

BODY IMAGE IN OPTICS OF WOMEN AFTER MASTECTOMY

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ABSTRACT

This study aimed to know the perception and feelings of mastectomized women about their body image. It is a qualitative study, descriptive, conducted with seven women diagnosed with breast cancer and underwent mastectomy at some time in their lives. We used the open interview as data collection technique and applied to operational proposal for analysis of the data. Mastectomy corresponds to a difficult time in a woman's life, which implies suffering and material changes. The perception of women who underwent mastectomy, in relation to their body image results from the process lived from the time of diagnosis, the revelation of the need for mastectomy and everyday experiences. All these aspects may imply acceptance of the new body image. It is concluded that woman changed the way that they perceive their bodies, manifesting, initially, estrangement, sadness, crying, anxiety, pain and decreased self-esteem, reflecting on a negative body image. However, they used strategies for overcoming that strengthened their self-esteem and, consequently, assisted positively in reconstruction of body image.

Keywords: Body image. Mastectomy. Breast neoplasms. Nursing.

INTRODUCTION

Breast cancer is the most common type among women in the world and in Brazil. It is the second most frequent type, preceded only by non-melanoma skin cancer, accounting for about 25% of new cases each year. In 2016, 57,960 new cases of breast cancer were anticipated in Brazil⁽¹⁾. The treatment is usually considered aggressive because it combines different modalities, which can generate several undesirable and traumatizing effects.

Although there are different therapeutic methods for breast cancer, the most common treatment is mastectomy, especially in Brazil, where the disease is diagnosed in more advanced stages⁽²⁾. Mastectomy is responsible for changes in the woman's femininity, due to mutilation caused by the woman in the breast⁽³⁾. In addition, it can cause physical changes, such as pain in the surgical area, limb shortening on the surgery side, edema, lymphedema and nerve damage⁽⁴⁾, which affect the woman's life habits, causing feelings of incapacity and frustration⁽⁵⁾.

This process of mastectomy can contribute to the woman to experience emotional, physical and social

trauma related directly to her body image⁽³⁾. In this perspective, mastectomy alters the body image constructed over the years, which is constituted as a result of experiences and experiences, and which brings with it traits characteristic of all life⁽⁶⁾. The body image refers in this study to the way in which the individual perceives his own body and his physical appearance, considering the mental representation about its shape, size and characteristics, as well as attitudes that reveal behaviors and feelings related to body satisfaction or dissatisfaction⁽⁷⁾.

Due to the physical alterations arising from breast withdrawal and changes in body image, it is necessary to understand this period and adaptation to the new body image. It is understood that in knowing the woman's perceptions about the withdrawal of the breast, the health professional has the possibility to choose paths that help them to confront with confidence the difficulties of the mutilation and re-create a new corporal image that will not be equal to that one built throughout life⁽⁸⁾.

Among the health professionals responsible for care, the nurse stands out as the closest to the patients' daily routine. It has the potential to play a

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fundamental role in supporting women during the experience of this complex condition, which can have a detrimental impact on the therapy of the disease and on the patient's recovery⁽⁹⁾.

Faced with this, in order to approach the reality of women who underwent mastectomy, it is understood that it is necessary to know what they think and feel about the surgery and how they perceive their new body. It is assumed that by apprehending the perception and feelings of these women about their body image, the nurse can find subsidies to draw up a therapeutic plan that considers the woman in its entirety, valuing not only the disease process, but also the implications for their lives.

Thus, we sought to answer the following research question: how do women perceive their body image after mastectomy? Through this question, it is aimed to know the perception and feelings of mastectomized women about their body image.

METHODOLOGY

This is a descriptive and qualitative field research developed with seven post-mastectomy women, members of a Support Group for Women with Breast Cancer from a university hospital in Southern Brazil. The participants of group were nurses, physiotherapists, psychologists, physicians and academics from the respective areas; they developed informative activities aimed at the prevention, promotion and recovery of the health of assisted women.

Women who are 18 years-old and older that underwent mastectomy for breast cancer at some point in their lives were included in the study. The participants were chosen by invitation to those who met the study inclusion criteria and the number of participants was conditioned by the data saturation criterion. Those who did not have the cognitive conditions to participate in the interview were excluded. Participants were informed about the objectives of the study and voluntary participation.

