

**NURSING CARE FOR WOMEN IN THE PRE- AND POST-OPERATIVE PERIOD OF MASTECTOMY:  
INTEGRATIVE REVIEW****ATENCIÓN DE ENFERMERÍA A LA MUJER EN EL PERÍODO PRE Y POSTOPERATORIO DE LA  
MASTECTOMÍA: REVISIÓN INTEGRADORA****CUIDADOS DE ENFERMAGEM À MULHER EM PRÉ E PÓS-OPERATÓRIO DE MASTECTOMIA: REVISÃO  
INTEGRATIVA**

Thatiane Cristina da Anunciação  
Athaide<sup>1</sup>

Márcia Helena Machado  
Nascimento<sup>2</sup>

Fernando Conceição de Lima<sup>3</sup>

Thalyta Mariany Rêgo Lopes Ueno<sup>4</sup>

João Lucas Moraes Souza<sup>5</sup>, Elizabeth  
Teixeira<sup>6</sup>

<sup>1</sup>Universidade do Estado do Pará  
(UEPA), Belém, PA, Brazil. Orcid:  
<https://orcid.org/0000-0003-3652-751X>. E-mail:

[thatiane.cdaathaide@aluno.uepa.br](mailto:thatiane.cdaathaide@aluno.uepa.br)

<sup>2</sup>Universidade do Estado do Pará  
(UEPA), Belém, PA, Brazil. Orcid:  
<https://orcid.org/0000-0003-1573-8991>.

E-mail: [marciahelenam@gmail.com](mailto:marciahelenam@gmail.com)

<sup>3</sup>Universidade do Estado do Pará  
(UEPA), Belém, PA, Brazil. Orcid:  
<https://orcid.org/0000-0002-9418-3711>.

E-mail: [fernando.cdlima@uepa.br](mailto:fernando.cdlima@uepa.br)

<sup>4</sup>Universidade do Estado do Amazonas  
(UEA), Manaus, AM, Brazil. Orcid:  
<https://orcid.org/0000-0002-3991-7022>.

E-mail: [tueno@uea.edu.br](mailto:tueno@uea.edu.br)

<sup>5</sup>Universidade do Estado do Pará  
(UEPA), Belém, PA, Brazil. Orcid:  
<https://orcid.org/0000-0003-3652-751X>. E-mail:

[jlucasmsoza@gmail.com](mailto:jlucasmsoza@gmail.com)

<sup>6</sup>Universidade do Estado do Amazonas  
(UEA), Manaus, AM, Brazil. Orcid:  
<https://orcid.org/0000-0002-5401-8105>.  
E-mail: [etlattes@gmail.com](mailto:etlattes@gmail.com)

**Corresponding Author**

Elizabeth Teixeira

Travessa Dom Romualdo de Seixas,  
1099, Apto 1302, Edifício Umuarama,  
Umarizal, CEP 66055-200, Belém/PA,  
Brazil, [etlattes@gmail.com](mailto:etlattes@gmail.com).

**Submission:** 01-10-2025

**Approval:** 27-11-2025

**ABSTRACT**

**Objective:** To identify relevant aspects to consider in nursing care provided to women in the pre- and post-operative periods of mastectomy. **Methods:** This is a review conducted in the MEDLINE, LILACS, BDENF, SciELO, and SCOPUS databases, using articles in any language from the last 10 years. **Results:** 26 scientific articles were analyzed. The relevant aspects to consider in nursing care are organized around four domains: physical, psychological, social, and spiritual. Aspects related to physical care are the most indicated, and most involve self-care interventions. **Conclusion:** Nursing care according to multiple domains can assist in the systematization of care for women in the pre- and post-operative periods of mastectomy. **Contribution to practice:** The study highlights the importance of nursing in providing humanized and evidence-based care to mastectomy patients. It emphasizes the fundamental role of the profession in the quality of oncological treatment and in the advancement of clinical practices.

