That is weird, look at that side and it does not have the breast, it has only one side. (E13)

Such testimonies show that these women refer to their bodies as mutilated, outside the standards of beauty, and they feel ashamed before society since the body image is an indispensable factor for the development of self-image and appreciation of people. The breast is a symbol of beauty, femininity and sensuality and the mutilation of it promotes enormous concern with body image and female identity.

Removal of the breast often results in negative repercussions for the woman, especially about her body self-image, implying in isolation behaviors due to sadness due to mutilation, shame, and fear of other people's prejudice. There is also information that mutilating surgeries can affect the perception of the body itself, generating changes in body image that may affect the sexuality of the patient undergoing these surgeries.¹⁴

After the mastectomy, the woman is faced with a moment of emotional fragility. It is when she feels the compromise of self-image, in which the asymmetry of her body becomes something extremely evident and painful and that, for many, only time will contribute to the assimilation of the new body image¹⁶, which was felt by the women of this investigation.

With the removal of the breast, the corporal modifications are aggravated, because there is a real confrontation with the body when looking at the mirror when the woman experiences the difficulty in being able to look at it and observe the physical changes resulting from the surgical therapy. The woman experiences coping with the absence of the breast in view of the difficulty/impossibility of breast reconstruction via the Unified Health System (SUS); the presence of lymphedema; the need to change the style of dressing, to hide the consequences of partial or total breast removal; the shame of physical appearance when naked in front of relatives.²¹ The experience of looking for the first time after mastectomy is present in the following testimonies:

Believe in God, father! I almost freaked out when I looked in the mirror ... It moved, very much with me, you know! (E5)

When I looked at it for the first time ... I gave a chuckle of laughter, but I laughed so hard, but I laughed so hard, I laughed, but tears came down. I do not know why, but I found it funny, different, missing a breast. I cried too much. (E6)

Looking at myself in the mirror was difficult! It was just a feeling of sadness, a lot, a lot and a lot. (E8)

Research performed with women with a mastectomy in Teresina/PI showed feelings of fear, shyness, strangeness, sadness, amazement, despondency and desolation among the interviewees, considering that the existing shock about physical perception is more evident after visualization of the result of the mastectomy before the mirror.²²

It becomes possible to understand the anguish felt by women after mastectomy and the reluctance to see themselves again in the mirror. The loss of the breast breaks the unity of the self-provided by the image of the reflected body itself. Consequently, the emptiness resulting from breast removal destabilizes the subject in her identity by the view of her body as incomplete.²³

Breast reconstruction was created to overcome breast loss resulting from mastectomy and aims to restore body aesthetics and improve women's self-image. Although breast reconstruction restored body integrity and softened the feeling of mutilation, the women in this study did not choose to perform it, since they were concerned about achieving the cure of the disease and the fear of undergoing a new surgical procedure was present.

The fear of a new surgery, even if it is to reconstitute the excised breast, makes the woman feel discouraged by the possibility of rejection and even death. In the present study, none of the participants chose to perform the breast reconstruction, because, in moments of physical and emotional fragility, the woman prefers to live with the absence of the breast in her day to day reconstruction.²⁴ This situation was expressed as follows:

My husband said he did not need it and so did I. That if I was thirty, right, that was something else. However, I was already fifty-five. Why do surgery again? Taking anesthesia again? (E10)

I am not thinking about it right now. I am thinking of taking care of my health. (E14)

A study on clinical, epidemiological factors for breast reconstruction after mastectomy found that although breast reconstruction does not delay the diagnosis or increase the risk of recurrence of breast cancer, it is still not an option for all women undergoing a mastectomy. The reason most often reported

not to undergo the procedure was the fear of a new surgical procedure. The age of the patients was the clinical-epidemiological factor with the greatest impact on if undergoing breast reconstruction. The higher the age of women, the lower the desire to undergo breast reconstruction, as these women no longer attribute the same value to the breast as younger women.²⁵

◆ When mastectomy transcends the body: the scars on sexuality

This category evidenced the shame of the woman with mastectomy in exposing herself to the partner, the negative impact on sexuality, loss of nipple sensitivity, denial of affective relationships, partner support or lack and abandonment.

The women in this study are in the climacteric period, the period of female life that occurs in middle age, characterized by metabolic and hormonal changes that bring changes involving the psychosocial context in which they are inserted. Changes in women's bodies include the psychosocial, cultural and situational influences that will influence sexuality, family, conjugal and social life. Climacteric, linked to total mastectomy, promotes changes in female sexuality.²⁶

The breasts, among other means and body languages used in the conquest of personal relationships, are considered, socially, a symbol linked to sexuality, femininity, eroticism and the ability to attract the partner. In this sense, some women, when they were disturbed by the absence of the breast, underwent some changes in the intimacy with the companion, feeling constrained in intimate moments of the life of two.²⁴ Such situation was expressed:

She did not change. Sometimes I would change clothes I would not let him see. He said stop being a silly girl! That is when I avoid showing myself. (E1)

Yeah, very embarrassing, right? Very embarrassed. I do not get totally naked in front of him. I am ashamed. I do not throw my clothes in front of him. I do not have courage. (E6)

I did not change in front of him at all; I told him to leave the room. I did not change in front of anyone.

In this context, breast extirpation has made women feel ashamed and embarrassed to undress before their partners. In front of their partners, as well as a study carried out in Maringá, Paraná State, the shame and fear of rejection, added to the inconvenience in showing the surgical site to the companion in moments of greater intimacy were scored by the women with mastectomy, in whom they hide their scars through the use of clothing.

