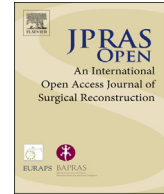




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Original article

Exploring novel dimensions of body experience after breast reconstruction

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ABSTRACT

Background: Studies on the post-breast reconstruction period are primarily conducted with questionnaires, focussing on general outcome parameters such as cosmetic result, quality of life or satisfaction. However, to explore how women see, appreciate and behave towards their own bodies, a different research approach is required. In this study, we used an empirical phenomenological design to explore how women experience their body after breast reconstruction in everyday practice.

Methods: A qualitative, descriptive phenomenological design was used. A total of 18 semi-structured in-depth interviews were conducted with women who had undergone implant-based breast reconstruction (IBBR, $n = 5$) and autologous breast reconstruction (ABR, $n = 13$). The interviews were tape-recorded, transcribed verbatim and subsequently coded and analysed using NVivo, a qualitative data analysis software program.

Results: A framework of six interrelated themes was identified: (1) 'the cosmetic body, (2) the sensed and touched body, (3) the body in action, (4) the sexual body, (5) awareness and (6) sense of self'. We found that women who have undergone IBBR report relatively similar changes in body experiences on all six themes, whereas women who have undergone ABR report a broad variety in changed body experiences after the reconstruction.

Conclusions: The six identified themes indicate that various dimensions of body experience are at play for women after undergoing breast reconstruction. Women with IBBR have more similar

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body experiences compared with women who have undergone ABR. This knowledge can be implemented in counselling before surgery and can support shared treatment decisions.

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Introduction

Breast cancer is the most common form of cancer in women with an estimated 14,000 new cases in the Netherlands every year and a lifetime incidence of 12–13%.¹ The demand for breast reconstruction is increasing due to improved prognosis and survival,² among other things. In addition, due to medical–technological developments in testing for *BRCA-1/BRCA-2* mutations, the number of prophylactic mastectomies, and hence the number of breast reconstructions, has also risen.^{3,4} Breast reconstructions are noted to improve quality of life (QoL), body image and satisfaction rates.^{5,6}

Most studies examining body-related impact of breast reconstruction are quantitative, focussing on outcomes such as risk of complications,^{7–9} quality of life,^{10–12} body image^{5,13,14} and satisfaction.^{15,16} Studies that investigate psychological well-being in breast reconstruction patients concentrate on parameters as depression and anxiety,^{17,18} feeling of attractiveness^{19,20} and sexual functioning.^{21,22}

These kinds of studies show that it is difficult to formulate appropriate parameters or straightforward indicators of breast reconstruction outcomes. For example ‘cosmetic outcome’ can be objectified by the measurement of the symmetry of the breasts,²³ but sometimes subjective valuation by the doctor or patient herself is used.^{10,12} ‘Body image’, one of the most commonly used parameters in QoL research, is also not a straightforward indicator, as it is used for assessing both physical intactness and the experience of actual physical traces after breast surgery.²⁴ Others also demonstrated that quantitative body image research is rigid, as it ignores the positive body-related experiences after breast surgery.²⁵ In addition, the relation between the cosmetic outcome, body image and QoL is not clear cut.^{10,26}

To bypass the methodological problem of how satisfaction after a breast reconstruction should be quantitatively measured, we have chosen to conduct a qualitative research based upon in-depth interviews instead of questionnaires. Using a phenomenological approach and method, the primary aim of this qualitative study is to explore the different ways in which women experience their bodies after breast reconstruction in everyday life. Phenomenology investigates people’s ‘lived experience’, for example, the way something is experienced from a person’s perspective while taking into account that person’s context, his or her lifeworld.²⁷ Unlike quantitative studies, which provide statistical general insights, our qualitative study gives rise to the classification of different patterns in body experience.²⁸ In this study, we have identified six different dimensions of bodily experience at stake after breast reconstruction. Our study, based upon a wide and heterogeneous sample, was not primarily designed to be representative and to compare different types of surgery. Yet, our findings suggest that there are some notable differences in body experience between autologous breast reconstruction (ABR) and implant-based breast reconstruction (IBBR) that warrant further investigation.

Methods

Study design

A qualitative, descriptive phenomenological method was used to identify a wide range of dimensions in how women experience their bodies after breast reconstruction. The results are based on 18 in-depth semi-structured interviews. We used the method of purposive sampling. The sample size adjusted based on the concept of ‘saturation’ or on the point at which no new information or themes are seen in the data.²⁹

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