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PERCEPTION OF WOMEN WITH MASTECTOMY ON RECONSTRUCTIVE BREAST SURGERY

PERCEPÇÃO DAS MULHERES MASTECTOMIZADAS SOBRE A CIRURGIA RECONSTRUTIVA DA MAMA

PERCEPCIÓN DE LAS MUJERES CON MASTERCTOMIA SOBRE LA CIRUGÍA RECONSTRUCTIVA DE LA MAMA

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ABSTRACT

Objective: to analyze the perception of the women with a mastectomy on breast reconstructive surgery and the feelings about their condition. **Method:** this is a descriptive exploratory study with a qualitative approach. For the collection and analysis of data, a semi-structured individual interview was conducted with sixteen women with mastectomy, and the content analysis technique was used in the analysis of information. **Results:** among other factors, self-perception significantly influences the acceptance of the new condition and the option for the procedure. Although relevant and highly influenced, most participants showed a lack of interest in adhering to it. **Conclusion:** in many cases, the self-image is posteriority, the health is primordial, so they dismiss it since they consider that such a procedure can change the acquired homeostasis after so much suffering, not compensating to risk "health" for vanity. **Descriptors:** Breast Neoplasia; Mastectomy; Mammoplasty.

RESUMO

Objetivo: analisar a percepção das mulheres mastectomizadas sobre a cirurgia reconstrutiva da mama e os sentimentos acerca de sua condição. **Método:** estudo exploratório-descritivo, com abordagem qualitativa. Para coleta e análise de dados, realizou-se entrevista individual semiestruturada com dezesseis mulheres mastectomizadas e utilizou-se da técnica de análise de conteúdo para a análise das informações. **Resultados:** a autopercepção, entre outros fatores, influencia significativamente na aceitação da nova condição e na opção pelo procedimento. Embora relevante e muito influenciado, a maioria das participantes demonstrou desinteresse em aderir-lo. **Conclusão:** em muitos casos, a autoimagem é posterioridade, sendo a saúde primordial, assim, dispensam-no, pois consideram que tal procedimento possa alterar a homeostase adquirida após tanto sofrimento, não compensando arriscar a "saúde" por vaidade. **Descritores:** Neoplasias da Mama; Mastectomia; Mamoplastia.

RESUMEN

Objetivo: analizar la percepción de las mujeres con mastectomía sobre la cirugía reconstructiva de la mama y los sentimientos acerca de su condición. **Método:** estudio exploratorio descriptivo, con enfoque cualitativo. Para recolección y análisis de datos, se realizó una entrevista individual semi-estructurada, con dieciséis mujeres con mastectomía, y se utilizó la técnica de análisis de contenido en el análisis de las informaciones. **Resultados:** la autopercepción, entre otros factores, influye significativamente en la aceptación de la nueva condición y en la opción por el procedimiento. A pesar de relevante y muy influenciado, la mayoría de las participantes demostró desinterés en adherirlo. **Conclusión:** en muchos casos, la autoimagen es posterioridad, la salud es primordial, así dispensándolo, pues consideran que tal procedimiento pueda alterar la homeostasis adquirida después de tanto sufrimiento, no compensando arriesgar la "salud" por vanidad. **Descriptor:** Neoplasias del Seno; Mastectomía; Mamoplastia.

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INTRODUCTION

The National Cancer Institute (INCA) reports that breast cancer (BC) affects the most women in the world. In Brazil, 57,120 new cases are estimated for 2014, representing an incidence rate of 56.09 cases per 100,000 women.¹ As a result of its high incidence, this neoplasm becomes a major concern, mainly due to the psychosocial impacts causing on women's lives, such as living with a disease related to stigma, suffering from prejudice that arises from family members and/or partners, constantly living with uncertainties and the likelihood of relapse.²

Mastectomy is one of the possible therapeutic approaches for the woman affected by this cancer, with consequent mutilation of the breasts. The repercussion of this treatment on the life of women can lead to confrontation/experiencing biopsychosocial consequences.³

