Patient Education

Patient Education for Women Being Fitted for Breast Prostheses

Suzanne M. Mahon, RN, DNSc, AOCN®, APNG, and Michelle Casey, CFS

Each year, more than 212,600 women are diagnosed with breast cancer (Jemal et al., 2003). Most of these women will undergo a surgical procedure (e.g., lumpectomy, mastectomy). Although statistics are not available, many more women have surgical biopsies, some of which result in significant disparity in breast size.

Issues related to breast surgery and body image often are discussed in nursing and medical literature (Cohen, Kahn, & Steeves, 1998; Rees & Bath, 2000). Adjustment to changes or disturbances in body image contribute to the quality of life in people who are diagnosed with cancer (Wang, Cosby, Harris, & Liu, 1999). Nurses who provide education and information about breast restoration (by using a prosthesis or through reconstruction) ultimately can help to improve the quality of life of breast cancer survivors.

The concept of body image has several dimensions. Cohen et al. (1998) noted that body image includes not only the mental picture of the physical self, but also who people believe they are and how they feel about themselves. When women look in the mirror and perceive themselves to be attractive, they can be more confident. Breast restoration also helps remove the constant reminder that the women have faced a life-threatening diagnosis.

When breast cancer is treated, patients are treated in addition to the cancer. Reaby (1998) noted that many women would benefit from having knowledgeable healthcare providers to help them better understand the options available for breast restoration, including the use of prostheses and reconstructive surgery.

Many more options currently are available for breast prostheses than in the past. Women no longer are “sent” to a place to “get” prostheses. The oncology nurses who discuss the need for breast prostheses with patients must be able to understand what the experience of having a prosthesis fitted is like. Using this information, nurses can help provide anticipatory guidance for the women so they will know what to expect during the fitting and how they can be prepared for it.

Many women will need a tremendous amount of courage to have a breast prosthesis fitted, and oncology nurses are well suited to provide support and encouragement for women as they undergo the fitting process. Often, oncology nurses refer these women to a prosthesis center for additional services. The purpose of this article is to provide an overview of the range of services available for women, indicate what happens to women during a fitting, and describe ways nurses can facilitate adjustment and guide patients through this process.

Nurses must remember that the fitting process for a prosthesis is not a single event. As women’s bodies change because of treatment or the normal effects of aging on breast tissue and posture, different prostheses or bras might be needed. Nurses who care for women in long-term follow-up can facilitate ongoing adjustment to body image by encouraging women to be reevaluated and refitted when changes are needed.

Submitted August 2002. Accepted for publication September 9, 2002. (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/03.CJON.194-199
Prosthetic Centers

Prostheses can be purchased from many different places. Most often, prosthesis fitting is part of the business of a durable medical equipment (DME) company. Prostheses also are distributed and fit through some lingerie stores. Women should be cautioned against ordering from online prostheses providers because sizing is difficult and a prosthesis of improper weight or shape could be selected.

Oncology nurses are often the first to initiate a referral to a prosthesis center and must be familiar with the resources in their communities and geographical areas so that appropriate referrals are made. Being fitted for any type of breast prosthesis can be a very emotional experience for women; nurses must ensure that these women receive not only well-fitting prostheses, but also a fitting in a caring and personal environment.

First, nurses must learn who will provide the fittings for their patients. Certification for fitters is available through each individual breast prosthesis manufacturer. This type of certification typically involves a one-day seminar presented by a manufacturer and is aimed at licensing the fitter to sell that manufacturer’s product. In these seminars, content usually includes principles of taking measurements, shapes of prostheses, and various bra styles. At the end of the seminar, participants usually take an open-book test on the content.

Optimally, new fitters will apprentice with experienced fitters for at least two to four months to learn how to manage the challenging aspects of the fitting process. Fitters can come from various educational backgrounds. These might include women with educational degrees, medical subspecialties, social-sciences backgrounds, and, sometimes, long-term survivors of cancer.

Because prosthesis fitters can come from so many different backgrounds, nurses must ensure that patients are referred to fitters who are empathetic and caring and who have had adequate training, preferably certification and apprenticeship. Excellent interpersonal skills are extremely important to ensure that the fitting process is as easy as possible for the women. Whenever possible, nurses should try to tell women the name of their fitter so the experience is more personal.

