
**Author List:**
**Presenting Author:** Deborah K. Mayer
**Additional Author:** Denise Spector, Kathleen Knafl, Andrea Pusic

Presenting Author: Deborah K Mayer

Address: Carrington Hall, CB 37460
Chapel Hill, North Carolina 27599-7460
United States
Ph: 919-843-9467
Fax:
Email: dmayer@unc.edu
Institution: UNC-Chapel Hill

Additional Author: Denise Spector

Address: UNC-Chapel Hill, CB #7460
Chapel Hill, North Carolina 27599-7460
United States
Ph: 919-843-9467
Fax:
Email: dspector@email.unc.edu
Institution: UNC-Chapel Hill

Additional Author: Kathleen Knafl

Address: UNC-Chapel Hill
Chapel Hill, North Dakota 27599-7460
United States
Ph: 919-843-3175
Fax:
Email: kknafl@email.unc.edu
Institution: UNC-Chapel Hill

Additional Author: Andrea Pusic

Address: MSKCC, 1275 York Avenue
New York, New York 10065
United States
Ph: 212-639-5085
Fax:
Email: PusicA@mskcc.org
Institution: Memorial Sloan Kettering Cancer Center
Abstract:
Introduction: Many women undergo breast surgery and this trend is increasing yet little is known about the subjective experiences of women following these procedures. In 2008, there were 307,230 augmentations; 88,732 reductions; and 79,458 breast reconstruction procedures for breast cancer. The purpose of this study was to provide an understanding about the recovery experiences of women following breast surgery for varying reasons.

Method(s): The study was a secondary analysis of qualitative interviews conducted with a convenience sample 48 Canadian women who had undergone augmentation (n=12), reduction (n=15), and reconstruction for breast cancer (n=21). Following transcription, interviews were coded and a thematic analysis was completed both within and across the three surgical groups.

Results: Women were between the ages of 20 and 65, 85% were Caucasian and almost half of the women were married. Women having augmentation were younger (M = 35.4 years) and more were single (67%) than the other two groups. Three major themes identified were returning to normal, my breast/my body, and relationship with others. Returning to normal included physical and functional recovery. Procedures were not as painful as expected but physical sensations (both numbness and sharp shooting pains) were often unexpected; recovery usually occurred over a few weeks. Functional recovery, including returning to work and resuming normal activities, followed physical recovery typically by a few weeks, but for some it took several months. My breast/my body included how the “new” breasts looked and felt and how that was integrated into the woman’s self-concept and self-image. Relationships with others included support (or lack of) from family, friends, and co-workers, intimacy with partners, and reactions from total strangers. While these themes were relevant across the three procedures, there were differences between the surgical groups.

Discussion & Conclusions: Regardless of the procedure, breast surgery has significant physical and psychosocial impact on the woman, how she recovers, how she feels about herself, and how others relate to her. Improved pre- and post-surgical education and support are warranted.

Abstract History:
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

Financial Disclosure:
No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.
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Submitted by:
dmayer@unc.edu