Data collection was performed in the second half of 2014, through an open individual interview. There were sociodemographic questions and three guiding questions: "Tell us about how you had to have the breast removal surgery"; "Tell us how you see yourself without the breast"; "tell us how you realize that people see you without the breast". The interviews were conducted individually, in a private room, recorded and later transcribed in full. As for anonymity, the

participants were identified by the letter "E" of the respondent, followed by a numeral, that is, E1, E2, E3, successively.

The data were submitted to thematic analysis, according to the operational proposal⁽¹⁰⁾, which involves two operational moments: exploratory and interpretative. The first moment concerns the fundamental determinations of the study and includes the knowledge of the socio-historical context⁽¹⁰⁾. This phase involved the search and understanding of the group's history, its environment, its dynamics, participation and insertion in society. The interpretative moment included the interpretation of the data and, with this, it was subdivided into two stages: data ordering, which included the moment in which the participants' statements were transcribed and organized; and the classification of data, which was subdivided into four stages, the horizontal and exhaustive reading of the texts, the transversal reading, the final analysis and the report⁽¹⁰⁾.

On the horizontal and exhaustive reading of the texts, all the material produced and the recording of the first impressions were read in order to highlight the central ideas. The cross-sectional reading involved the clipping of each statement in "unit of direction". At that time, the related and relevant themes were still identified and these were grouped together to form the central categories. In relation to the final analysis, the comparison of the data with the literature was understood. Finally, the report consisted of presenting the results of the survey⁽¹⁰⁾.

This research respected the ethical aspects of human research, according to Resolution 466/12 of the National Health Council, according to the guiding principles of autonomy, beneficence, non-maleficence, justice and equity. The project was approved by the Ethics Committee in Research, with approval opinion n° 725.960 and Certificate of Presentation for Ethical Assessment (CAEE) n° 32707214.2.0000.5346.

RESULTS AND DISCUSSION

The study participants were seven women, aged between 54 and 72 years-old who underwent radical mastectomy. The time between surgery and the interview was between three and twenty years. The following table presents the characterization of the participants.

According to the analysis of the content of the interviews, two categories emerged: *from diagnosis to surgery: disbelief of the required mastectomy*;

seeing themselves without the breast: feelings of mastectomized women. These were divided into subcategories, which interrelate and express the

perception and feelings of mastectomized women about their body image.

Table 1. Characterization of participants.

Participant	Current age	Age at mastectomy	Time after mastectomy	Marital status	Number of children	Occupation
E1	72 years-old	68 years-old	4 years	Married	2	Retired teacher
E2	54 years-old	51 years-old	3 years	Married	2	Handicraftswoman
E3	71 years-old	51 years-old	20 years	Married	3	Housewife
E4	60 years-old	44 years-old	16 years	Married	2	Secretary
E5	56 years-old	48 years-old	8 years	Single	0	Housewife
E6	72 years-old	69 years-old	3 years	Married	1	Hairdresser
E7	65 years-old	61 years-old	4 years	Married	3	Housewife

Source: Authors, 2016.

From diagnosis to surgery: the disbelief of the required mastectomy

The perception of women who performed mastectomy in relation to their body image results from the process experienced during all illness, which influences the elaboration of this perception. Thus, body image began to delineate at the time the diagnosis and need for surgery were revealed.

The disclosure of the diagnosis

Revealing the news of a cancer diagnosis is a complex issue that requires preparation and sensitivity of the health professional. The way the health professional conveys the news directly interferes with the patient's relationship with the diagnosis itself, even if each responds differently.

It should be noted that although the diagnosis is a medical competence, the nurse, because of having greater contact and sharing and/or experiencing different moments with the patients, has conditions to contribute at that moment. It can establish effective interaction, provide support, and encourage them to cope with treatment. The speeches of some participants point out that the moment of diagnosis was brief, with few explanations and little elaboration, which had repercussions on negative reactions, exemplifying the need for a truly effective interaction on the part of the health professional.

The doctor let me very down, for with every examination that he did, he said that everything was against me, nothing in my favor. So I lost the motion of life, I thought I was doomed. (E6).