**Keywords:** Nursing Care; Breast Neoplasms; Mastectomy; Preoperative Care; Postoperative Care.

**RESUMEN**

**Objetivo:** Identificar aspectos relevantes a considerar en la atención de enfermería a mujeres en el pre y postoperatorio de mastectomía. **Métodos:** Revisión realizada en las bases de datos MEDLINE, LILACS, BDENF, SciELO y SCOPUS, utilizando artículos en cualquier idioma de los últimos 10 años. **Resultados:** Se analizaron 26 artículos científicos. Los aspectos relevantes a considerar en la atención de enfermería se organizan en torno a cuatro dominios: físico, psicológico, social y espiritual. Los aspectos relacionados con el cuidado físico son los más indicados y la mayoría implica intervenciones de autocuidado. **Conclusión:** La atención de enfermería, según múltiples dominios, puede ayudar a sistematizar la atención a las mujeres en el pre y postoperatorio de mastectomía. Contribución a la práctica: El estudio destaca la importancia de la enfermería en la prestación de atención humanizada y basada en la evidencia a las pacientes mastectomizadas. Enfatiza el papel fundamental de la profesión en la calidad del tratamiento oncológico y en el avance de las prácticas clínicas.

**Palabras clave:** Atención de Enfermería; Neoplasias de la Mama; Mastectomía; Asistencia Preoperatoria; Asistencia Posoperatoria.

**RESUMO**

**Objetivo:** identificar aspectos relevantes a considerar nos cuidados de enfermagem realizados com mulheres em pré e pós-operatório de mastectomia. **Métodos:** trata-se de uma revisão realizada, nas bases de dados MEDLINE, LILACS, BDENF, SciELO, MEDLINE e SCOPUS, com artigos de qualquer idioma dos últimos 10 anos. **Resultados:** foram analisados 26 artigos científicos. Os aspectos relevantes a considerar nos cuidados de enfermagem organizam-se em torno de quatro domínios: físico, psicológico, social e espiritual. Os aspectos relacionados aos cuidados do domínio físico são os mais indicados e a maioria suscitam intervenções de autocuidado. **Conclusão:** os cuidados de enfermagem segundo múltiplos domínios podem auxiliar na sistematização da assistência à mulher em pré e pós-operatório de mastectomia. **Contribuição para a prática:** o estudo destaca a importância da enfermagem na assistência humanizada e baseada em evidências no cuidado à paciente mastectomizada. Ressalta-se o papel fundamental da profissão na qualidade do tratamento oncológico e no avanço das práticas clínicas.

**Palavras-chave:** Cuidados de Enfermagem; Neoplasias da Mama; Mastectomia; Cuidados Pré-operatórios; Cuidados Pós-operatórios.



## INTRODUCTION

Nursing care in the pre- and post-operative period in oncology varies according to the type of cancer, the type of surgery (curative, palliative, radical, cytoreductive), previous treatments performed, and existing physiological deficits<sup>(1)</sup>. However, adequate planning regarding the care dependency the patient will need in the pre-operative period prevents post-operative complications, ensures quality of life in the post-operative period, and a quick return to daily activities<sup>(2)</sup>.

In the pre-operative period, it is essential that nursing staff assess the patient's general condition, including the cardiovascular and respiratory systems, laboratory and imaging tests, and nutritional status. Furthermore, educational interventions such as information about the surgical procedure and post-operative care are essential to reduce anxiety and ensure a more tranquil post-operative period<sup>(3)</sup>.

Postoperative nursing care includes assessing physiological and psychological conditions, providing guidance on specific care, including drainage, surgical wound care, care of the upper limb on the operated side, breast reconstruction, pain and discomfort relief, follow-up with a psychologist or support group, and involving the family/caregiver in the teaching-learning process, preparing for the return home<sup>(4)</sup>.

It is necessary to consider the severity of breast cancer worldwide, given the expectation of a significant increase in incidence rates in the

coming years, coupled with changes in sociodemographic conditions and advances in diagnosis and treatment<sup>(5)</sup>. In Brazil, in 2023, a total of 7,217 radical mastectomies with axillary lymphadenectomy and simple mastectomies were registered in oncology. Of this total, 614 procedures were performed in the North Region and 172 in the State of Pará<sup>(6)</sup>. These data highlight the importance of investigating this phenomenon to consider high-quality nursing care. Regarding mastectomies, it is important to highlight that these periods represent moments of significant vulnerability for patients. The pre-operative period is generally associated with high levels of anxiety and fear, while the post-operative period is marked by changes in physical appearance, surgical scars, and alopecia, resulting in significant changes in various aspects of quality of life, physical function, emotional well-being, and body image perception<sup>(7)</sup>.

