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 encourage 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.)