The actual setting where the fittings occur also is important to consider. Because many times the prosthesis fitting occurs in a DME company, women should be informed that wheelchairs and other DME are sold at the location in addition to breast prostheses. The women should be assured that the fittings will occur in a private area. Optimally, the area where the fittings occur should be feminine and nonclinical in nature.

At the Time of Diagnosis

At the time of diagnosis, many patients find that learning about the various prosthetic options is beneficial. Although this is a busy time for patients, especially prior to surgery, nurses should encourage women to learn about the options that are available. Many women who have difficulty deciding between mastectomy or breast-conserving surgery may find it very helpful to better understand what options for permanent prostheses actually are available following mastectomy. For women considering whether to have immediate reconstruction, education about the various prosthetic options, both temporary and permanent, can facilitate decision making (Kiefer, 2001).

Seeing a fitter prior to surgery helps women establish a relationship with the fitter and begin to realistically anticipate what will happen in the future. A visit prior to surgery also provides fitters with an opportunity to give women a temporary prosthesis to use in the immediate postoperative period.

If women cannot see a fitter prior to surgery, some prosthesis centers will offer a few different types of prostheses and bras for oncology nurses to show patients in the hospital and office. Although this is not a replacement for seeing a fitter, it can give women a much more tangible idea of what to expect and what a prosthesis actually looks and feels like.

Temporary Prosthesis

Although women optimally should see a fitter prior to surgery, in reality, this is difficult to achieve because of time constraints and many other issues that are addressed during the diagnostic phase. However, all women having breast surgery should have a temporary prosthesis to help improve self-esteem, especially in the immediate postoperative period.

Temporary prostheses often are given to women through the American Cancer Society’s (ACS’s) Reach to Recovery program (ACS, 2002). Temporary prostheses also may be distributed through a prosthesis center. Sometimes, a prosthesis center might supply temporary prostheses to surgeons’ or oncologists’ offices for nurses to give to patients prior to surgery, during the hospital stay, or during the first postoperative visit, especially when patients were unable to see a fitter prior to surgery.

A temporary prosthesis is lightweight and fiber-filled and can be worn immediately following surgery. These should be shaped and pinned to the bra. Figure 1 shows examples of temporary prostheses that are available in a wide variety of sizes, shapes, and colors.

Most temporary prostheses are generically sized. Some, such as those provided through ACS, have an opening through which excess fiber can be removed to obtain a more symmetrical appearance in the bra. Women receiving these types of prostheses must be assured that almost all women do remove some of the filling and that nothing is wrong with any of the women because they need to adjust the size. Women also must be assured that temporary prostheses are much different from the ones they eventually will use. Permanent prostheses will stay in place better and therapeutically replace the breast tissue weight lost in surgery. Permanent prostheses will not need continual adjustments.

Some of the temporary prostheses, such as the ones in Figure 1, can range in cost from $5–$25. ACS provides temporary prostheses free of charge. The availability of free or low-cost temporary prostheses makes it unnecessary for women to try to camouflage the surgery in the immediate postoperative period with socks, cotton, washcloths, sanitary pads, or shoulder pads. Temporary prostheses also provide soft protection to surgical sites.

Temporary prostheses can be worn in front-hook leisure bras, prosthetic camisoles, or, in many cases, the women’s own bras. The bra straps can be adjusted to obtain a more symmetrical appearance. A leisure bra is a soft, comfortable, front-hook,
pocketed bra (see Figure 2). The bra gives support to the unaffected breast and contains the temporary prosthesis. A disadvantage of temporary prostheses is that they tend to move up the chest wall, especially with movement. Leisure bras or the women’s own bras can help to anchor prostheses. Prosthetic fitters should have the expertise to suggest techniques for women to obtain a balanced fit using this light form until being fitted for a permanent prosthesis.

A prosthetic camisole is a soft, pocketed garment that can be tucked into pants or skirts and can help to prevent the prosthesis from shifting. This camisole also may be useful for women who have drains in place or who find wearing a bra to be uncomfortable, especially in the immediate postoperative period.