The doctor examined me and said, "Let's remove the lump! He did it! In fifteen days the result came. We took him to the doctor's office. My sister already knew and by her face, I already distrusted. He looked and the first thing I said was that I was going to have to take that mama off. When he said it, I felt a bad feeling. (E2).

The doctor looked at me and said that I had cancer and that if I had money it was to go quickly because it could be taken. I got scared, it got worse for me. I cried all day, I was very bad, I got really bad. He could not have told me like that! The way I'm scared, oh, my God (E5).

Considering what was expressed by the study participants, it can be observed that the information related to the diagnosis and the need to perform the surgery, at the moment, aroused the feeling of incredulity regarding the situation. The way in which the information was transmitted helped women to assimilate the message that, in addition to having a compromised breast, their lives would be at risk.

The literature indicates that the diagnosis of cancer is experienced by the patient as a moment permeated by intense and desperate reactions, which oscillate between the sensation of unreality and the possibility of being faced with death⁽¹¹⁾. Because of the stigma attributed to cancer, the diagnosis may reflect negative

impact and feelings, and the way the woman receives the news and how the professional-patient relationship is established may represent differential aspects in the experience of this process⁽⁸⁾.

As a result, it is important for the health professional to inform, to orient and to establish a bond of trust with women, allowing the discussion about their health status, treatment and emotional aspects that involve that moment. This support and guidance are believed to reflect positively, helping women overcome the difficult times of this phase⁽³⁾.

Given the revelation of the diagnosis, the woman may experience instability crises, marked by fear, anxiety and depression. This phase of suffering may be associated with the incurable nature of the disease and the idea of impending death. Therefore, the impact of the diagnosis requires social, spiritual or psychological support, for better acceptance of the disease and better adaptation⁽¹²⁾. Thus, at the time the diagnosis of breast cancer is revealed, the concern of women is related to the fear of death and the treatment indicated.

The need for mastectomy

Facing the diagnosis of breast cancer, partial or total mastectomy is usually the chosen course of therapy, indicating its accomplishment soon after confirmation of the diagnosis. Upon receiving the news that they will need to undergo this procedure, several negative reactions may be manifested, including despair, panic, crying, and denial in the face of the established situation. Such reactions may be related to the lack of knowledge about the disease, the risks related to surgery, the stigma against cancer and the sociocultural representation that the woman constructs on the breast.

The doctor thought it would be better if I remove the whole breast, which was for me to get rid of everything. He thought it would be safer. What was I going to do? I cried, I asked him if it was really necessary to remove the breast and he said yes. (E1).

When the doctor said that I had to remove the breast, it gave me a panic crisis. It seems I started to snore from the fright I took. I ran to call my sister-in-law who was with me. I just cried because of the fright I had. (E5).

The surgery was complicated for me because you will never be prepared for such a situation. When you find out you have the disease, it gets complicated. On the day of the surgery, I was quiet, now, then, when they removed the breast, I totally ignored what such a surgery would be like. (E7).

The study participants also said they were surprised when the professionals told them that they needed to perform the mastectomy, which contributed to trigger the feelings mentioned and to reveal the concern for breast loss.

Surgeries, in general, generate anxiety in patients, since they can lead to complications, pain, infections and even death. In this direction, authors affirm that anxiety is one of the most manifested feelings of the women who perform the mastectomy⁽¹³⁾. At the same time, they express nervousness, despair and fear about surgery and death^(6,4). The reactions manifested can also be exacerbated by the representation that the breast has for the woman, being a symbol of motherhood, femininity and sensuality, and having a direct relation with the woman's body image⁽³⁾.

In this perspective, it is necessary to understand the singularity of each woman, considering that the representation of the breast is individually constructed and its withdrawal, as well as the (re) construction of femininity, are configured in different ways⁽¹⁴⁾. Many women refer to feelings of incompleteness and distress, in addition to those of a new body, which may be perceived as unconfigured⁽¹¹⁾.

In this context, the mastectomy is experienced as a mutilation, and has a strong repercussion in their femininity, causing for many women to experience a series of emotional events, related to the sadness and the difficulty to see themselves without the breast.

