INTRODUCTION

Cancer is a group of diseases that cause cells in the body to change and grow out of control. Most types of cancer cells eventually form a lump or mass called a tumor ***(American Cancer Society, 2010)***. The three most commonly diagnosed cancers in women are, breast, colorectal, and lung cancer ***(Fox News Network, 2009)***.The incidence of breast cancer is increasing in the developing world due to increased life expectancy, increased urbanization and adoption of western lifestyles ***(WHO, 2010).***

Estimates are that in 2009; about 192,370 new cases of invasive breast cancer and 62,280 new cases of carcinoma in situ will be diagnosed in U.S. women. As well as about 40,170 women will die from breast cancer ***(American Cancer Society, 2009).*** Several studies showed in some Arab countries that breast cancer was spreading rapidly among Arab women in Egypt that is for every 100,000 people in Egypt, 44 suffer from cancer ***(Saleh, 2007).***

The causes of increasing incidence have been attributed to changes in the prevalence of reproductive risk factors, lifestyle changes, genetic and biological differences between ethnic and racial groups ***(Porter, 2009).*** To date, breast cancer screening has involved primarily three strategies: mammography, breast self examination, and clinical breast examination which provide information about the size, mobility, and texture of the lump as well as the status of the surrounding tissue and under arm lymph nodes. If results indicate suspicious lesions, additional diagnostic mammography or biopsy may be necessary to assess for abnormal cell growth ***(Fogel & Woods, 2008).***

Following diagnosis of breast cancer, patients undergo assessment for local and systemic treatment. Establishing a relationship with the patient is critical to history-taking, clinical breast examination, review of imaging studies, and interactive discussion with the patient of treatment options. Surgical options broadly consist of breast conservation therapy, generally followed by radiation therapy, or mastectomy. It also includes assessment of regional lymph nodes for metastasis, for the purpose of cancer staging and guiding adjuvant therapy ***(Hammer et al., 2008).***

The diagnosis of breast cancer is challenging emotionally and physically; thus, care of the breast cancer patient must encompass more than just the physical needs, and it is essential that the nurse supports the emotional dimension with thorough and compassionate education for informed decision making. It is normal for women to have feelings of anger and fear, changes in body image, sexuality, and mortality (***Bonaldi-Moore, 2009).***

Complete and reliable information is important to women with breast cancer, both during and after treatment ***(Rutten et al., 2005).*** It assists patients in making treatment decisions, managing immediate effects of treatment, and reducing feelings of vulnerability. It can also increase health competence and give patients a sense of control over the illness ***(Chantler & Mortimer, 2005).***

The nurse must bear in mind that the amount of information each woman wants about her disease or proposed treatment will vary. As too much information is likely to cause confusion and anxiety, it is important for the nurse to find out what each individual wants to know ***(Alexander et al., 2006).*** So, this study was conducted to identify the informational needs and concerns among women with breast cancer after surgery.

Significance of the Study

It has been observed that breast cancer is the commonest malignant neoplasm among Egyptian females with increasing rate. ***The National Cancer Institute, Egypt (2006)*** specified that breast cancer was spreading rapidly among women in Egypt, of polio favorite cancers by 24 cases per 100 thousand of women. Then, ***Saleh, (2007)*** stated that for every 100,000 people in Egypt, 44 suffer from cancer. Which affects the physical and psychosocial wellbeing of both the patient and the family, and there is a substantial need for information after receiving a diagnosis of cancer. Thus, an important aspect of care is information to patients and their family members, which should be tailored according to knowledge base derived from the lived experiences of patients and family members.

Yet, there is a scarcity of studies exploring the experiences of living with breast cancer from the perspective of patients and family members. Their needs for information in relation to illness have not been sufficiently studied. Some of these studies showed that, most women with breast cancer, experience biomedical and psychosocial concerns, besides, patients with cancer who had been adequately informed about their illness and treatment were better able to reduce their feeling of distress ***(Leydon et al., 2000; Harris, 2003).*** Accordingly, it is important to identify the informational needs and concerns of women diagnosed with breast cancer especially after surgery in order to acquaint health care team with the main areas of unmet informational needs and concerns among women, and in return, it will improve their coping ability and quality of life.