The principal investigator's experience as a resident in the multidisciplinary oncology nursing program at a university located in Belém, Pará, Brazil, motivated the development of this research. Therefore, the objective was to identify relevant aspects to consider in nursing care provided to women in the pre- and post-operative periods of mastectomy.

## METHODS

This study is an integrative review conducted in five stages<sup>(8)</sup>, namely: 1) identification of the question; 2) literature



search; 3) evaluation of data from included studies; 4) analysis and interpretation of findings; and 5) synthesis of knowledge from selected articles. For stage 1, the mnemonic used was PICO, where P (participants) are women, I (phenomenon of interest) are nursing care, and Co (context) is pre- and post-operative mastectomy. Thus, the following guiding question was formulated: what are the nursing care measures for women in the pre- and post-operative period of mastectomy?

In stage 2, the search was conducted in the following databases: Latin American and Caribbean Literature on Health Sciences Information (LILACS), Nursing Database (BDENF), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE), and SCOPUS. The search strategy used descriptors mapped through Medical Subject Headings (MeSH) and combined using the Boolean operators AND and OR, corresponding to the following strategy: ("Breast Neoplasm" OR "Breast Neoplasms" OR Mastectomy OR Mastectomies OR Mammectomy OR Mammectomies) AND ("Nursing" OR "Nursing care") AND ("Postoperative Period" OR "Preoperative Period").

Inclusion criteria were original articles and reviews, with free access to the full text, in any language, from the last 10 years. Exclusion criteria included duplicates and documents that did not answer the research question. The search was conducted in July and August 2024 by three

different researchers, using electronic devices and following the established criteria for document selection.

The searches began with reading the title and abstract. Next, in step 3, the eligibility criteria were used to compose the final sample, with the full reading of the research papers. In cases of divergence, a consensus among the three researchers was used for resolution. The virtual library PUBMED was used to access the databases. In step 4, the documents found were exported to the Rayyan® software to facilitate data management, reading, selection, and deletion of duplicates. The results were presented in a figure, ordered based on the information from the checklist adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)<sup>(9)</sup> (Figure 1).

The following variables of interest were extracted from the articles: year of publication, country of origin, type of study, sample, and main results. Finally, in step 5, the results were organized into a table subcategorized into: domains and key points related to the preoperative period and domains and key points related to the postoperative period.

The study was not submitted to the Research Ethics Committee, since the data used in this review are secondary and publicly accessible.