In view of these considerations, it is believed that the revelation of the diagnosis of breast cancer and the need to perform the mastectomy impose on the woman the possibility of an uncertain and different future with respect to her own body⁽³⁾.

Seeing themselves without breast: feelings of mastectomized women

The mastectomy corresponds to a difficult condition in a woman's life and implies suffering and relevant changes. In this context, it is worth mentioning that the response to mutilation is individual and may be related to factors such as age, perception of self-image, emotional state, socioeconomic situation, among others. As in other mutilations, mastectomy requires, in addition to the care proper to surgery, emotional support that allows better understanding, interaction, adaptation and acceptance of the new body image. In this sense, the statements show the suffering experienced by the majority of participants.

When I took the breast off, I was sad, of course. Can you imagine? I saw myself on bad moments; I thought I would die soon. I was disappointed, after all, I took the breast off. (E1).

At first I did not want to look myself in the mirror. I said, what an ugly thing, I was all bandaged, when the doctor removed the bandage he asked me: would you like to see yourself? And I said, I do not want to look at myself, I will do it on the day that I feel better. I was afraid to look that little cut and without the breast. That was my fear. (E3)

To remove the breast, I was much "attacked", after they took off that "tampon" [bandage], I cried a lot. It was very difficult at the time, but then it passed. Until now I have not reconstructed it. (E5).

I did not have the guts to look at my breast, not at all. For a long time, I had not been in front of the mirror. It was very sad! I started to look at myself for a little while, after four months. When I saw it all straight, nothing, I found it very ugly. It's complicated ... It's an ugly scar. You do not look at you completely. (E7)

The participants' speeches reveal the present and built fear of the prospect of having to look and face the concreteness of the "new" body. Although the experience is subjective, the pain expressed by crying, sadness, anxiety and low self-esteem permeated that experienced by women in the process of recognizing themselves without the breast.

According to reports, the first contact established with the body was through the mirror, and the negative impact on the reflected image was evident. This look at the mutilation provoked sadness at the observation of the procedure to which they had undergone and of the breast without the mamma. It was then realized that the withdrawal of the breast to the women of this study reflected, a priori, in a negative body image.

It is also known that, when going through the surgical process of breast withdrawal, the woman experiences a remarkable experience. In this sense, mastectomy implies significant changes in the body image of the woman, which requires effort and time for her to face this condition and adapt to the new image, since surgery represents an aggression to the breast⁽⁸⁾ and also to the body in its entirety. This reality in facing the "new" body can arouse feelings of restlessness, fear and sadness⁽¹⁵⁾.

Some authors point out that an intensity of feelings manifested in women in the loss of the mother is also necessary for their self-esteem⁽¹⁵⁾.

In this perspective, it is emphasized that fear is a feeling that accompanies all phases of the illness

course of women who were submitted to mastectomy. Such a feeling reverberates to visualize a part of the scar and to make dressing and perform the care that has been performed⁽⁶⁾.

In addition to the aforementioned manifestations that can be triggered after a mastectomy, the literature points to physical pain as another factor that emerges in women's lives⁽¹⁶⁾. This pain consists of the woman's quality of life, in view of a mobility loss of the upper limb involved and an influence of this change in the acceptance of the new image⁽¹⁷⁾.

I suffered a lot of pain, had neuropathy, and burned everything from the scapula to the breast. I did not have time to feel sadness, so much pain that I suffered. It's something I cannot explain. I just want to get rid of that pain, all these pains that I suffered. (E6).

I suffered a lot of pain. It was a quiet surgery, but I suffered a lot of pain later, when they took the stitches, I'll tell you! I had not been able to sleep for days. It was a burning, horrible pain. (E7).

Pain after mastectomy is common and has several causes and adjectives that differ according to each woman. Usually, women who develop pain experience a functional reduction and significant emotional change. In addition, the symptom, when present, can cause changes in body image and be a limiting factor for the accomplishment of activities of daily life and leisure⁽¹⁷⁾.

In the management process with the body in the face of the changes caused by the mastectomy, the participants used overcoming strategies to feel empowered and thus to improve self-esteem to face the treatment and to accept their new body image. Thus, the faith and support of family and friends reflected positive feelings that contributed to the courage, strength and confidence of the suffering caused by disease and mastectomy.

