Objective: to describe the knowledge of mastectomized elderly women about bras and external prostheses. Method: this is an exploratory, descriptive study of a qualitative approach, with the participation of 20 elderly women. The data were produced from recorded semi-structured interviews; then, they were transcribed and analyzed with the Content Analysis Technique. Results: The convergent information subsidized the units of significance that emerged the three thematic categories, namely: << The bra and external prosthesis: recognizing to use >>; << The benefits in the use of bra and/or external prosthesis >>; << The needs, feelings and experiences of mastectomized elderly women >>. Conclusion: the elderly women revealed limited and insufficient knowledge about the use of this technology. There were aesthetic benefits and difficulties in the precariousness in the guidelines to have access to the prosthesis. Descriptors: Women; Elderly Women; Breast Cancer; Nursing.

RESUMO
Objetivo: descrever o conhecimento de mulheres idosas mastectomizadas sobre os sutiãs e as próteses externas. Método: estudo exploratório, descritivo, de abordagem qualitativa, com a participação de 20 idosas. Os dados foram produzidos a partir de entrevistas semiestruturadas gravadas; em seguida, foram transcritas e analisadas pela Técnica de Análise de Conteúdo. Resultados: as informações convergentes subsidiam as unidades de significado que emergiram as três categorias temáticas, a saber: << Sutiã e prótese externa: conhecer para usar >>; << Os benefícios no uso de sutiã e/ou prótese externa >>; << Necessidades, sentimentos e experiências das idosas mastectomizadas >>. Conclusão: as idosas revelaram conhecimento limitado e insuficiente para o uso desta tecnologia. Houve benefícios estéticos e dificuldades na precariedade nas orientações até o acesso às próteses. Descriptors: Mulher; Idosa; Câncer de Mama; Enfermagem.

RESUMEN
Objetivo: describir el conocimiento de las mujeres ancianas mastectomizadas acerca del bra y el prótesis. Método: este es un estudio exploratorio, descritivo, de enfoque cualitativo, con la participación de 20 ancianas. Los datos fueron producidos a partir de entrevistas semi-estructuradas grabadas; a continuación, fueron transcritas y analizadas por la Técnica de Análisis de Contenido. Resultados: las informaciones convergentes subvencionaron las unidades de significado que surgieron las tres categorías temáticas, a saber: << El bra y prótesis externa: aprenda a utilizar >>; << Las ventajas en el uso del bra y/o prótesis externa >>; << Las necesidades, sentimientos y experiencias de las ancianas mastectomizadas >>. Conclusión: las ancianas mostraron un conocimiento limitado e insuficiente para el uso de esta tecnología. Hubo beneficios estéticos y dificultades en la precariedad de las directrices hasta el acceso a las prótesis. Descriptors: Mujer; Mujer Mayor; Cáncer de Mama; Enfermería.
INTRODUCTION

Known for centuries, cancer was considered a disease of the developed and rich countries. For nearly four decades, the situation is changing, and most part of the global burden can be observed in developing countries. Thus, in the last decades, cancer got a higher space, revealing an evident problem of global public health.

In Brazil, the estimates for the year 2014, which are also valid for the year 2015, there are expected 57,120 new cases of breast cancer, with an estimated risk of 56.09% cases for each 100,000 women, what only reinforces the magnitude of cancer problem in the country, according to the National Cancer Institute. The World Health Organization (WHO) estimated that in the year 2030 it can reach 27 million incident cases of cancer, 17 million deaths by cancer and 75 million living people annually with cancer.

In addition to being relevant from an epidemiological point of view, breast cancer is a challenge for the Brazilian Health System (SUS), for the magnitude and need for assistential services increasingly complex and for the great need to incorporate new technologies. The cancer mortality is influenced not only for clinical and socioeconomic factors, but also by the availability and quality of care provided.

However, it is necessary to give a special look and to inform the women with mastectomies that there are other resources, such as external breast prosthesis, which has the sole purpose of improving the feminine aesthetic. It is recommended to maintain the posture, it prevents the elevation of the affected side of the shoulder and the flexibility of the spine, due to the imbalance caused by the asymmetry of weight caused by the removal of the breast.

This assistive technology requires a plan of care, educational, informative and individual ratings, ranging from the design of the size, weight and external prosthesis format to the adequacy of evidence of the prosthesis by the user. The weight of the breast implant should be equivalent to the other breast. The bra and/or external prosthesis should be soft and adaptable, it should provide comfort and safety, and otherwise you may be uncomfortable and hinder the lymphatic circulation, leading to lymphedema, especially when there is tension on the breast extracted.

