NURSING CARE OF THE WOMAN HAVING BREAST RECONSTRUCTION

CLIENT AND FAMILY TEACHING

- Controversy exists about the health effects of silicone. While there is no conclusive evidence that silicone implants induce cancer or autoimmune disease, they are associated with hardening and pain due to contracture of the capsule around the implant. The implant may rupture, releasing silicone gel, or infection may occur. Saline-filled breast implants may be an alternative.
- Reconstruction can be done immediately after a mastectomy, or at any time later on. Some surgeons believe that delayed reconstruction offers better cosmetic results.
- Reconstructive surgery can create a natural looking breast that makes clothes fit better. Since it has no nerve endings, however, the reconstructed breast has no feeling or sensations.
- If a simple mastectomy is done, an implant approximately the same size as the other breast is placed under the pectoral muscle on the operative side. This creates a breast mound that closely resembles the natural breast in shape and softness. If the implant is placed over the pectoral muscle, a high degree of firmness may occur.
- With a simple mastectomy or modified radical mastectomy, a tissue expander may be used to replace the breast. The tissue expander is placed under the pectoral muscle and gradually expanded with saline injections every 2 to 3 weeks to stretch the overlying skin and create a pocket. After a period of time, usually 1 to 2 months, the tissue expander is exchanged for a saline implant.
- With more extensive surgery such as radical mastectomy, a flap of skin, fat, or muscle is transferred from a donor site to the operative area. A new nipple may be created by using tissue from the opposite nipple or from the inner thigh.
- Reconstructive surgery may require multiple surgeries, including all the risks associated with anesthesia. As the complexity of the procedures increases, so does the risk of complications such as infection.
- To decrease the risk of a fibrous capsule forming around the implant, it is important to perform breast massage as instructed.

NURSING CARE

Breast cancer is not one disease entity, but many, depending on the affected breast tissue, the tissue’s estrogen dependency, and the age of the person at onset. The psychosocial impact of breast cancer extends beyond the fear and threat of death. The diagnosis may transform the woman’s sense of self and lead to reintegration or negotiation of family relationships.

Health Promotion

The American Cancer Society (2002a) recommends that all women conduct a monthly breast self-examination (BSE) beginning at age 20, have a clinical breast examination every 3 years from ages 20 to 39 years, and have a clinical breast examination and mammogram each year starting at age 40 years.

All women should be taught to perform BSE monthly (Figure 48–13). Premenopausal women should perform BSE after their menstrual period, because hormonal changes increase breast tenderness and lumpiness prior to menstruation.

Educational messages about breast cancer screening need to be culturally sensitive to the intended audience. Media campaigns promoting mammography often show young white women, an approach that has proved ineffective among women of color (see the Nursing Research box on page 1590). By working with women of different races and cultures, nurses can help make breast cancer education more meaningful to women in these groups.

Assessment

Collect the following data through the health history and physical examination (see Chapter 46). Further focused assessments are described with nursing interventions following.

- Health history: family history of breast cancer, breast changes, nipple discharge, use of HRT, personal history of breast cancer, previous diagnostic tests and treatment for cancer, menstrual history, pregnancies, alcohol intake, physical activity, dietary history
- Physical assessment: height and weight, breast, lymph glands

Nursing Diagnoses and Interventions

Although each woman has individual needs, nursing diagnoses prior to surgery are concerned with anxiety, decisional conflict, knowledge deficit, and grief over the loss of a breast. Because the typical hospital stay is short, usually 2 to 3 days, preoperative teaching is done on an outpatient basis.

Anxiety

The woman with breast cancer is often anxious about the diagnoses, the surgery, the outcome of surgery if nodal involvement is found, and the possible changes in sexual and family relationships. Studies show that young women with breast cancer, a growing population, are particularly vulnerable for anxiety and other psychosocial effects, as are their spouses and their children.

- Provide opportunities to express thoughts and feelings. In this process, the woman can name her fears. Once the fears are named, the nurse may simply listen, educate, or dispel fears that stem from lack of understanding.
- Discuss with the woman her knowledge of breast cancer. Assessing the woman’s knowledge of breast cancer helps the nurse plan more effective teaching.
- Encourage discussion relating to immediate concerns about resuming her life at home and the changes she must make. Anticipatory guidance can help plan for and cope with changes in her life and relationships.