Many insurance companies will pay for a portion of the costs for a leisure bra or prosthetic camisole if physicians prescribe them. Leisure bras and prosthetic camisoles can be used not only in the immediate postoperative period, but also long term. Many women use these for sleeping or relaxing at home.

**Permanent Prostheses**

Most women are ready to be fitted for a permanent prosthesis about four to six weeks following a mastectomy. Waiting for this period of time allows for postoperative swelling and skin sensitivity to resolve. Prior to the fitting, women should determine if their insurance policies cover the cost of prostheses and, in many cases, obtain preauthorization. The prosthesis center usually can assist women with finding out this information and completing the necessary paperwork.

Fitting a permanent prosthesis usually takes at least one to two hours. Many prosthesis centers prefer that women make an appointment to ensure that a fitter will be available. Women should bring the following to their fittings:

- A supportive person such as a sister, spouse, relative, or friend
- A solid-color, form-fitting shirt or sweater or another piece of clothing that they did not think they would be able to wear again
- Any bras they have liked to wear in the past because often women can continue to use those bras

At the fitting, women should be taken into a private room. Fitters usually will begin by getting acquainted with the clients. This usually includes conversation about their surgery, experiences to date, anticipated treatment, and lifestyle. Fitters also explain to the women what the fitting process will entail.

The client will be asked to unbutton or pull up her top so the fitter can take some general measurements and see what type of bra the woman has chosen in the past. Many women are surprised to learn the importance of the bra fitting and that a bra is fit prior to the prosthesis. Fitting the bra first is important because the bra shapes the unaffected breast and has a big impact on the woman’s ultimate comfort (Kiefer, 2001).

Typically, fitters will bring a wide variety of styles of bras into the room. The client will be asked to remove her top and bra to try on some of the bras. Often, these bras will have pockets to secure the prosthesis. When both the fitter and client are satisfied with the bra in terms of appearance and comfort, a selection of prostheses is introduced.

Permanent prostheses come in many shapes and sizes. At this point in the fitting, fitters should discuss with the women the importance of replacing the weight lost with the surgery. The weight must be replaced correctly to prevent long-term complications to the back, neck, and shoulder areas. If the weight is not replaced, women’s bodies will compensate by developing a shoulder drop on the affected side. Often, in trying to conceal asymmetry, women will curve and drop the affected shoulder. The weight of the permanent prosthesis also keeps the prosthesis better in place on the chest wall. Some women, especially elderly women, state that the weight is important to restore balance. The weight also will provide the appearance of breast symmetry. Insurance companies actually cover the costs associated with prostheses because of the need for weight replacement, not cosmetic reasons.

Traditional prostheses are made from silicone encased in polyurethane. They are molded into various shapes, densities, weights, and sizes. After the first prosthesis is placed in the bra, a measurement from the center seam to the outer seam is taken and compared with the unaffected side. This helps guide the fitter in sizing. Fitters consider the shape and size of the remaining breast as well as the amount of tissue on the chest wall and under the arm. A measurement is taken from the collarbone to the nipple area to ensure that projection is equal and symmetrical. Next, the client will try on a fitting drape (see Figure 3). This is a solid, silk-like fabric that ties at the neck and around the back. The fabric is pulled tightly to check that symmetry has been achieved. The fitter can determine whether all points of fullness are identical on each side. The client also is observed moving her arms and shoulders. Additionally, she is questioned about comfort and the general feel. Often, women try 7–15 different prostheses before a proper fit is achieved. Fitters always should listen to the women because ultimately the women will select what is best for them.

Many different shapes of prostheses are available. Some prostheses are designed for more radical surgeries. These tend to be fuller and have a “tail” (a connected extension piece) that extends under the arm. Prostheses that are designed for modified mastectomies taper more gradually to the chest wall.
Partial prostheses also are available for women who have had lumpectomies, reconstruction, multiple biopsies, and congenital disparities in breast size and shape. These come in varying shapes, thickness, and sizes (see Figure 5). Some fitters will custom design prostheses with fiber-filled pads or foam breast cups. Many times, well-fit, supportive bras can disguise disparities. Partial prostheses also are helpful to women who are undergoing reconstruction using expanders, during which time their prostheses need to be refit.

