

## SUMMARY

Breast cancer is an regulated growth of abnormal cells in breast tissues. It happen when cells in the breast begin to grow out of control and can invade nearby tissue or spread throughout the body, (*Gianni et al., 2008*).

A mastectomy is surgery to remove abreast .It is performed either to treat or prevent breast cancer. The loss of body parts can give rise to grief for loss of body image or function, or both, stress, depression, and sexual problems a related to the magnitude and type of loss as well as the personal vulnerability of the patient. Many women are dissatisfied with any prosthesis that they are offered, and they may attempt to avoid facing the painful reality of loss by refusing to look at chest wall, dressing and undressing in the dark, and minimizing the time that they can spend in bathing- these activities reflect an avoidance style of coping, (*Evans, 2009*).

**The aim of the present study** was to assess the effect of mastectomy on women's quality of life., **the following research questions were formulated:**

- 1- How does mastectomy affect the women's quality of life?
- 2- Is women knowledge, attitude and practice are influenced by mastectomy?
- 3- Is there a relation between women health problems after mastectomy and their quality of life?

### Setting:

This descriptive study was carried out in surgical out patient clinics at Benha University Hospital, Benha Teaching Hospital in Benha city and National Cancer Institute at Cairo University.

**Sample:**

It was a convenient sample consisted of subjects included all women were attended to surgical out patient clinics (160 women had mastectomy surgery). They chosen from the previously mentioned settings during the period from beginning of July 2011 up to end of December 2011 according to the following criteria: their age over 25 years and had mastectomy surgery.

**Tools of data collection:****Four tools were used for collecting data:****First tool:**

**An interviewing questionnaire:** consisted of the following three parts:

**First part:** socio- demographic characteristics: consisted of (age, marital status, educational level, family income, etc).

**Second part:** Assess women's knowledge about breast cancer and mastectomy such as (meaning of breast cancer, the cause, etc).

**Third part:** Data related to different aspects to measure quality of life ,it included 3 aspects:

- 1- Aspects related to social and spiritual variables.
- 2- Assess activities of daily living of women after mastectomy.
- 3- Aspects related to psychological variables.

**Second tool:** Included observational check list from 10 items for assessing the women to discover any lymph node in other breast by practice breast self examination.

**Third tool:** From the medical record assessed the past and present history.

**Fourth tool:** It assessed women health problems after mastectomy.

**The current study revealed the following results:-**

- Women had mastectomy surgery mean age was (  $48.025 \pm 8.420$ ), (34.4%) of them age 44-years and (33.7%) of them were illiterate.
- (64.4%) of them were married , (72.5%) were house wives, (65%) of them their income were not enough.
- Regarding their history (74.4%) of women had started menstruation at age 12 years, (54.4%)of them had a regular monthly menstruation, (76.5%)of them had last menstruation at age 45-years,(89.4%)of them had first pregnancy at age less than 20 years,(91.3%)of women used breast feeding after birth, (52.5%)of them used contraceptive pills, (46.9%)of them used it for more than two years.
- Regarding to medical history (82.5%)of women discover breast cancer by accident, (85.6%)of them had total eradication of the breast, (50.6%)of women had surgery since 1-2 months, (49.4%)of them had no relatives with breast cancer.
- Regarding the health problem after mastectomy (71.9%)of women had face paller, (62.5%)of them had poor oral hygiene,(90%)of women had hair loss.
- Regarding the women knowledge (62.5%)of women had average knowledge regarding breast cancer and mastectomy.
- Regarding to practice of women for breast self examination (92.5%)of women had unsatisfactory practice of breast self examination.
- Regarding daily living activities (51.9%)of women had taken twice shower per week, (55%)of women had three meals per day,(73.1%)of women followed a healthy way to reduce food fried and roasted,(61.9%)of them had walk as a kind of sport exercise, (95%)of women had regular treatment,(98.8%)of them had regular follow-up.

- Regarding their social and spiritual aspects(95.6%)of women could not conduct to usual daily activities for their children,(64.4%)of women had disturbed in marriage life,(61.3%)of them had rejection of the husband,(98.8%)of women had financial burden,(88.7%)of them felled with social isolation,(67.5%)felled uncomfortable.
- Regarding their attitude toward the body image and stress (68.1%)of women had negative attitude, (90.6%) of women had severe stress.
- There was a highly statistical significant relation between high education and women attitude toward body image and breast self examination ( $P<0.05$ ).
- There was a highly statistical significant relation between women age and attitude toward body image and breast self examination ( $P<0.05$ ).
- There was a highly statistical significant relation between women marital status and attitude toward body image and breast self examination.
- There was a highly statistical significant relation between women residence and women knowledge about breast cancer and attitude toward body image.
- There was highly statistical significant negative correlation between quality of life (daily living activities) and health problem after mastectomy.

**Based on the study findings, and research questions it is recommended that:** Establishment of post mastectomy treatment base line ,detecting early recurrence ,and teach breast self examination .

- Increasing women awareness toward wound incision care after mastectomy and arm rehabilitation for better movement ,reducing edema ,and resuming daily living activities.
- Providing health education about breast prostheses, clothing ,hair, minimizing the stress resulting from altered body image and breast disfigurement.
- Assessing women's sexuality after mastectomy surgery to promote sexual help and coping sexual functioning.
- Further more researcher about:
  - Increasing people awareness toward breast cancer risk factors ,methods of early detection and treatment .
  - Managing early side effects post mastectomy, therapy, plan and follow up programs ,and provide general psycho-social support.