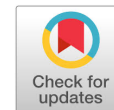


Management of Body Image Changes in Post-Mastectomy Breast Cancer Patients in the Surgical Ward



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Article Info	Abstract
<p>Manuscript Received: 01 Nov, 2025 Revised: 01 Dec, 2025 Accepted: 10 Dec, 2025 Date of Publication: 28 Dec, 2025 Volume: 1 Issue: 2</p>	<p>Introduction: Patients with breast cancer who undergo mastectomy often experience psychological problems, such as disturbed body image, which can be attributed to the following: Loss of a body part that holds significant meaning for female identity can lead to feelings of shame, fear of rejection, and decreased self-esteem. Therefore, appropriate nursing interventions are required to help patients adapt to these physical changes. This scientific work aims to describe nursing care for patients with a diagnosis of disturbed body image following mastectomy at RSUP Dr. Tadjuddin Chalid Makassar.</p> <p>Methods: A case study of a patient with a medical diagnosis of breast cancer following mastectomy in the Surgical Ward of RSUP Dr. Tadjuddin Chalid Makassar</p> <p>Result: Toward the body, accompanied by feelings of shame and fear of losing her husband's support. Following the implementation of the nursing interventions, the patient gradually became able to express her feelings, develop a better understanding of her postoperative condition, practice relaxation techniques, and demonstrate a more positive and open attitude. Family support was identified as a significant factor in enhancing the patient's acceptance of the physical changes she experienced.</p> <p>Conclusion: Nursing interventions in the form of education, relaxation therapy, and family involvement are effective in assisting post-mastectomy patients in managing body image changes. A holistic approach that addresses physical, psychological, social, and spiritual aspects is essential to enable patients to adapt and maintain their family and community roles.</p>
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INTRODUCTION

Breast cancer is the type of cancer with the highest incidence among women worldwide, with more than 2.3 million new cases and 685,000 deaths in 2020, and it is estimated to increase to 3.2 million cases by 2050 (1-3). In Indonesia, breast cancer ranks first among cancer cases in women, with an incidence of 41.8 per 100,000 population, where the majority of patients present at an advanced stage, resulting in a poorer prognosis (2). A similar condition has been observed in South Sulawesi, including Makassar, which has reported several cases and a significant economic burden (4)

Mastectomy is one of the main treatments; however, this procedure causes psychosocial impacts such as disturbed body image, anxiety, depression, and a decreased quality of life (5, 6). In Indonesia, post-mastectomy patients also face similar problems, including low self-confidence and feelings of loss of female identity (7). From an Islamic perspective, illness and loss are considered part of life's trials, which require patience and spiritual strength (Q.S. Al-Baqarah: 155).

Modern nursing approaches emphasize holistic interventions, including education, counseling, and body image therapy, which have been proven to effectively reduce body image disturbances and improve quality of life

(8, 9). The situation at RSUP Dr. Tadjuddin Chalid Makassar indicates that many patients experience difficulties adapting after mastectomy, and if left unaddressed, this may worsen their psychological condition and reduce treatment adherence.

Based on the above description, this scientific work aims to identify how body image changes are managed in patients with breast cancer after mastectomy in the Surgical Ward of RSUP Dr. Tadjuddin Chalid. This study is expected to provide empirical evidence for healthcare professionals and serves as a reference for the wider community.

CASE

In May 2025, Mrs. E, a 40-year-old woman was diagnosed with right breast cancer (CA mammae) and scheduled for a lumpectomy. The patient reported the presence of a lump in her right breast for approximately 10 years, which had progressively enlarged over the past few years. The results of supporting examinations (ultrasonography, BI-RADS 5 mammography, and biopsy) confirmed the presence of invasive mammary carcinoma. Physically, the patient was in a *compos mentis* condition with stable vital signs; however, she was experiencing mild anemia.

Psychologically, the patient exhibited a high level of anxiety before surgery, which was characterized by fear of losing her breast, feelings of shame, loss of self-confidence, and concerns about changes in body image and her role as a wife and mother. The patient also expressed fear of becoming a burden to her family and experienced decreased self-esteem. Based on the assessment findings, the primary nursing diagnosis was disturbed body image.

Nursing interventions focused on providing education regarding the post-mastectomy condition, self-care, strengthening self-concept, and body image therapy through relaxation exercises, self-acceptance, and family support. The evaluation results indicated an improvement in understanding, a reduction in anxiety levels, and the gradual development of an accepting attitude toward the bodily changes experienced. This was reflected in increased self-confidence and improved coping abilities in facing the post-mastectomy condition.

