

Impact of breast cancer surgery on the self-esteem and sexual life of female patients

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Abstract

The impacts that breast cancer surgery has on the female patient were evaluated. The two categories used in breast cancer treatment, such as breast-conserving surgery and breast replacement by employing mastectomy, were discussed. A total of 80 participants were involved in the study. Diagnosis of breast cancer seems to have harmful psychological effects on the patient. Although the breast cancer treatment process chosen, either mastectomy or breast-conserving surgery has a crucial role in self-esteem and sexual issues. The various studies by several researchers are also covered concerning impacts of the breast cancer. The critical role of this paper is to discuss the impacts of post-surgery on sexual quality of life, body image, self-esteem, and level of depression experienced. The study was conducted at KVG Medical College and Hospital Sullia; certain criteria followed in the study process were also highlighted accordingly. Elaborations on various techniques used in the study were also discussed.

Keywords: Breast cancer, surgery, self-esteem, sexual life

Introduction

The most common health problem experienced globally among women is breast cancer. According to statistics, it accounts for approximately 20% of the total female population globally, having more than 1.3 million cases experienced every year in the whole world (Morales-Sánchez *et al.* 1640). Because of today's improvements in diagnostic techniques and effective treatment, the chances of breast cancer survival have improved with a 90% rate in 6 years and approximately 78% in 10 years span (Morales-Sánchez *et al.* 1640). However, breast cancer survivors experience several physical and mental health problems. Due to this reason, experts in the healthcare system are worried about the quality of life of women survivors, such as social aspects associated with trauma and breast cancer adaptation, emotional, psychological, and physical aspects (Alagiz *et al.* 5). There has been a realization of the harm to the standards of life female breast cancer survivors are affected by the systematic treatment methods in breast cancer such as hormonal treatment, radiotherapy, and chemotherapy.

Objectives

The current research aims to identify and inspect the implemented involvements intended to improve self-esteem and examine the existence of any impacts on the sexual life of female patients. Also, the study focuses on the emotional and social relations in women after treatment with breast cancer. The sexual functioning of the women breast cancer patients is also examined with a specific group of women (Wang *et al.* 3191). Some of the study's hypotheses are that the medication and diagnosis of breast cancer will alter sexual and psychological operations. Lastly, due to poor body perception in female patients after surgery, the study aimed to detect the impacts of breast cancer on their body image immediately after the surgery.

Literature Review

Generally, cancer is an illness that majorly impacts people's quality of life in their daily operations. One of the hazardous

categories of cancer is breast cancer, although early recognition and good treatment may enhance female breast cancer patients (De Cicco *et al.* 1514). Screening assists in breast cancer recognition, but its screening methods are underused. Most patients with breast cancer try to find medical attention only in the advanced phase. Unawareness of ways to detect breast cancer at an early stage would cause a lot of misunderstandings concerning the efficiency of early discoveries and the overall durability.

Symptoms of Breast Cancer

Women ought to know the way their breasts usually feel as a defense measure. Several primary symptoms exist, such as loss of taste, body fatigue, constipation, vomiting, and diarrhea that reveals breast cancer presence in the female body (CDCBreastCancer). Furthermore, one experiences discomfort due to loss of hair, abnormal disorders in sexual functioning, and sexual gratification (CDCBreastCancer). In general, these body changes due to breast cancer's existence in the body directly affects females' evaluation of their bodies, thus the poor perception of their body.

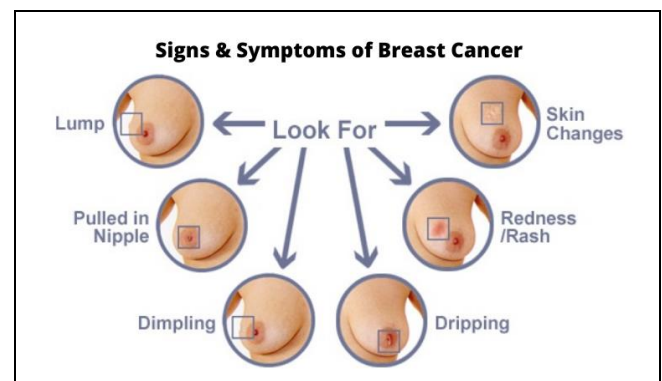


Fig 1: Illustrations of breast cancer signs and symptoms Risk of Breast Cancer

Approximately 50% of people with breast cancer are women (Olasehinde *et al.* 5). Cigarette smoking increases

the chances of breast cancer at a tender age (Sacks and Monica 270). Many fats in the diet taken by women and an increase in body weight are linked with exposure to breast cancer. Additionally, alcohol intake, menopausal hormone therapy, and cancer history in the family increase the chances of breast cancer. Women of higher socioeconomic groups have a greater possibility of contracting breast cancer than women with lower social status. Lastly, breast size is a crucial independent threat factor that signifies breast cancer.