In Brazilian culture, the breasts are considered symbols of the feminine identity; they have relation with the sensuality, eroticism, sexuality and with the beauty. Besides playing an important physiological role from puberty to adulthood, they are also a symbol of fertility due to the ability to breastfeed. Hence the appreciation of the body, especially by women, since society adopts a stereotype of a perfect body, as can be seen in advertisements, the image of women with a beautiful body.³ Knowing this, acquiring a disease in this structure of the body destroys all possibilities of woman's symbolization as a feminine being. Women report having their bodies mutilated, outside the standards of beauty, and they feel ashamed before society.³

There are innumerable difficulties caused by breast amputation, indicating that the modified body image is determinant in the self-perception and the body of the other people.⁴ Although the experiences related to the BC have different representations for each woman, there are common feelings in women with BC regardless of age and marital status.⁵ The predominant feelings of these women are fear, shyness, sadness, strangeness, astonishment, despondency, that is, a desolation the situation in which they are. There are also feelings of frustration, shame, and devaluation of self-image, of the body, non-acceptance of the current condition and changes in sexuality. Also, the loss of the breast caused feelings of rejection and

inferiority affecting unfavorably the self-esteem.⁶

The amputation of a part of the body leads to a differentiated lifestyle, in which people in this condition can not fit into the patterns of normality and appearance (aesthetics) defined and valued by contemporary society.⁷

The impact of breast loss [...] has contributed to the choice of Breast Reconstructive Surgery (BRS) as a therapeutic option. This feature attempts to smooth out the physical and psychological damage caused by mastectomy, by rebuilding body image and self-esteem. This procedure can enable reconstructing a breast similar to a natural one and possible at different stages of treatment, immediately after mastectomy or later.² Thus, for those who choose this procedure, it is possible to incorporate concepts quality of life, integrity, preservation of self-image and, consequently, a less traumatic rehabilitation process into the treatment of such a disease, bringing physical, psychological and social benefits.⁸ Thus, BRS has a positive impact on the quality of life and self-esteem of these patients.⁹

The right of the women with mastectomy as a result of BC to BRS is assured by law in Brazil. Approved by the National Congress and sanctioned by President Dilma Rousseff, Law 12,802/2013 obliges the Unified Health System (SUS) to make the BRS soon after the cancer removal, when there are medical conditions.¹⁰ According to the law, if immediate reconstruction is impossible, the patient should be monitored and guaranteed by the BRS and should be performed immediately after reaching the required clinical conditions.¹¹ However, there is a restriction: not all patients are indicated for BRS, especially when the cancer is very aggressive.¹⁰

In the context of the health team assignments, it is important to provide information regarding the health problem, the treatments and the possibilities of aesthetic interventions, because this information helps to reduce the feelings of doubt, fear, worry, and nervousness. In this way, the human being should be considered in a holistic way, allowing health professionals a vision that privileges care practices in a comprehensive and humanized way, aimed at improving the quality of life in all its breadth.⁶

This study aimed to analyze the perception of the women with a mastectomy on breast reconstructive surgery and the feelings about their condition.

METHOD

This is a descriptive, exploratory study with a qualitative approach. The participants were 16 women who were/are submitted to BC treatment, mastectomy, who performed/did not perform the BRS. They were recruited at the Afra Barbosa Health and Maternity House or the Manoel André Hospital Complex (CHAMA), both located in the city of Arapiraca (AL), Brazil and chosen because they are a reference for BC in the Agreste region of Alagoas. The women who underwent mastectomy because of BC, who had or did not join the CABG, over the age of eighteen and in full use of the mental faculties were included.

Participants were collected while awaiting care or undergoing chemotherapy at these health facilities, and the number was defined on a sample basis, using data saturation. The data were collected through a semi-structured individual interview, from April to June 2014. Later, they were transcribed in full to make the analysis feasible.

For the analysis and treatment of the data, the Bardin content analysis technique was used¹², and the discussion of the data was through the dialogue between the fragments of women’s speeches, the results derived from these statements and the relevant literature.

Data collection took place after the approval of the Research Ethics Committee (CEP), Federal University of Alagoas (UFAL), held on October 29, 2013, in compliance with the norms that govern human research. Declaration of Helsinki (1964) and Resolution N° 466/12 of the Ministry of Health, and approved under the protocol number 439.385, 10/25/2013, by the Certificate of Presentation for Ethical Assessment N° CAAE - 13137913.7.0000.5013; And with authorization from the Municipal Department of Health and the directors of the services. Also, the participants formalized the acceptance of participation by signing the Informed Consent Term (TCLE). As a guarantee of anonymity, the participants will be designated by names of precious stones.