METHOD

This study employed a qualitative approach with a case study design. This approach was chosen to provide an in-depth description of the experiences, feelings, perceptions, and psychological responses of patients with breast cancer (CA mammae) toward the body image changes they would experience before undergoing a mastectomy. The case study design allowed the researcher to comprehensively and holistically examine the patient's condition in a real-life context, namely in the operating room or preoperative preparation unit.

The study was conducted in the preoperative room on August 17, 2025. The subjects of the study were female patients diagnosed with CA mammae who had been scheduled to undergo a mastectomy (preoperative phase). Purposive sampling was used to select patients who were considered capable of providing relevant and in-depth information related to the study's focus. The inclusion criteria for this study were female patients who had been diagnosed with CA mammae, were in the preoperative phase of mastectomy, were conscious and able to communicate well, and were willing to participate in the study.

Data were collected through in-depth interviews, observation, and documentation review. Semi-structured interviews were conducted with the patient to explore her feelings, thoughts, and concerns regarding changes in body shape that would occur after mastectomy. The interview questions focused on how the patient perceived the breast as part of her identity, the fear or sense of loss that might be experienced, the level of self-acceptance, and the patient's expectations for her life after surgery. Brief interviews could also be conducted with nurses and the patient's closest family members to obtain additional insights into the patient's psychological condition and the forms of support provided.

Observation was carried out by examining the patient's emotional responses, such as facial expressions, behavior, manner of speaking, interactions with family members and healthcare professionals, and the patient's attitude toward her own body, while in the operating room and preoperative preparation area. This observation aimed to complement the interview data and provide a realistic picture of the patient's condition before surgery.

The patient's medical records and nursing notes related to the diagnosis, surgical plan, and results of supporting examinations were examined for documentation review.

RESULTS

Nursing Process Evaluation

Table 1 . Pre and Post Intervention

Aspect	Pre intervention	Actions /Interventions	Post-intervention condition
Understanding of the post-mastectomy condition	The patient appeared sad, ashamed, and reluctant to talk about the loss of her breast.	Intervention: Education on wound care, personal hygiene, recovery exercises, and explanation that her self-worth is not diminished.	After the intervention, the patient demonstrated a better understanding of her condition, expressed greater readiness to face the post-operative period, and the repeated questionnaire showed an improvement in her level of understanding.
Coping and Anxiety	The patient was anxious, restless, and had difficulty accepting her physical condition.	Body image therapy: directing attention to healthy parts of the body, self-care practices, and providing education and motivation.	After the intervention, the patient became more relaxed, followed instructions well, and felt calmer through the exercises.
Body Image and Self-Confidence	The patient was focused on the loss of her breast and experienced a high level of shame.	Body image therapy: directing attention to healthy parts of the body and self-care practices.	After the intervention, the patient began to pay attention to her appearance (tidying her hair, wearing comfortable clothing), and a sense of self-confidence gradually developed.

Cooperation in Care	Initially, the patient was less cooperative and passive in receiving care.	Intervention: Continuous educational and therapeutic approaches.	After the intervention, the patient became more cooperative and motivated to undergo the recovery process.
Family Support	Initially, family support had not been fully explored.	Intervention: The importance of the family's role was emphasized during the educational sessions.	As a result, family support—particularly from the patient's husband—became a strengthening factor in helping the patient accept her condition.

Based on table 1 , Positive changes in the patient's condition were identified based on education and body image therapy. The evaluation covered several aspects, including the patient's understanding of the postoperative condition, emotional expression, coping ability, body image, cooperativeness in care, and family support. The measurement results also indicated a change in the patient's knowledge score from 75 (before the intervention) to 52 (after the intervention). The patient was also provided with education and motivation regarding the use of a prosthetic bra to enhance self-confidence and self-acceptance.