Breast Cancer Consequences

Many studies associated with breast cancer reveal several consequences linked to breast cancer (Wang *et al.* 3191). One of the studies suggested that female patients undergo psychological suffering. It has been discovered that there is a relationship between females' risk perception and concerns about breast cancer. According to some previous research, they felt embarrassment, fear, and worry caused by the battling breast cancer.

Preventive Measures

Studies reveal that breast implantation is the topmost measure of medication for breast cancer (Spring *et al.* 2840). Another study established the connection between the consumption of vegetables and the risk of breast cancer (Angarita *et al.* 375). High vegetable intake results in low chances of contracting breast cancer. Additionally, specific vegetable intakes such as broccoli, tomatoes, and cruciferous would lower the chances of getting breast cancer.

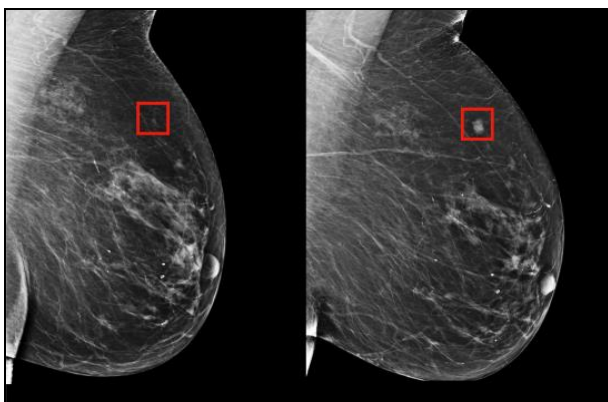


Fig 2: Use of artificial intelligence in breast cancer detection

Detection of breast cancer at an early-stage saves several lives every single year. It is advisable to seek the help of healthcare providers in the screening for any existence of breast cancer signs and symptoms (Woeckel *et al.* 316). Many studies conducted in low-, middle- and high-income countries suggest a need to offer physical and psychosocial assistance to patients with breast cancer (Herring *et al.* 2080). Health professionals must provide guidance and counseling concerning breast cancer based on personal experience and external sources to improve early detection awareness through appropriate breast cancer screening.

Materials and Methods

The descriptive study implemented utilized a sampling approach in which there were deliberate selections of specific settings, individuals, and events to obtain the

crucial information. The study was conducted at KVG Medical College and Hospital Sullia, whereby the total number of female breast cancer patients under the investigation was 80 in number. All the eighty participants were from various cities around the KVG Medical College; interviews were conducted during the third week of the surgery. The primary criteria followed in the study required that the participants tested positive for breast cancer, had been informed of the cancer diagnosis, had no breast reconstruction undergone, and participants are yet to receive any systematic cancer treatments.

The age category required is that participants fall between 18 to 50 years of age (Jabłoński *et al.* 870). Also, the study required that participants lack a psychiatric history and not have other health problems that could interfere with body image (Michelotti *et al.* 20). Interviews were carried out with the ministry of health's consent, and both written and oral respondents have collected accordingly. Interview questions were formulated based on questions and answer format to comprehend the study's subject deeply and asked relevant questions in English since all the participants were excellent English speakers. An interview conducted with eighty participants obtained the following information on medical and socio-demographic features of women breast cancer patients.

Table 1: Medical and socio-demographic aspects of women's breast cancer patients

Category	Feature	Number
Age	18-50 years	80
Marital status		
	Single	25
	Married	39
	Widowed	16
Medical Characteristics		
	Postmenopausal status	48
	Psychiatric ailment	32
Drug use aspects		
	Psychotropic	28
	Hormonal	36
	Analgesic	16

Discussion

Concerning table 2, the number of patients sampled for both breast conservancy therapy and the mastectomy under the study revealed that more patients who experienced BCT surgery tend to have fewer issues in terms of sexual life quality. The study revealed that surgery operation's effect on sexual functioning was connected to the surgical medications that the female breast cancer patients obtained (Hamood *et al.* 165). In the period after the operation of mastectomy, several women were stated to experience challenges with sexual arousal and orgasm, including the level of sexual desire, unlike in the previous situation before the performance of surgery (Ikhuoria *et al.* 60). The line graph of figure 3 shows the data sketch about the sex quality against breast conservancy therapy and mastectomy patient number. The graph depicts that BCT is steeper whereas mastectomy is less steep, showing the sex quality is high in BCT compared to mastectomy. Because, unlike the mastectomy, breast conservancy therapy, cancer is treated without removal of breasts, and only minute sexual issues were reported meaning high sexual life quality as per the study conducted.

