

was designed to prospectively investigate the factors involved in women's decision making when offered a choice of surgery.

**Materials/Methods:** 16 women (age range 33-70) consecutively attending a breast clinic were interviewed prospectively at two different time intervals, after the appointment when they were offered a choice, and prior to their second appointment giving the surgeon their decision.

The interviews involved a questionnaire with 8 items in the first and 25 items in the second. (Key components shown in the table.)

	Key factor
1	Fear of recurrence
2	No long term survival difference
3	Increased local recurrence with BCS
4	Maintain body shape more with BCS
5	Possibility of reconstruction
6	Radiotherapy & BCS
7	Travelling for radiotherapy
8	Importance of breast to the woman

**Results:** In order of importance 5/16 women said fear of recurrence was the most significant factor in their choice, 5/16 said no long term survival difference, and 2/16 said maintaining body shape. No-one said radiotherapy or travelling for radiotherapy was significant.

Initial choice of surgical option were 4/16 women opting for BCS, 5/16 opting for mastectomy and 7/16 having no idea. After returning to clinic to give their choice 11/16 opted for BCS and 5/16 opted for mastectomy.

11/16 said they were the most significant person in making the choice and 2/16 said the surgeon. Rating on a scale of 1-10 how certain they were about their choice, 11/16 scored 10/10.

**Conclusions:** This study shows there are many factors which should be addressed during a consultation. Fear of recurrence and no long term survival difference were the most significant factors involved. An interesting finding is that only 1/16 said maintaining body shape with BCS was significant.

The more health professionals are aware of the factors involved then the more informed a woman's choice is.

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POSTER

### Breast reconstruction, the first step to woman rehabilitation

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Plastic surgery used in oncological context offers the patient, who has undergone mutilating surgery, the benefit of a reconstruction. The cancer patient experiences a complex situation where factors such as the altered body image interact with therapy, side effects and personality characteristics. A wide literature shows that increase in requests for reconstruction attempt to resolve more or less consciously emotional, affective and psychosocial problems. In breast cancer this implies a simultaneous or deferred breast reconstruction. The diagnosis of cancer, the surgical operation and subsequent therapy, have a considerable impact on quality of life of mastectomized women. The loss of a breast in developed countries is seen and experienced as severe mutilation of sexuality and maternity, sufficient to cause serious psychological disturbance such as anxiety and depression. When advising the patient about reconstruction, we have to take into account the experience of having cancer, where pain, fear and uncertainty about the future, contest with a self image where body image can not be separated from the entire personality. The body is seen as basic instrument to construct awareness of the world and establish relationship with the others. After mastectomy the woman uses an external prosthesis, but no survey has shown satisfaction rates higher than 60%. Reconstruction is an important step in rehabilitation. Request for it should be assessed by a multidisciplinary team comprising: doctor, nurse, physiotherapist and psychologist. There is an advantage in laying the foundation for reconstruction as the breast is removed because the sense of mutilation is reduced, while in deferred reconstruction where women are aware of the mutilation, there is more time to contemplate/decide the resources available. In our Institute of more than 1600 breast operation over the last two years; the insertion of expander increased from 196 to 244, and the substitution of the same with a definitive prosthesis increased from 134 to 208. Reconstruction with autologous flap (operations requiring more surgical, caring and rehabilitative resources) have remained more or less constant. In all these cases, rehabilitation begins pre-op and continues through post-op to follow-up. A study has begun to assess the immediate outcome during and after insertion of the expander to evaluate the mechanical parameters in order to reduce tension in the soft tissues and make the reconstruction more functional.

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### Cancer and men - experiences and resources from diagnosis to recovery

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**Purpose:** Study was designed to describe male cancer patients' experiences during their illness from diagnosis to recovery: what kind of experiences did they have, which of them did they regard as most problematic, what kind of internal and external resources did they apply and what kind of care did they need.

**Sample and Methods:** The participants (n = 8) were male cancer patients aged 35 - 64 and capable of verbal interaction. They were interviewed in a clinic setting 6 to 24 months after diagnosis in connection with a control visit. The semistructured interviews were tape-recorded. Data interpretation was based on the method of content analysis.

**Results:** The experiences of the male cancer patients can be divided into three categories, viz. physical, emotional and social. The most problematic of these experiences were physical ones. During the illness the men experienced physical deterioration, physical and emotional exhaustion as well as emotional helplessness and lack of knowledge. Internal resources included the social roles and identity, while external resources included wife and care organisations. The men did need informational, emotional and evaluative support from nurses, and for the most part indicated they had received that support. There was no need for any kind of care than that which the men received.

**Conclusions:** The results indicate that physical, emotional and social dependence during cancer can be experienced as problematic. The fact that man can and do apply their own internal and external resources does not mean that we as nurses can rely on that - the patient's personal experiences and resources should be taken into consideration at every stage of severe illness. Cancer is a multidimensional experience, a major transition in health and in social roles. The results also indicate that experiences of male cancer patients do differ to some extent from those of women during their illness, but this difference probably has to do more with attitudes to life than with resources as such. Men do not consider their status as a chronic one, but as a passing and relatively short period of life. Further investigations are required with larger, female population applying the same criteria and also with a male cancer sample at recurrence of cancer. An instrument focusing on patient resources should be developed.

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### The feminine ex-isting while facing chemotherapy for breast cancer: a study of nursing from Martin Heidegger's perspective

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The object of this survey is the dimension of angst in the Heideggerian view of the being of the woman who undergoes chemotherapeutic treatment for breast cancer. Its purpose has been to unveil the sense which substantiates the woman's existential movement when she is undergoing that treatment. The survey started with eighteen women; and, at each cycle, which totaled four, I interviewed them. This enabled the innovative development of a longitudinal study designed to sense the dimension of angst in the movement of facing the treatment. Eleven women were followed up to the last cycle. With six of them, I carried out another interview from two to three months after conclusion of the chemotherapeutic treatment. Then, from the phenomenological interviews, I established five units of significance which denote those women's understanding of their average-everydayness. I was able to grasp that, during treatment, the nursing professional deals with facts and shows himself/herself in the ontic instance, whereas the women signify their doubts, fears, and apprehensions, and deal with their existential possibilities at each new cycle, thus showing themselves in the ontological instance. There arises a disruption between the assistance ministered and the care received. A comprehensive analysis, substantiated on Martin Heidegger's concepts of Fear and Angst, has revealed that, no matter how often a woman may have undergone chemotherapeutic treatment, each cycle is as if it were the first, and is threatening to the being. These women's discourses and the reflections that ensued have demonstrated that nursing assistance can be from the perspective of an assistance which is care.