Prostheses can be made out of different densities of silicone to simulate the density of a natural breast. If a woman has more ptosis (drooping or sagging), which is natural with aging, a soft, dual-layer prosthesis might be best. This prosthesis has a firm back and a very soft, conformable front that can simulate a pendulous breast. The weight of the prosthesis is an extremely important consideration. Some manufacturers whip air into the silicone before it is molded to reduce the weight of the prosthesis. Other manufacturers hollow out the prosthesis to reduce the weight. Fitters must not fit any prostheses that are too light because therapeutic weight replacement will not be achieved and women will be at risk for developing shoulder drop.

Nonattachable prostheses traditionally are used in the pocket of a bra; two types of attachable prostheses also are available. One attachable version of breast prosthesis can be applied with the use of Velcro® (Velcro Industries, Manchester, NH) and ostomy tape (see Figure 6). The form typically is worn during the first four to six months after surgery with a piece of fabric attached to the Velcro to allow the skin to heal postoperatively. Once the skin is healed, a piece of ostomy tape is applied to the chest wall, which has Velcro attached to it. The prosthesis is attached by the Velcro to the chest wall and can be worn with any fitted bra. This prosthesis can be worn while swimming and during strenuous athletic activities. Women can shower with the ostomy tape in place because it dries quickly. The ostomy tape is replaced as needed; generally, women must change the tape every two to four weeks. Ostomy skin supplies can be used to enhance how long the tape lasts and prevent skin damage. Some women prefer this prosthesis for a variety of reasons (Thijs-Boer, Thijs, & van de Wiel, 2001). In addition to feeling more secure during some activities, it can be worn to bed, as well as with bras and swimsuits that were worn prior to surgery. This can be a good choice in terms of weight replacement because the weight of the prosthesis is supported by the chest wall and not the bra.

An even newer type of prosthesis is a breast form with rejuvenating silicone on the back of the prosthesis (see Figure 7). This prosthesis must be supported by a bra. The silicone sticks directly to the chest wall. The woman must be willing to care for this prosthesis on a daily basis. At night, the prosthesis must be scrubbed with a cleansing solution and scrub brush to reactivate the silicone. This prosthesis has several restrictions: It does not work well for women who frequently perspire or experience hot flashes, and it cannot be worn during swimming.

Today, prostheses are made in several different shades to better match skin color of women of different ethnicities. Most manufacturers have prostheses in ivory, blush, and tawny for African American women. All women who wear a permanent prosthesis will be instructed in general care of their prostheses. They should be washed with a mild soap and water and towel-dried on a daily basis. They are stored in cradles that come with the prostheses. The cradles support the shape of silicone prostheses and increase their longevity. Most silicone breast prostheses are guaranteed for two years against defects such as gel separation or peeling finish.

Figure 4. Permanent Prostheses

This shows a small sample of the possible shapes, sizes, weights, and skin tones for women who have had a mastectomy.

Figure 5. Partial Prostheses

Insurance Issues

Medical insurance carriers now are mandated by federal law to cover the initial breast prosthesis or breast reconstruction (U.S. Department of Labor’s Pension and Welfare Benefits Administration, 1998). This includes partial breast prostheses for women who undergo reconstruction and do not desire to have surgery on the non-affected breast. This law also provides for women who have had lumpectomies and need partial prostheses to correct disparity. Insurance companies cover different prostheses at varying amounts. Some insurance companies dictate which prostheses will be covered or mandate that specific providers be used. Medicare covers 80% of each state’s allowable amount for a permanent prosthesis every two years, a leisure prosthesis every six months, a portion of up to six bras per year, and a prosthetic camisole (DME Regional Carrier D, 2002). Most supplemental policies will cover the remaining portion of the allowable amount.

Optimally, women should consult their insurance policies before being fitted (see Figure 8). Some fitters will precertify or verify benefits prior to the fitting to provide optimal coverage. Often, women will need preauthorization, a prescription, and/or a letter of medical necessity to obtain all the needed items.

Replacement prostheses often will be covered when the proper documentation of need is submitted for medical review. Women who were diagnosed many years ago sometimes are not aware of these laws and that these benefits may be available to them.

