

Breast Reconstruction

Impact of patient-centered, expectations-based education on women undergoing reconstructive surgery after mastectomy

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BACKGROUND: Among patients undergoing breast reconstruction, preoperative expectations for improvement may not match postoperative results. Discordance between provided preoperative information and what patients actually hear and understand may be a factor contributing to these unrealistic expectations.

OBJECTIVES: The aim of this study was to determine the impact of patient-centered, expectations-based education on women undergoing breast reconstruction.

METHODS: The 27 participants completed a preoperative questionnaire concerning their postoperative expectations. The nurse practitioner tailored preoperative education based on questionnaire results. A postoperative questionnaire was given to assess patient satisfaction with the preoperative information provided.

FINDINGS: A high percentage of survey participants agreed that they had received an appropriate amount of education, believed they were well prepared for surgery, and knew what to expect in the recovery period.

KEYWORDS

breast reconstruction; mastectomy; patient expectations; education

DIGITAL OBJECT IDENTIFIER

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BREAST CANCER IS THE MOST COMMON CANCER IN WOMEN, with the exception of some kinds of skin cancer, regardless of race or ethnicity (Centers for Disease Control and Prevention, 2019). On average, a woman born today in the United States has about a one in eight chance of being diagnosed with breast cancer at some point during her life (National Cancer Institute, 2019). Although specialists often recommend breast-conserving therapy for small, localized cancers, many women choose unilateral or bilateral mastectomy, even when cancer is discovered early and in a single breast (Kummerow et al., 2015). Following mastectomy, some women choose breast reconstruction.

According to the American College of Surgeons' National Surgical Quality Improvement Program database, of the 67,450 patients undergoing mastectomy for breast cancer between 2005 and 2014, the number of patients choosing reconstruction increased from about 27% in 2005 to 43% in 2014 (Ilonzo et al., 2017). In another study, women who chose breast reconstruction after mastectomy reported they did so to be more confident and attractive, to feel more "whole," and to have some closure about their diagnosis and treatment (Spector et al., 2011). A study by Fang et al. (2013) found that women who have undergone breast reconstruction have higher body image scores than women who have not, but lower body image scores than women undergoing breast-conserving therapy.

Although breast reconstruction is intended to help restore positive body image in women who have had a mastectomy, the reconstructed breast differs significantly from a woman's natural breast. Consequently, some women have expressed that the reconstructed breasts do not look how they expected them to look and that they did not realize there would be visible scars. Women receive information about this at their surgical consultation, but they sometimes do not remember it, which may be because of information overload, denial, or learning readiness, presumably related to the psychological distress that is common with a new diagnosis of breast cancer (Mertz et al., 2012). It is important that women understand the difference between natural and reconstructed breasts and have realistic expectations before undergoing surgery (Pusic et al., 2012) because women with unrealistic expectations on this subject often report dissatisfaction with results (Glasse et al., 2018).