Subject	Type of mastectomy and elapsed time/	Age (years old)	Marital status	Education	Occupation	Religion
Agate	Partial, one year and two months	36	Married	Complete elementary school 2	Agriculture	Catholic
Amethyst	Partial, 14 years	76	Separated	Illiterate	Agriculture	Catholic
Aquamarine	Radical, four years	39	Single	Incomplete elementary school	Housewife	Catholic
Crystal	Radical, six years	69	Married	Illiterate	Agriculture	Catholic
Diamond	Partial, one year	39	Married	Complete high school	Servicewoman	Catholic
Black Diamond	Radical, eight years	53	Separated	Illiterate	Housewife	Evangelic
Emerald	Radical, immediate BR, four years	42	Stable Union	Complete higher studies	Social assistant	Catholic
Jade	Radical, nine months	49	Married	Complete high school	Housewife	Evangelic
Malachite	Radical, six years	33	Married	Incomplete elementary school 2	Agriculture	Evangelic
Pearl	Radical, six months	27	Married	Incomplete high school	Housewife	Catholic
Black Pearl	Radical, nine months	62	Married	Incomplete elementary school	Agriculture	Catholic
Ruby	Radical, three years	41	Married	Complete elementary school 2	Agriculture	Catholic
Sapphire	Radical, immediate BR, three years	43	Married	Complete elementary school 2	Housewife	Evangelic
Topaz	Radical eight months	41	Married	Complete higher education	Accountant	Catholic
Tourmaline	Radical,	57	Married	Illiterate	Agriculture	Evangelic

eight years

Figure 1. Characterization of study subjects. Arapiraca (AL), Brazil, 2014.

Specific note: EF1I- Elementary School 1 Incomplete; EF2I- Elementary School 2 Incomplete; EF2C- Elementary School 2 Complete; EMI- Incomplete High School; EMC- Completed High School; ESC- Complete Higher Education.

RESULTS AND DISCUSSION

In this chapter, each of the thematic units was described and discussed in a dialogical relationship between speech fragments (record units) and the literature dealing with the same object of study or related objects.

The thematic units that emerged from the speeches and discussed are below: Reaction to the discovery of disease and amputation; Functional and esthetic commitment of the mastectomy woman; (Un) knowledge of women about BRS; The possibility of BRS: aesthetics and self-esteem of mutilated women.

♦ Reaction to the discovery of disease and amputation

On this thematic unit, two subcategories were identified that classify the contents of the speeches of the study participants: Feelings in the face of the discovery of the disease and mastectomy; And, The confrontation of the disease: faith in God, the support of family and friends.

In the data presented, in the discovery of BC and the need to perform mastectomy, a moment that affects both the woman’s life and her family, were identified as the reaction of the great majority of women, the denial of the disease, fear and not accepting the mutilator treatment, which, after the phase of impact caused by the diagnosis, was gradually replaced by the recognition of the need to perform the treatment also by the acceptance of its new condition.

The feelings often reported at this time of discovery can be described as sadness, despair, shock, panic and depression, which seems common to all women interviewed. Everything that has been said previously can be verified in the following statements:

Oh, it's hard. First, the person does not want to accept that he has the disease [...] (Pearl)

It was sad! Knowing that you are going to lose an organ[...] Now, at the same time, the person complies because he has to take care of himself and continue life. (Ruby)

The first part is a desperation! But then the person is conforming. (Topaz)

When the doctor said I had cancer, I panicked, I cried so much, I did not want to stop. (Tourmaline)

When I went to do the surgery, I became depressed, sad[...] I did not accept to take the breast; I did not want to remove it. (Aquamarine)

I was three days in shock after the result. I did not eat. Then it passed, and I continued the process that has to be. (Diamond)

Psychologically, my, I was floorless! [...] I cried a lot, I needed to be accompanied with medication, [...] everything. (Emerald)

It is notable that the repercussions resulting from the diagnosis of the disease are mostly experienced negatively since it is a moment of intense suffering for these women, who are faced with the eminence of death, followed by the fear of becoming dependent.¹³

With the knowledge that she will perform the mastectomy, the woman feels fragile, and the withdrawal of the breast becomes a difficult process for acceptance, implying that those experienced at the moment are quite significant, thus increasing suffering.¹⁴