Accessories

Often at the time of diagnosis, women think they will have to give up many things
because of surgery. This might include swimming, tennis, golf, or other athletic activities. Women may own many beautiful bras or other lingerie and be concerned they will no longer be able to use these items. Pockets can be sewn into bras with adequate support for the prosthesis and coverage of the breast. This allows women to continue to wear bras they selected prior to surgery.

Pockets also can be sewn into swimsuits that have adequate coverage of the surgery area, and special swimsuits are available with pockets. These suits typically are more conservatively cut, with higher coverage and more support under the arm. Different types of swim forms are available. These have a packet of weight on the side and can be made of a fiber that absorbs minimal amounts of water. Other swim forms are made of a firm, durable type of silicone. These prostheses also are good for women who want to exercise vigorously.

Prosthetic camisoles are available and can be worn immediately during the postoperative period. These camisoles have a pocket to contain a fiber-filled breast form. Most camisoles do not have much support for the remaining breast. These are useful in the immediate postoperative period, during radiation therapy, or for women with difficulties healing.

Front-hook leisure bras are another option (see Figure 2). These can be worn postoperatively with a fiber-filled prosthesis throughout the healing period. This provides some support for the natural breast. Some women also like to wear these in the evening with a nightgown or other lingerie.

**Summary**

Providing women with comprehensive education about breast prostheses and other restoration accessories is a very important responsibility for nurses. Nurses can assist patients with adjusting to the changes in body image and facilitate coping by offering encouragement and education about prostheses, including what to anticipate during the fitting process. To provide this education and support, nurses must be knowledgeable about the resources for prostheses in the geographical areas in which they practice. Optimally, nurses who make the referrals for fittings should know the fitters and have visited the sites where the fittings will occur. This helps nurses to better provide guidance to women prior to the fitting.

Unlike in the past, many different options now are available for women who need full or partial breast prostheses. Nurses need to be aware of the many options that exist and encourage women that a good fit is possible. Although prostheses will never completely replace what was lost because of surgery, well-fit prostheses can make an enormous difference in how women ultimately adjust to the diagnosis of cancer and the changes in their body image. A well-fit prosthesis also will help prevent long-term complications, including shoulder drop. Positive adjustments to these changes in body image ultimately improve the long-term quality of life for women diagnosed with breast cancer.

One area in which oncology nurses can have a large impact is in the assessment and referral of women who may have had surgery many years ago. Women should see a fitter approximately every two years because changes in weight from therapy, hormonal manipulation, or aging often

---

**Figure 6. Attachable Prosthesis With Velcro® and Ostomy Tape System**

Ostomy tape is applied to the healed chest wall, and Velcro hook fasteners on the back of the prosthesis are used to attach the prosthesis to the Velcro loop fasteners on the ostomy tape.

The silicone in this prosthesis is so tacky it will stick to a finger or the chest wall.
necessitate a change in prostheses. Many women do not realize that their prostheses will not last a lifetime and that insurance companies often will cover replacement costs. Nurses who see women during follow-up visits should inquire about the fit of the prostheses and when the women last saw a fitter for evaluation. Nurses then can encourage women to follow up with the fitter and make referrals as needed. In addition to ensuring that women are wearing well-fit prostheses, this assessment also communicates the nurses’ continued care and concern about the survivors’ overall well-being.

Author Contact: Suzanne M. Mahon, RN, DNSc, AOCN®, APNG, can be reached at mahonsm@slu.edu.

References

Rapid Recap
Patient Education for Women Being Fitted for Breast Prostheses

- Properly fitting prostheses can promote adjustment to the diagnosis of breast cancer.
- Breast prostheses provide therapeutic weight replacement to prevent complications such as shoulder drop.
- Prostheses are available in many different sizes, colors, and types, including temporary and permanent (traditional and attachable).
- Laws mandate that insurance companies provide coverage of prostheses for women who have had breast surgery.
- The fit of prostheses and bras should be evaluated at least every two years because needs may change as a result of aging, weight gain or loss, or cancer therapy (e.g., radiation therapy).
- Nurses are key providers of education about the need for prostheses, types available, and what to expect during prostheses fittings.