You know what I have in my head that crying will not solve. So, I must have faith. I put it in my head that God is testing me! Really, if I have faith I will be better! (E2)

The support of family and friends helps us a lot, they gave me strength. I think that's what got me back, left me up, and raised my self-esteem because I was too down. It looked like I was going to crash and could not take it. (E5)

I had wonderful support, people from the Assembly and relatives who went there, prayed, lifted my astral, that night I slept all night. I have the CD of Father Zezinho, Father Rossi, Divaldo Pereira Franco. I thank God all the time. I sincerely believe that for me to win this whole battle it was only for God! It is the strength

He imams, that comes from Him! Because it's just not us. (E6)

The testimonies show a sense of comfort and confidence in the face of the support received from family and friends in expressions of appreciation and solidarity. This support received is considered relevant and also contributes to the woman maintaining an active social life and alleviating emotional tension. The importance of faith and the strategies used to strengthen it are also very important. Some women reveal that the mastectomy can be seen as the salvation of their lives and then to seek in faith to strengthen to deal with the problem, since this is a great ally in difficult times.

These mechanisms helped the participants to accept their new condition and to face difficulties, as well as contributing to the promotion of an optimistic view of events.

The support of family and friends, then, is considered relevant and also contributes to the woman in maintaining an active social life and easing emotional tension. Some women even reveal that the mastectomy can be seen as the salvation of their lives and seek in faith the strengthening to face the problem, since this is a great ally in times of difficulty⁽⁸⁾.

When resorting to literature, we found some works that are close to the results of this research. A study of mastectomized women identified family and friends as the main source of support in facing the surgery, providing them with protection, safety and essential care for their improvement. In addition, faith was also seen as an important resource to ease the interferences and the difficulties of this experience⁽¹⁸⁾.

In order to disguise the absence of the breast, to improve the appearance, to increase the self-esteem and consequently to re-elaborate the body image, the study participants used strategies that help them to get around the situation. Thus, the use of removable/filling prostheses and breast reconstruction were shown as positive alternatives.

I gradually accepted the new image. They told me to use seed prosthesis, so I started using it. I never walked with nothing, not even at home. I never left to go to the beach, swimming pool, I buy the own bathing suits, which have prosthesis cutouts. So, no one says I use prosthetics. (E3)

The worst moment for me was when I saw myself. So I wanted to do the rebuilding, because I always thought of that story that I tell, since I was a little girl, I washed

one side, I washed the other, I got here and ah! ... I do not have my momma anymore. So I wanted to get that thought out of my head. (E4)

From the testimonies, it is possible to see that the breast reconstruction and the use of removable/filling prostheses represented important strategies after the mastectomy, since through them the woman can disguise the absence of the breast. Therefore, this alternative may have repercussions on the preservation of the woman's body image, to improve the quality of life and to favor a less traumatic rehabilitation⁽¹⁹⁾.

The withdrawal of the breast was also considered, from the outset, as inevitable in the face of the disease. In these cases, then, attitudes of acceptance and compliance were identified. Such mechanisms may be related to the fact that these women believed that this was the way to cure cancer and to escape from death. In this way, when the disease and the treatment are experienced optimistically, repercussions of the same nature in the woman's life are perceived. They can improve their living conditions, accept the new body image and contribute to the maintenance of quality of life.

Look, regarding my self-esteem, I've rejuvenated myself. I have something with me: what's the use? We know you have to take care of yourself. I'm already 72, "in a way or other," I'm going to die. I tried to do my best to heal myself. (E1)

I accepted the mastectomy. I thought it was going to be all right, that mama would not be the problem for me. I never had any problem of panicking, crying, isolating myself, and scaring me. I got that and I thought, well, I'm going to save myself and I have to get used to it. (E3)

In this sense, the acceptance of breast loss, for many women, appears as a chance for cure and a need to avoid death. Thus, they understand that it is better to accept to live without the breast than to die, without even trying^(9,20).