Table 2: Females with Breast Cancer Clinical Characteristics

Category	BCT Number (Breast conservancy therapy)	ME Number (mastectomy)
➤ Sexual quality of life		
➤ Category 1	5	3
➤ Category 2	15	5
➤ Category 3	25	7
➤ Category 4	32	8
➤		

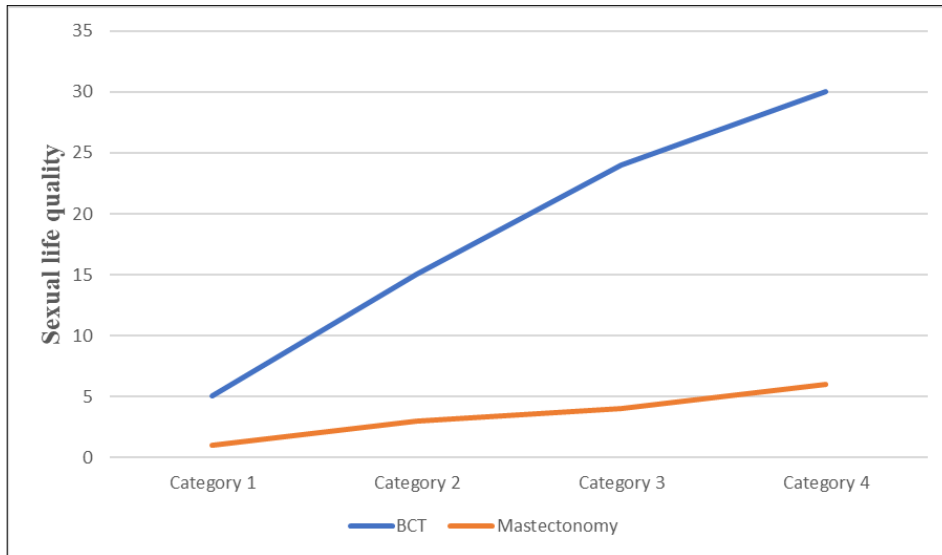


Fig 3: Shows A Line Graph Depicting Sexual Life Quality Against BCT And Mastectomy Patient Number

Another aspect realized according to table 3 below is that chemotherapy therapy was linked to more hospital participants than other types of cancer treatment. A good illustration is depicted on the bar graph in fig 3, whereby chemotherapy has the highest peak. Because chemotherapy has fewer effects on the quality-of-life post-cancer treatment (Ginsburg *et al.* 2380). Unlike hormone therapy, however effective it is for breast cancer treatment, it deteriorates the quality of life significantly and for more periods.

Table 4: Table showing various types of cancer treatment therapy

	BCT	mastectomy
Adjuvant therapy	45	35
Hormonal therapy	5	2
Endocrine therapy	17	1
Chemotherapy	35	10

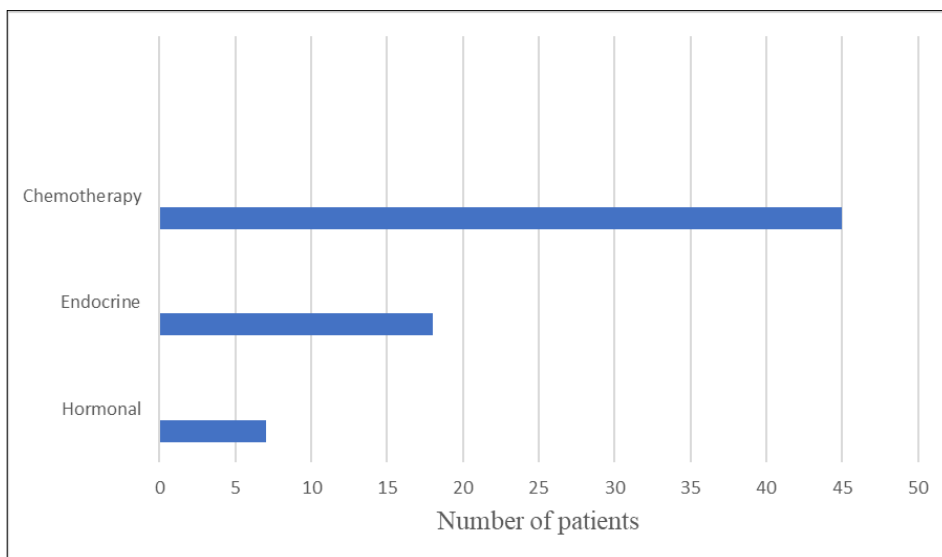


Fig 4: Showing the number of patients against cancer treatment therapy

Conclusion

In conclusion, there is a need to intensify counseling and inform patients and their partners about the possibilities of sexual dysfunction after diagnosing and treating cancer.

Proper guidance and counseling result in patients adopting sexual adjustments that may be needed after surgical operations. Unlike mastectomy, reconstruction of the breast seems a better breast cancer treatment method without many

sexual disorders. Should be adequately educated women on forms of cancer treatments to make informed decisions on the appropriate therapeutic approach.

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