Given the importance of breast cancer problematic it was delimited as subject of study the knowledge to perceptions, feelings and the use of bra and external prostheses for mastectomized elderly women. So, this study aims to describe the knowledge of elderly women about bra and external prostheses.

METHOD

This is an exploratory and descriptive study with a qualitative approach, held at the Foundation Maria Carvalho Santos (FMCS) in Teresina-PI. This is a non-governmental and philanthropic organization, the main place of reference and support to women with breast cancer.

The study participants were 20 elderly women who underwent mastectomy, who did not have breast reconstruction. The other sociodemographic characteristics can be seen in Figure 1.
mastectomy for over seven years, what demonstrates an even greater precariousness in the information and guidance of these women by health services which have undergone surgical procedures. It is also believed that the technology of external prosthetic breast is still difficult to access, and even the information is poor.

The knowledge expressed in the statements of the study participants, generally, is limited to the purpose of aesthetic improvement, as many use the bra and/or only occasionally external prosthesis, when they leave home, what shows the lack of therapeutic role in preventing deformities in the spine, with scoliotic deviations that lead to loss of balance, falls and walking difficulties, as express the statements below:

 [...] I know, since I took the breast I learned. Use only when I leave the house, very annoying. When it comes to someone by surprise, I am ashamed; I am without the prosthesis [...] (Dep 3).

 [...] Yes, the doctor told me that it is plastic, but soon he said: you will not breastfeed, nor has a husband, is a widow, then you don't even need [...] (Dep 8).

 [...] I am not aware, was everything that I wanted, was to put other breast in place, I am with hand wither and without hair me dublin of all [...] (Dep 12).

 [...] use a bra and external prosthesis, sometimes angry, hurt should be natural and not synthetic [...] (Dep 18).

 [...] I am not aware. When i was doing chemo i heard some women talking [...] (Dep 20).

A higher level of education and access to information through books, magazines, newspapers and the internet were clear as decisive in the formulation of a more consolidated knowledge and greater compliance with the bra and/or external prostheses. In addition, the deponents underwent recently to surgical procedures where the health services and to non-governmental organizations such as the Foundation Maria Carvalho Santos in Teresina-PI.

Among the twenty elderly study participants, nine of them make use of bra and/or external prostheses regularly. When being asked about the benefits of these technologies, they expressed that limited the improvement of the appearance and aesthetics, relating to positive body image and thus minimize the social prejudice caused to the mutilations and deformities resulting from breast removed.

The investigated older women showed greater level of knowledge about the bra
And/or external prosthesis not only adhered to the therapeutic use, as expressed improvement in quality of life achieved with the use of this technology, it is possible to identify in the statements below:

[...] I’ll feel better, I will be willing to go out of the house, back to hydrogymnastics and horse […] (Dep 1).
[...] Improves self-esteem, looks better in clothes, feel secure and balanced, don’t be shy […] (Dep 2).

♦ Thematic category: the benefits in using bra and/or external prosthesis

The benefits reported in the statements of the interviewed elderly are directly proportional to knowledge, access and adequate and systematic use of bra and/or external prosthesis, which minimizes the loss of body aesthetics and ensures a better appearance and the consequent increase in self-esteem, favorable social relationships and even marriage, as expressed by the following statements:

[...] I felt better, perfect, I am better […] (Dep 4).
[...] Correct hand wilted, back to look in the mirror, attend to the things of my neighborhood, become more beautiful (Dep 12).
[...] feel better, do not be ashamed to submit anywhere, not to isolate, balance (Dep 15).

Certainly, the benefits identified in the older lines are not limited to physical and objective aspects experienced by these women after the discovery of a serious illness, stigmatizing, high mortality, and that with mastectomy, bisects a great symbolism body for identity female, which safeguarded sensuality and greater stability in the exercise of sexuality. The testimony also revealed that these older sought using the bra and/or external prosthesis, security, balance, well-being feeling, improvement in personal and social relationships. SUS provides breast reconstruction for all women who undergo mastectomy and having medical indication by Law Nº 11,664/2008. In the routine of health services; however, there is non-compliance of legal provisions that guarantee this right to women with mastectomies.