In this period, the woman can lose her homeostasis and go through periods of anger, sadness, restlessness, anxiety, anguish, fear and mourning. This is because uncertainty and the possibility of recurrence or death are present.¹⁵

In the midst of all the repercussions caused by the diagnosis of the disease and its treatment, faith in God and the support of family and friends were observed as alternatives that help in coping with the disease, by promoting support, strength, confidence, comfort and encouragement, while assisting in the process of acceptance of the disease and in encouraging the treatment, as explained in the following statements:

At first when I discovered it was an impact! But I took the hand of God and moved on. (Agate)

With the support of the family, the husband, the boys, the church staff, I was helping to get up. IM getting better! (Jade)

Family! Support is family. If you have a good mate, lean on him! Son, friends [...] The family is the key word! (Emerald)

Religious faith is pointed out as one of the main ways of coping, and religion is configured as a fundamental means of support in moments of pain and suffering. At the same time, the family also plays a role in sustaining

and encouraging performance, supporting and giving strength and affection in the most difficult moments of these women, which allows them some stability to fight against adversity, [...] achieving a better Acceptance in diagnosis and treatment.¹⁴

The participants reported almost entirely that there was much support from the family, from the spouse. This marked and traumatic event seems to have been configured as an opportunity for rapprochement, for family integration. Family participation in this process can be a factor influencing the redefinition of roles, social reintegration, acceptance of their image, as well as the (un) valuation of the restoration of their body image.

Receiving a diagnosis of a disease-burdened with stigma and prejudice, experiencing negative feelings, relying on faith in God, being comforted by family and friends, and then feeling strong to face treatment meant to these women change in Your lives. From the illness, they came to see the world and to face the problems in a different way. This probably contributed to attachment in religious faith to be the coping mechanism of these women.¹⁶

♦ Functional and aesthetic commitment of the woman with a mastectomy

In this thematic unit, three subcategories were selected that classify the contents of the participants' speeches: Physical complaints and limitations related to breast amputation; The woman with mastectomy and her self-image; and Comfort before the mutilation: health.

As discussed previously, mastectomy is one of the possible therapeutic approaches for the woman affected by BC, with consequent mutilation of the breasts. The repercussion of this treatment on the life of women can lead to confrontation/experiencing biopsychosocial consequences.³ Thus, the woman with mastectomy can present numerous difficulties when resuming their activities. Physical and functional limitations related to daily habits and work were frequently cited in participants' discourses, described as fatigue, discomfort and movement restrictions in the arm corresponding to the extracted breast, which can lead to changes in the daily habits, in the roles of the woman, housewife, mother, wife and income provider, and may even represent losses or the end of his professional career. The following statements highlight these statements:

To work, yes. Doing things with one hand. I never worked again. If you do anything, it hurts, it ignites. (Crystal)

Only the arm itself, which is weak, uncomfortable. (Quartz).

At one year and eight months, I returned to work with effort restriction in the arm. (Emerald)

Only the fatigue, even, that I feel in the arm [...] (Agate)

I have trouble sleeping because I have the habit of sleeping in a cage, that's no good, because I feel pain. (Malachite)

It disturbs. I feel pain in the back, on the arm and very tired. Even sleeping is bad. I do not work anymore; I do not take the weight. (Tourmaline)

As reported in the testimonies, mastectomy has altered the continuity of household or daily chores, leading women to a sense of loss of autonomy by perceiving in a condition in which they are removed or minimized the work possibilities previously performed.¹⁷

The physical complaints resulting from the extension of the surgical treatment procedure, on functional capacity and quality of life in post-mastectomy, promote the reduction of the range of motion and muscular strength in the abduction, flexion and lateral rotation movements of the homolateral shoulder to surgery.¹⁸ Similarly, even if it is classified as mild to moderate, pain should be considered, since it is a negative and limiting factor, and it may be attributed to emotional and individual factors of pain management, since Are women who have been treated for cancer.¹⁹

Patients who report greater impairment in the presence of symptoms and dysfunctions in the upper limbs have a worse health perspective and quality of life.²⁰ However, for a few women, the changes caused by mastectomy do not seem to influence negatively the performance of daily activities, which can be noticed in the lines below:

