

Exploring Women's Experiences of TRAM Flap Breast Reconstruction After Mastectomy for Breast Cancer

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Purpose/Objectives: To explore and describe women's experiences of transverse rectus abdominus musculocutaneous (TRAM) flap breast reconstruction following mastectomy for breast cancer.

Design: Qualitative, exploratory, and descriptive.

Setting: A private hospital in Perth, Western Australia.

Sample: Purposive sampling. Inclusion criteria were English-speaking women who had undergone TRAM flap breast reconstruction 6–24 months prior to the study. Response rate was 78%. Ten women were recruited, five who had undergone immediate breast reconstruction and five who had undergone delayed breast reconstruction.

Methods: Data were collected through individual semistructured interviews and analyzed with a thematic approach. Saturation was reached after 10 interviews. Coding and categorizing were undertaken with each transcript until the process revealed recurring themes. A focus group interview was conducted with the participants.

Findings: Three major themes emerged from the data: losing a breast matters, adjusting to a changing body image, and redefining normality.

Conclusions: The study highlights the significant impact of breast cancer, mastectomy, and breast reconstruction on the lives of women. All facets of a woman's life may be affected, often resulting in a holistically life-changing experience. Support needs for the women were not fully met. A greater understanding of the holistic experience and expectations of women who choose to have breast reconstruction following mastectomy is required to facilitate improved education and support.

Implications for Nursing: Nurses play an important role, not only in the provision of physical care to women postoperatively, but also for education and psychosocial support. This study gives practicing nurses greater insight into the holistic experience of women undergoing TRAM flap breast reconstruction.

Key Points . . .

- ▶ Women may be underprepared for transverse rectus abdominus musculocutaneous (TRAM) flap breast reconstruction and, subsequently, have unrealistic expectations about the physical, emotional, and social outcomes of breast reconstruction.
- ▶ Women who undergo TRAM flap breast reconstruction need support from healthcare professionals and the community.
- ▶ The process of adjusting to the impact of breast reconstruction can differ between women having immediate or delayed TRAM flap breast reconstruction.
- ▶ Women perceived that society viewed breast reconstruction as “a primarily cosmetic procedure, minor surgery, and not necessary,” leading to feelings of guilt resulting from the women's perceived failure to cope with their breast cancer and breast reconstruction experience.

2000). Despite an increasing trend toward breast reconstruction, the incidence of women opting to undergo such procedures is relatively low. In Australia, approximately 25% of women who undergo mastectomy opt for breast reconstruction (Breast Cancer Network Australia, 2007).

Psychological Impact of Mastectomy

A large body of evidence has been established since the 1980s highlighting the psychological distress associated with a breast cancer diagnosis and treatment (Daniel & Maxwell, 1983; Hartl et al., 2003; Kissane et al., 1998; McCain, 1993; Neill, Armstrong, & Burnett, 1998; Schain, Jacobs, & Wellisch, 1984; Spencer, 1996; Zabora, BrintzenhofeSzoc, Curbow, Hooker, & Piantadosi, 2001). In addition to dealing with a life-threatening illness and the often debilitating treatment, the impact on a woman's body image and sexuality can be profound (Kissane, White, Cooper, & Vitetta, 2004). In many

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Digital Object Identifier: 10.1188/08.ONF.81-88

Breast cancer is a pertinent health issue for women around the world. In Australia, breast cancer is the most common cancer diagnosed in women (26%) (Australian Bureau of Statistics, 2006). The percentage of cancers that are located in the breast is around 32% in the United States (Centers for Disease Control and Prevention, 2003) and approximately 25% in the United Kingdom (National Statistics Online, 2003). The lifetime risk for Australian women younger than age 85 being diagnosed with breast cancer is one in eight (Australian Institute of Health and Welfare [AIHW] & National Breast Cancer Centre [NBCC], 2006). Despite advances in breast-conserving surgery, mastectomy continues to be one of the main treatments for early-stage breast cancer, with approximately 40% of women diagnosed undergoing mastectomy (AIHW & NBCC). Most are eligible for breast reconstruction.

Surgical breast reconstruction is offered to women in an attempt to ameliorate the psychosocial impact of mastectomy (Al-Ghazal, Fallowfield, & Blamey, 2000; Wilkins et al.,