Because the breast is a visible, palpable and aesthetic organ, the woman with mastectomy feels incomplete and mutilated. In the intercommunication between the genders, and in all its social context, the woman uses the breasts as a means of sexual arousal in moments of intimacy so that their absence can cause disruptions of these moments of pleasure:

There was a change, right? So, I do not feel like having sex anymore. (E3)

Oh, my daughter, I do not even think about it anymore, you know? I do not live sex anymore. For me, my life is over. I do not feel any more desire or pleasure. I just think about my loss; it is very difficult. (E13)

It is not what it was no more. We do not feel any desire anymore. It seems like we're done. (E14)

When experiencing the possibility of running out of one of her breasts, the woman tends to martyrize, worry about her partner's reaction to her appearance, which may even give up the relationship in some cases. After mastectomy, due to several factors influencing the marital relationship, such as changes in sexuality, women tend not to live intimate and sexual contact with their partners.²²

After the surgical process of mastectomy, there is sometimes a decrease or loss of sensation in the scar, which is a problem for several women. The loss of sensation generated by stimulation of the nipple (scar) is linked to the removal of the skin that covers the breasts, since the pleasures of the skin are integrated as a preliminary of adult sexual activity, either by stimulation of the area by oral caresses, either by touch.²⁷ The women in this study report this loss in touch sensitivity in the region of the affected breasts:

When he touched me ... I was numb like that. I felt a numbness. (E2)

The sensitivity is not the same ... it has changed ... it is different, it seems that it has lost (E10)

A similar fact occurred in a study on the sensitization of the operated breast region, in which 94.1% of the women submitted to mastectomy had a reduction in sensitivity in the operated breast and 82.3% completely lost touch and caresses in their breasts.²⁰

Body image is determinant on the behavior of the woman who suffers amputation of the sinus, which causes the woman to isolate herself, not only from the family but also from the friends and to have difficulty in starting a new relation, since the physical change, Whether visible or not, often changes the personality of a person who cannot deal with

her new image. Fear of rejection by others, pain, trauma, and inability to find positive reinforcement may be at the root of the difficulty in relating.²¹ Not wanting to get involved in other relationships was expressed by women:

I even got a boyfriend, after that, he used to go to my house, but I did not want to. (E4)

Oh, when I was fine I did not have anybody, imagine now missing a piece now that I will not rearrange. (E14)

In this research, it was also found that women after all procedures and the loss of the organ of multiple meanings, which is the breast, do not feel the desire for loving relationships and fear that no one will be interested in an incomplete woman. For these women, fearing that they will not be sexually attractive anymore, support from their partners becomes critical, although women will usually avoid this relationship for fear of rejection. For some, the partner's support, love, affection, and companionship are imperative, since the spouse plays a key role during all stages of treatment and women feel the need to be accepted, affectionate, understanding and affection. A diagnosis of cancer does not necessarily mean that the sexual relationship or intimacy with the partner should end.¹⁸

The reports showed the feelings experienced by women about their partners:

He was the key point in my life. (E1)

He even became more affectionate with me. (E5)

Moreover, he talked to me; you were a normal woman when I met you. He even jokes, there is still a little bit left for me, laughter. (E6)

Maybe he is much more affectionate yet. (E8)

He gave me greater strength and we are together today. (E10)

He gives me the support I need and strength. (E13)

Research conducted in Maringá-Paraná identified that the sexual partner is one of the most important sources in the care of women with breast cancer. Some women interviewed in this study realized that, for the husband, the sex life did not change after mastectomy. In general, husbands' behavior regarding understanding, support, friendship and affection intensified, and they learned to deal with and accept this new reality. However, there were reports of some women who experienced rejection of their partners, feeling abandoned after mastectomy.²⁴ This situation also occurred in the present study:

The worst is I stayed together for a long time, and after I had lost the breast he rejected me. (E1)

Look, it changed to the next, because the person I had when I stayed like this, he left me. He is no longer with me. (E4)

Society tends to regard sexuality as a way of maintaining a stable and solid relationship. When something like a breast cancer illness along with the surgical intervention of the mastectomy happens, it imposes the possibility of this act being interrupted, the marital relationship is shaken and often forms a reason for separation,¹⁴ as it did with these women in their testimonies.

CONCLUSION

This study showed some reflexes resulting from the mastectomy, in which the women interviewed experienced feelings such as despair, sadness, and loss in the face of the discovery of breast cancer. Even so, the interviewees could construct a new definition of women, considering themselves warriors after the procedures to which they were submitted. However, there are reports of inferiority, annoyance regarding mutilation and loss of the breast.

Regarding the sexual relationship, they described feelings of shame in exposing themselves in moments of intimacy with their sexual partners, decreased sexual desire and loss of sensation in the region of the operated breast. However, some reported affection, support, and love received from the companions and others, experienced rejection of the sexual partner in this delicate moment.

In this context, it was observed that the mastectomy experience is broad and distinct for each woman, since it involves implications on their identity, body, and sexuality, making it necessary to work jointly with the multi-professional team, which plays an important role in the caring process and to try to rescue the self-concept that the woman with a mastectomy has of herself. It should be remembered that this care must be covered with humanization so that the reflexes of the mastectomy can be minimized in the life of the women in the scenario of this study.

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Submission: 2015/03/29

Accepted: 2016/09/13

Publishing: 2016/11/15

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