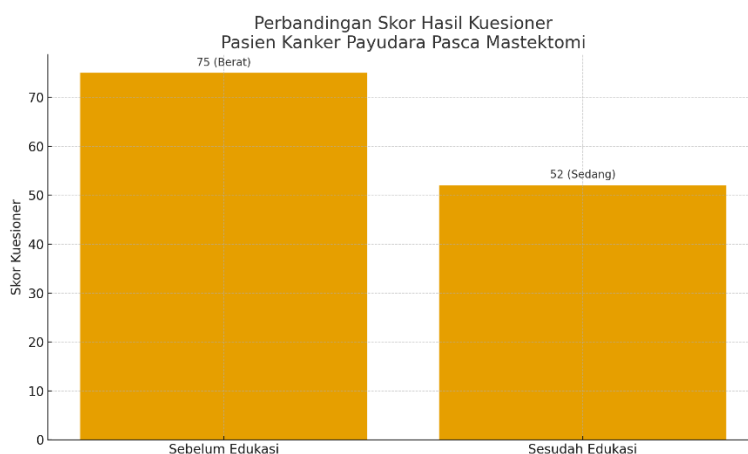


Figure 1: Comparison Questionnaire Score Pre and Post Education

DISCUSSION

Mrs. E, a 40-year-old woman, was admitted to the surgical ward of RSUP Dr. Tadjuddin Chalid Makassar with a diagnosis of malignant breast cancer (Ca mammae) and was scheduled to undergo mastectomy in May 2025 following a previous lump excision procedure. During the nursing assessment, the patient reported significant physical and psychological changes after surgery. She refused to look at or touch the operated breast area and complained of pain at the surgical site. Psychologically, she expressed feelings of shame, perceived loss of femininity, reduced self-confidence, and a sense of unattractiveness. These responses are consistent with evidence showing that post-mastectomy patients commonly experience body image disturbance, anxiety, and decreased self-esteem due to changes in physical appearance and perceived femininity (10).

The nursing interventions implemented in this case were based on the nursing diagnosis of Body Image Disturbance (BID) and focused on facilitating acceptance of physical changes following mastectomy. This management approach aligns with the Body Image Promotion intervention, which aims to enhance patients' perception of their physical self and support self-acceptance through adaptive coping strategies. Body image is a multidimensional construct shaped by emotional responses, personal experiences, and sociocultural environments; therefore, surgical procedures such as mastectomy frequently trigger negative body image reactions that require comprehensive nursing management (11).

The findings of this case indicate that a combination of educational interventions, counseling, body image therapy, deep breathing relaxation, and family support was effective in assisting post-mastectomy patients in adapting to physical changes. Education related to wound care, functional recovery, and the use of prosthetic bras improved the patient's understanding and readiness, which was reflected in a reduction of anxiety levels following the intervention. Similar findings have been reported in Indonesian nursing studies, which demonstrate that structured education significantly improves self-acceptance and psychological adjustment among post-mastectomy patients (13).

Body image therapy through self-grooming activities and the use of prosthetics contributed to the reconstruction of a more positive body perception. Studies conducted in Asia have shown that appearance-related self-care, including cosmetic use and grooming activities, can enhance self-confidence, femininity, and psychosocial well-being among breast cancer survivors (12). In addition, family support plays a crucial role in reinforcing positive self-perception and facilitating adaptive coping in collectivistic cultural contexts, such as Indonesia, where family involvement strongly influences patients' psychological recovery (14).

Deep breathing relaxation techniques were incorporated to address anxiety and emotional distress. Evidence from Indonesian clinical settings indicates that deep breathing relaxation is effective in reducing anxiety and psychological stress among breast cancer patients, making it a practical and culturally acceptable intervention in surgical wards (15). During the intervention, the patient appeared more relaxed, was able to follow instructions, and reported a calming effect. Behavioral improvements were observed, including increased eye contact and more open communication, although avoidance behaviors persisted when discussing physical changes.

Overall, this case supports previous evidence that post-mastectomy patients frequently experience psychological distress related to altered body image and that these responses can be mitigated through holistic nursing interventions. Supportive counseling, patient education, relaxation techniques, and family involvement are key components in reducing psychological stress and improving quality of life. Importantly, an individual's appraisal of physical changes strongly influences body image and can be positively modified through adaptive coping strategies and supportive nursing care (10–15).

CONCLUSIONS

Nursing interventions, including education, counseling, relaxation therapy, and family involvement, were effective in helping post-mastectomy patients manage changes in body image. A holistic approach that addresses physical, psychological, social, and spiritual dimensions is essential to support patients in adapting to these changes and maintaining their roles within the family and the community.

AUTHOR'S CONTRIBUTION STATEMENT

Conceptualization: YS; Methodology: YS, HA; Data Collection: YS; Formal Analysis: IR, EM; Writing Original Draft: YS; Writing Review & Editing: HA, IR, EM. All authors have read and approved the final manuscript.

CONFLICTS OF INTEREST

The authors declare no conflict of interest related to this study.

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