To disturb, it does not disturb. The worst part is being without the breast. But in my life, what I do in my daily life does not get in the way. (Topaz)

Do not disturb me! I look at it like this [...] I miss it, but [...] It does not influence much. (Jade)

This evidences that the experiences derived from BC and its treatment can bring peculiar demands and repercussions²¹⁻² since they are experiences unique to women²² from their life stories.²¹ Thus, women can react in different ways, although for all of them BC is a frightening experience.²¹ Therefore, some of

them try not to change significantly their life routine.²²

Besides the functional restrictions resulting from this therapeutic modality, a great concern, verified in the majority of the interviewees, is focused on the aesthetic after this surgical procedure, since it consists of a therapy that negatively alters the body image, interfering precisely in the vanity, in the symbology of the woman while being female, which matters so much to women themselves as to society, adopting a perfect and healthy body model, while marginalizing those who do not fit the standards of beauty imposed.

Here, there are the reports about self-image in the absence of the breast:

Knowing that you're going to lose an organ is very sad. (Ruby)

It moves a lot in the case of the woman, through vanity, it was very difficult. I cried a lot, [...] I had to be accompanied, with antidepressant, anxiolytic, everything. (Emerald)

When I look in the mirror [...] There's something missing. I took only one part, but it's not the same. I feel disgusted! (Diamond)

But so far, the worst part is without the breast. (Topaz)

The performance of the mastectomy greatly weakens these women who see their femininity being affected and often in an irreversible way.¹³

With this, the woman's perception of her self-image can lead to suffering and damage in different areas of life, but the first confrontation occurs when she looks at herself in front of the mirror and faces her impaired feminine image. It provokes feelings of dissatisfaction, depreciation, impotence, shame, impairing their well-being, their self-esteem, clothing, leisure and social relations, which may also reflect the way other people perceive and react to it.

When she perceives herself without the breast, the woman seeks new possibilities, seeking alternatives to deal with the aesthetic alteration caused.²³ Thus, some devices are used to disguise the absence of the amputated breast, as shown in the following statements:

I cover everything, and I do not show anything else. (Diamond)

It's difficult! Especially when I'm going to put on a blouse, I'll pack a towel for now, but I'll buy a prosthesis. (Pearl)

When I'm home alone, no, but when people come I put on something not to get ugly. (Black Pearl)

I only wear a bra and the prosthesis, but I do not like using the prosthesis. Then I fill it and put it on. (Aquamarine)

According to the reports, most women call for the use of a stuffed bra, others with silicone or tissue prostheses to fill the space left by surgery.²³ In this sense, body image and self-esteem altered because of the loss of the breast lead these women to a sense of strangeness when viewing the body in the mirror. The painful and complex experiences experienced in this process, together with the sensations of deficiency and strangeness with the body, in the daily life, respectively, make it difficult to live with oneself and with others, affecting their existence from mastectomy.¹⁷

In the woman's life, all these changes imply the need for a personal readaptation that extends to the family, to the loss of the breast, and to the loss of identity and femininity.²³

Although breast disease and amputation may lead to negative repercussions, some reports have also found that for some women, the absence of breast, aesthetics, vanity seem to no longer influence their lives so much, especially for older women, where the conjugal relationship seems to consist only of friendship and companionship. For them, what matters is healing and survival, which are their priorities. Health seems to be enough for their comfort.

I did not suffer much! I asked God to take away all that was bad from me. He took it, took it! (Black Diamond)

The important thing is to be well! If the problem came, if that piece is bad, you have to take it out. (Agate)

It does not influence much. To be with rejection, trauma because I lost the breast, no [...] I'm good! We put it on the head that it was sick. Why leave? Did not play throw away! (Jade)

Over time, women mature into the idea of mastectomy and are led to conformity and acceptance.²³

Based on the participants' reports, it was almost possible to contact the families and their spouses for support, and they were able to cope better with all the recommended treatment.²³

When experiencing of being submitted to surgery for BC treatment, the woman begins a new and long trajectory in her life, ranging from the acceptance of the disease to the readjustment and psychosocial adjustments, due to the fact of provoking a condition of vulnerability and of considerable emotional losses, bringing great and significant changes

in their daily life, whose uncertainty of a future is added to despair and fear of death.

