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Abstract

Background:

Breast cancer in women aged 18-50 is an increasing issue in the UK. Mastectomy is one form of treatment. Research suggests there may be a link between mastectomy and body image which may then impact sexuality.

Objectives:

Consider how the body image of younger women with breast cancer is affected post-mastectomy and the impact of that on their expression of sexuality. Consider implications for nurses and treatment of breast cancer patients. Consider the importance of psychological support for younger women with breast cancer who have mastectomies.

Method:

Perform a literature review by systematically searching for appropriate studies and then assessing them using the Critical Appraisal Skills Programme (CASP). Use 9 articles for main review then consider the main themes alongside a wider body of literature.

Conclusions:

Critical analysis of literature gave rise to three main themes: ‘the patient-specific impact of mastectomy’, ‘changes in body image and sexual functioning following mastectomy’ and ‘the importance of emotional support following mastectomy’. Significant relationship found between mastectomy, altered body image and sexuality/sexual relationships. Effects are more evident and detrimental in younger women.

Implications

Recommendations for practice include performing baseline assessments of expression of sexuality at diagnosis as well as consideration of techniques such as CBT, couples counselling and referral to further psychosexual counselling.
their new body image after losing a breast and then have an altered communication and connection with the world (Berterö and da Costa Vargens, 2007; Fallbjörk et al, 2012). This led the women to embrace a new lease of life and take on new roles and responsibilities.

The selected articles differed widely over how changes caused by mastectomy affected sexuality and function. Bell et al (2011) found that 70% of women experienced sexual function problems after breast cancer. This was supported by Banks et al (2006) who recorded a significant reduction in sexual activity as well as problems with body image. However, Banks et al (2004) found that, by five years post-diagnosis, the majority of breast cancer survivors reported a good sexual quality of life and physical health. De Vries et al (2010) agree that the sexual functioning of women improved, but that the quality of sexual life for the women in their study decreased over time. It may be that the conclusions made were influenced by how long after diagnosis the studies were conducted. Perhaps it would be useful to consider studies that are conducted at similar times post-diagnosis and treatment to give more comparable results.

3.3.3 The importance of emotional support following mastectomy

The overall conclusion seen was that emotional support affects body image and quality of life and that discussion about sex has a positive impact. Nurses should communicate well with the patient and their partner: the partner’s response can affect the sexual health and body image of the patient. Support groups also have a role in helping patients cope with problems.

Emotional support from family and friends can enhance the patient’s body image and quality of life (Banks et al, 2004; Berterö and da Costa Vargens, 2007). It was agreed that discussion about sex has a positive impact. Discussing possible consequences of treatment on sexual health and body image, and the effects on intimate relationships has a positive impact; it is generally helpful to involve the partner (Banks et al, 2006; De Vries et al, 2010; Gilbert et al 2010).

Avis et al (2004) found that, although communication between patients and partners was significantly affected by mastectomy, sexual relationships were not. In contrast, Banks et al (2006, pg590) found that a partner’s inability to understand and support the patient was
### Appendix A: Critical Appraisal Skills Programme (CASP)

**Screening Questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Can’t Tell</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the review ask a clearly-focused question? Consider if the question is ‘focused’ in terms of</td>
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<tr>
<td>• The population studied</td>
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<td>• The intervention given or exposure</td>
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<td>• The outcomes considered</td>
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<td>2. Did the review include the right type of study? Consider if the included studies:</td>
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<tr>
<td>• Address the review question</td>
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<tr>
<td>• Have an appropriate study design</td>
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<td>3. Did the reviewers try to identify all relevant studies? Consider:</td>
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<tr>
<td>• Which bibliographic databases were used</td>
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<tr>
<td>• If there was follow-up from reference lists</td>
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<tr>
<td>• If there was personal contact with experts</td>
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<tr>
<td>• If the reviewers searched for unpublished studies</td>
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<td>• If the reviewers searched for non-English language studies</td>
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<tr>
<td>4. Did the reviewers assess the quality of the included studies?</td>
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<td>• If a clear, pre-determined strategy was used to determine which studies were included. Look for:</td>
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<tr>
<td>✓ A scoring system</td>
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<tr>
<td>✓ More than one assessor</td>
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<td>5. If the results of the studies have been combined, was it reasonable to do so? Consider whether:</td>
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<tr>
<td>• The results of each study are clearly displayed</td>
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<tr>
<td>• The results were similar from study to study (look for tests of heterogeneity)</td>
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<tr>
<td>• The reasons for any variations in results are discussed</td>
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</table>
listed all the statements which contributed to each factor, providing factor scores. The results tables were accompanied by comprehensive written descriptions of the results under each factor. Main result: 3 factors identified were: “communication – dispelling myths about sex and intimacy”, “valuing sexuality across the cancer journey”, “intimacy beyond sex”.

7. How precise are these results?

The study by Fallbjörk et al (2012) was approved by the ethics committee of the Faculty of Medicine, Umeå University. Berterö and da Costa Vargens (2007) state that approval from the Committee on Research Ethics was obtained for their study. Heiwe et al (2010) also obtained approval for their study from the local Ethics Committee. Gilbert et al (2013) describe a particular way of designing the questions asked to avoid bias as much as possible. For each question, there must be ‘coverage and balance’. In terms of coverage, the question must “cover all the ground within the conceptual space” and then for balance, the question must avoid bias as much as possible.

There is potential for bias in any interview-based study as the questions could potentially be weighted or leading in a particular direction, however the fact that most of the studies used allowed the patient the chance to elaborate and lead onto topics of their choice, there was less likelihood of that. However, for this review, it is accepted that some bias may have been exerted in the interpretation and sorting of the results (although the fact that several scholars interpreted the findings in each study reduced this risk) and it may be regarded as one limitation. Also, the fact that the studies were personal and about human emotion and body image may also be some limitation to the study as some of the subjects involved may