♦ Thematic category: needs, feelings and experiences of older mastectomized

In this category, the statements which contributed to give a convergent meaning unity manifest that the needs of mastectomies older, not reconstructed breast, ranging from the precariousness of information on external aids, the guidelines about the benefits of this technology to guarantee free acquisition, evidence and training for proper use.

The speeches verbalized the lack of access to devices, both bra as the external prosthesis. Eight of the women interviewed reported no knowledge of how to get where and how they are marketed. By ignorance and non-use of external prostheses, the elderly were unprotected and neglected the option of choosing this action, considered of great value to restore and prevent health problems such as imbalance, to leave one side of the body with less weight, tending the shift of the gravitational axis, which often leads to deformities in the spine, favors falls and changes walking.

In speaking about those who use regular and/or sporadic external prostheses, there was a larger expression of considerable unease over its use, mainly due to room temperature in Teresina/PI, where the weather is extremely hot, approaching 40° C, more than half the year. It is believed that such discomfort, the use of this posture rehabilitation technology also arises from the fact that the said prostheses are produced with synthetic material based sponge and polyethylene product impervious to perspiration and often leave irritated skin; they cause redness and expose the region favorable to infection.

In the following lines, become evident the many needs felt and expressed by elderly participants in the study:

[...] Lack of access to the bra and/or external prosthesis […] (Dep 1).
[...] No, I don’t use, tried, appeared an irritation too strong, was wounded, thin skin, it looked like a sunburn, […] (Dep 9).
[...] shame, by age, […] (Dep 6). […] Lack of access to the bra and external prostheses, I really wanted was the reconstruction of the breast […] (Dep 9).

Among the reasons for the scarcity of information and guidance about the external prostheses, there was highlighted the lack of knowledge by the mastectomized elderly about the Public Elderly Care Policies, mainly in the chapter referred to the Rights of Mastectomized Elderly. The Laws 9,797/99, 10,223/01 and 11,664/08 guarantee to all women who undergo mastectomy the immediate reconstructive plastic surgery of the breast. In the speeches of the deponents there were identified not only the lack of knowledge about these legal devices of rights and citizenship, as well as the denial by the side of health professionals who perform the mastectomy, about the possibilities and the
This need for information and guarantee of rights was evidenced in the testimonials of the women from the study sample, as confirmed in the following lines:

 [...] Is the health care system available to all women? Mastectomized women are entitled, but it is not clear to us that we exercise, as well as the breast tissue reconstruction [...].

 [...] Little talk and care for the older woman, as if the breast did not exist, especially in the countryside, now I’m living in the capital [...] (Dep. 20).

Another aspect that proved evident in meeting the needs of older women, the research participants point to the importance of knowledge in making the decision to use or not the bra and / or external prostheses; which thus enhances the gender component in old age, establishing a sexless standard for that age — especially women. Considering the mastectomized elderly the search for aesthetic improvement with the use of external prosthesis or fight to guarantee the reconstructive plastic breast, as she is old, especially if widow, should no longer have sexual activity and / or will not need to maintain a balanced and healthy posture.

The importance of multidisciplinary effort concerning care to patients with cancer, including professionals from different areas of knowledge, qualifies assistance, helping to ease the discomfort such as nausea and vomiting caused by the action of the drug and it can lead to loss of appetite, the participation of professional nutrition adds great contribution as well as the professional dental assisting in the changes as mucositis, candidiasis and other changes in the oral cavity, in psychology support the psychological and emotional changes often. The importance of implementing a system of multidisciplinary care for cancer patients and professionals qualified to meet providing better result in treatment.

CONCLUSION

It was evidenced in practice and empirically, with confirmation on the reports of the elderly investigated, that the misinformation and lack of assistance services in the prevention, early diagnosis, treatment and rehabilitation are still higher than the installed capacity, and the human resources trained to meet a demand as growing of such assistance; yet, the disinformation about their rights guaranteed in law and about the other therapeutic possibilities, which can ensure a better rehabilitation, minimizing damage, sequels and deformities that affect the health and quality of life post-mastectomy, among which there are the bra and the prostheses.

This study confirmed the assistential gaps that were submitted to the elderly; then, emerged the need for approximations and articulations about this task and the testimonies of the women with a constitutive theoretical support of human care that would go beyond the physical and psychological aspects, chaining the social, spiritual and cultural spheres. One of the findings in research showed the variety of reasons and personal feelings generated by the disease itself, permeated with beliefs, values, myths, fears and shame in the expression of the elderly investigated.

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