♦ (Un) knowledge of women about BRS

In this penultimate thematic unit, three subcategories were identified that classify the contents of the speeches of the study participants: Surface knowledge about CABG; Greater knowledge on BRS; and, the lack of knowledge about BRS.

As discussed previously, BRS appears as a resource that, in turn, attempts to smooth out the damage caused by mastectomy, by rebuilding body image and self-esteem.² It is a right of women mastectomy to be assured by law in Brazil. Law 12,802/2013 obliges (SUS) to perform BRS right after cancer removal, when there are medical conditions.¹⁰ If this is impossible, the patient should be followed up and should be performed immediately after reaching the required clinical conditions.¹¹ A topic widely discussed in health and disseminated through the media, which has helped spread this information to the population.

From the speeches, it is evident, by most of the interviewees, that they have heard, although superficial and timely, about BRS, probably stemming both from information provided by health professionals and from the media (television) and of friends and treatment colleagues²⁴. As the statements show:

Yes. The doctor told me everything. Do not you see that television woman (Angelina Jolie) who took her breasts to put on silicone? (Crystal)

I knew. I have a known that was going to make [...] (Quartz)

I know the people talk about MR. (Diamond) Reconstruction of the breast, right? [...] I knew [...] (Rubi)

They spoke here at this hospital, and I also saw a colleague who took both breasts and did the MRI. It's kind of alike. But it's okay! Only it's hard yet, and here it does not. (Pearl)

I've heard. Is not that the one that puts a silicone breast? (Tourmaline)

There are reports that few women have a higher level of information on BRS. We could note, the sources of information were health professionals²⁴, because they were one of them being professionals in the health area and also the search for information according to the demand for the disease. Of these, only two did the MRI procedure. In the testimonies, they reported that the MRS is made available by SUS24, which is part of and that assists in

the treatment of CM, according to the following reports:

In the beginning, I wanted to do it, but the doctor said she could only do one year. She also said that it does for the SUS, it is part of the treatment and that if I want to do it, I do it. (Jade)

I already knew. Although the SUS is already making available, here in Arapiraca still does not make the time, only in other states, so the doctor told me. In this hospital a doctor does, but it's later. (Topaz)

Especially since I'm a health professional and I've researched the subject. BR helps 50 to 70% of women recover. It is part of the treatment, and the SUS is required to provide the BRS, which is not plastic, is a correction, both the implantation of the prosthesis and the adequacy of the other breast. (Emerald)

Among the participants, only two mastectomy, women reported in their speeches lack of knowledge about CABG, which may indicate a small flaw on the part of the professionals about providing information to the patients about the possible aesthetic modalities²⁴, which is a right, although they do not have health conditions to carry them out and are older.

I did not know that there was (BRS). (Agate)

No, my daughter (do not know what BRS is). (Amethyst)

Maybe the reasons health professionals do not provide this information is because they have performed a partial mastectomy, although it is known that there may be important aesthetic changes in the breast when conservative surgery and radiotherapy. It is also because the procedure has a strong aesthetic connotation, being therefore devalued among older women.²⁴

In the context of the attributions of the health team, it is important to offer information, including on the possibilities of aesthetic interventions, because the information helps to reduce the feelings of doubt, fear, worry and nervousness.⁶

During the discussion of this thematic unit, it could be observed that there are few studies in the literature that deal with this aspect of the subject.

♦ The possibility of BRS: aesthetics and self-esteem of mutilated women

From the last thematic unit, it was possible to identify three subcategories that classify the contents of the speeches of the study participants: Disinterest in performing the BRS and its justifications; Interest in performing

BRS and, Relevance of BRS for women who joined it.

Because BRS plays a proven role in the rehabilitation of mastectomy, it is thought that all have the desire to perform it. However, although all the interviewees in this study had a positive perception about BRS, most (eleven women) showed disinterest, when questioned about the possibility of performing such procedure, denying the desire to perform BRS²⁴, and opted for not to do it, which is explicit in the following statements:

Not my daughter! The person is already so used to the cloth. I do not feel pain; I do not feel anything, now I'm going to move? (Amethyst)

I do nothing! It does not disturb anything! (Crystal)

My fear is to go into that room again [...] Only in the case of illness, but to replace it, no. I keep thinking about getting cured. (Diamond)

No way! If someone comes and says, let's do it? No, I do not. (Black Pearl)