FINAL CONSIDERATIONS

From the development of this study, it was possible to know the feelings and the perception of mastectomized women about their body image. This image resulted from the process experienced during the course of all illness, delineating from the moment the diagnosis and the need for surgery were revealed, reflecting on negative reactions.

It is thought that the women's body image, after the mastectomy, underwent changes in the way they perceived their body, initially manifesting estrangement, sadness, crying, anxiety, pain and decreased self-esteem, thus reflecting a negative body image. However, women used coping strategies that strengthened their ability to cope with surgery, and improved their self-esteem and contributed to a positive reconstruction of body image.

It is hoped that the results obtained in the research may contribute to the reflection and sensitization of health professionals and students, in an attempt to develop care strategies that seek to improve the quality of care of this group of women. The present study made it possible for women to be heard, allowing them to express their feelings and

perceptions and, consequently, to bring up the discussion about this theme, instigating the accomplishment of other researches that deepen the reflection about the care provided by the professionals regarding the body image of women who perform mastectomy.

The limitations of the study are related to the small number of participants addressed and the impossibility of generalization of the results, given that they are limited to a specific context and public. The outline in question was restricted to the reality of the profile of the participants in the support group, including women of more advanced ages. Thus, we suggest studies that include younger participants in order to know the perception of the body image in different age groups.

A IMAGEM CORPORAL NA ÓTICA DE MULHERES APÓS A MASTECTOMIA

RESUMO

Este trabalho teve como objetivo conhecer a percepção e os sentimentos de mulheres mastectomizadas acerca de sua imagem corporal. Trata-se de um estudo qualitativo, do tipo descritivo, realizado com sete mulheres diagnosticadas com câncer de mama e submetidas à mastectomia em algum período de suas vidas. Utilizou-se a entrevista aberta como técnica de coleta de dados e aplicou-se a proposta operativa para análise dos dados. A mastectomia corresponde a um momento difícil na vida de uma mulher, o qual implica em sofrimento e mudanças relevantes. A percepção das mulheres que realizaram mastectomia, em relação à sua imagem corporal, resulta do processo vivido desde o momento do diagnóstico, da revelação da necessidade da mastectomia e das vivências do cotidiano. Todos estes aspectos podem implicar na aceitação da nova imagem corporal. Conclui-se que as mulheres modificaram a maneira como percebiam seus corpos, manifestando, inicialmente, estranhamento, tristeza, choro, ansiedade, dor, além da diminuição da autoestima, refletindo em uma imagem corporal negativa. Todavia, elas utilizaram estratégias de superação que fortaleceram a autoestima e, conseqüentemente, auxiliaram positivamente na reconstrução da imagem corporal.

Palavras-chave: Imagem corporal. Mastectomia. Neoplasias da mama. Enfermagem.

LA IMAGEN CORPORAL EN LA ÓPTICA DE MUJERES TRAS LA MASTECTOMÍA

RESUMEN

Este estudio tuvo como objetivo conocer la percepción y los sentimientos de mujeres con mastectomía acerca de su imagen corporal. Se trata de un estudio cualitativo, del tipo descriptivo, realizado con siete mujeres diagnosticadas con cáncer de mama y sometidas a la mastectomía en algún momento de sus vidas. Se utilizó la entrevista abierta como técnica de recolección de datos y se aplicó la propuesta operativa para el análisis de datos. La mastectomía corresponde a un momento difícil en la vida de una mujer, lo que implica sufrimientos y cambios relevantes. La percepción de las mujeres que realizaron mastectomía, en relación a su imagen corporal, resulta del proceso experimentado desde el momento del diagnóstico, de la revelación de la necesidad de la mastectomía y de las experiencias del cotidiano. Todos estos aspectos pueden implicar la aceptación de la nueva imagen corporal. Se concluye que las mujeres cambiaron la forma como perciben sus cuerpos, manifestando, inicialmente, extrañeza, tristeza, llanto, ansiedad, dolor, además de la disminución de la autoestima, reflejando en una imagen corporal negativa. Sin embargo, ellas utilizaron estrategias de superación que fortalecieron la autoestima y, por consiguiente, ayudaron de manera positiva en la reconstrucción de la imagen corporal.

Palabras clave: Imagen corporal. Mastectomía. Neoplasias de mama. Enfermería.

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