If I can get a bra I want, but the surgery does not. (Black Diamond)

No, I'm afraid to move, and something worse happens. I am afraid to go back (CM) or reject (the prosthesis), to have to take, there the person suffers more. [...] (Malachite)

I do not feel like doing it. Everything is "hard." If you do another surgery, it will hurt. [...] (Tourmaline)

No. It was just a quadrant! Even if she took her whole breast, she would not! Might be messing up worse. I'm fine. (Quartz)

So far, I do not want to do the BRS. I've had a lot of surgery already. I wonder if it can make the disease worse. (Ruby)

I would not want to! The important thing is to be well! He might come back. It's better not to move! (Agate)

I will not do it, no. Yeah, I'm good, I'm not sad. [...] Thank God I feel good and take it right! (Jade)

This fact contradicts a study²⁵ that among eight women with mastectomy, two stated that they did not want to perform BRS. The justifications found for the non-adherence of BRS are due to the fact that they are already accustomed to the situation, with the devices used to disguise the appearance, and mainly because of the fear of facing a new surgery, of interurrences, of recurrence of cancer, while others, because they are old and no longer worry about vanity, having relatives and spouses who accept them and being single.

The fear of a new surgery, even if it is to reconstitute the amputated breast, often discourages the woman against the possibility of rejection, relapse of the disease and even death. It is noticed that, in situations of physical and emotional fragility, the woman prefers to live without the breast in her daily life than to undergo BRS.²³

It is marvelous to say that the priority seems still to be centered on the remission of the cancer picture. However, it is probable that the irrelevance of the affective, sexual and conjugal questions of these patients, is due to the preference of the preservation of life.²⁶

Although the movable breast prosthesis can soften the lack of the breast, it cannot be integrated with a natural part of the woman's body.¹⁷ Thus, there are women who, even using it, wish to perform BRS.²³ Only two women wish to do so, and one sees it as a possibility, but perhaps in a distant future, as the discourses reveal:

I use a mobile silicone prosthesis, but I'm going to do the BRS, God willing! Being without the breast is one of the things that most moves the woman, doing the BRS helps a lot in the treatment. (Topaz)

I wanted to (do the BRS). It would improve everything! [...] All women who wish, must do. (Pearl)

I can even do someday [...] (Aquamarine)

The reports show that, after the mastectomy, the desire to do the BRS is varied.²³ Only two of the 16 women interviewed performed the BRS. The experiences described by these participants regarding BR corroborate with the literature when reporting on the benefits provided by such procedure:

I did the reconstruction. This part was important because my fear was not seeing the breast. Does my panic know? But so, this part is very good; you see something, understand? That helped me a lot. Reconstruction means self-esteem, vanity. Whoever is ready to do everything. You get stronger, give the sensation of appearance. It fits! (Emerald)

In the same surgery, I did the autologous BRS. Thank God, I did not live without the breast. I did not have that shock that puts the person down. I think all women should do it. I think it helps even in treatment. Because the woman looks in the mirror and misses a breast! Improves self-esteem, marriage. (Sapphire)

BR allowed the recovery of self-esteem, revalorization of the body and satisfaction with the new image, which allows them to face the body without complexes, without

fears or prejudices to the other's gaze. Also, social contact was restored, back to work, previously denied by the changes imposed by the mastectomy. Now, they feel more active and free for the development of their previously harmed tasks. The daily life with MRI was, above all, reported as the possibility of resuming life after BC.¹⁷

CONCLUSION

This study allowed us to broaden the meaning of this process, which, although for all women is a frightening experience and have similar feelings, according to the evidence throughout the discussion, it can still be differentiated for each woman who experiences it, since it is of odd experiences to the woman from their life histories.

Although there is the influence of society and the media, not all women prioritize comfort with self-image, but with health and therefore do not need BRS. For them, it seems not worth jeopardizing the stability of the disease or cure, for vanity reasons, since it has the view that the realization of the BRS can increase the chance of altering the acquired homeostasis, after such a difficult confrontation and they opt for noninvasive interventions.

Given the repercussions and different meanings of this confrontation, the study is an invitation to professionals, especially nursing professionals, to reflect more on this process. It is expected that the study may contribute to a better delineation of care practices, in a holistic and humanized manner, according to the specificities of these patients, which will contribute to the comfort and quality of the service provided.

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