## RESULTS

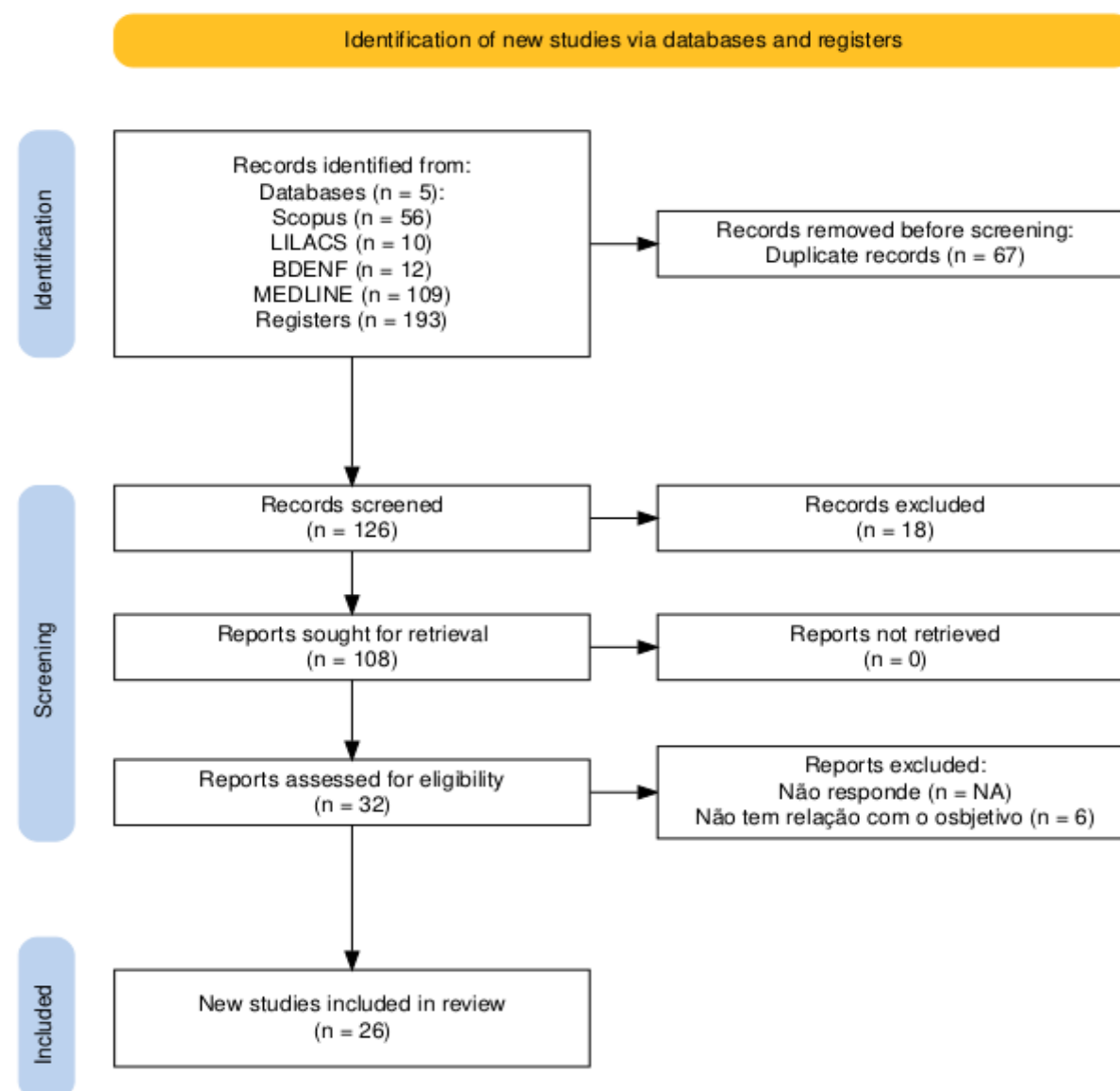
As a result, 193 articles were selected from the databases. Of these, 67 were excluded



due to duplication, leaving 126 documents. During the screening, records with unavailability (18) were removed, and after reading the title and abstract, 76 articles were excluded. Thus, 32 articles were considered eligible for detailed

reading of the full text, of which 8 were excluded for not contributing to elucidating the research question. Finally, 26 articles were included in the final review sample (Figure 1).

**Figure 1** - Literature search flowchart, adapted from PRISMA. Belém, PA, Brazil, 2024.



Source: Research data, 2024.

The final sample was categorized according to the variables: identification, year, title, country, objective, and level of evidence. Regarding the year, 7 were from 2020, 5 from 2019 and 2021, 4 from 2018, 3 from 2022, and 2

from 2023. Regarding the country, 11 were from China, 3 from Brazil, 2 from the United States, Turkey, Australia, 1 from South Korea, Spain, Croatia, Colombia, Japan, and Canada (Table 1).

**Table 1** - Synopsis of the review articles (n=26), Belém, PA, Brazil, 2024

Year	Type of study / Sample	Country	Main results
2018 <sup>(10)</sup>	Descriptive, mixed-methods study / 67 participants	Australia	Women who had an in-person consultation with a breast care nurse (BCN) preoperatively received more education and support than women who had a telephone or postoperative consultation with a BCN.
2018 <sup>(11)</sup>	Descriptive longitudinal study / 312 participants	United States	Associations between symptom occurrence rates and menopausal status depended on the patients' age.
2018 <sup>(12)</sup>	Cross-sectional study / 101 participants	Croatia	Patients who had undergone a mastectomy a year prior valued their health status more highly than those who had undergone a mastectomy a month prior.
2018 <sup>(13)</sup>	Randomized clinical trial / 40 participants	China	The psychological intervention reduced scores for distress, depression, and somatization, as well as clinical and laboratory outcomes.
2019 <sup>(14)</sup>	Quasi-experimental study / 88 participants	Colombia	The home-based care intervention significantly increased the dimensions of knowledge, uniqueness, and well-being.
2019 <sup>(15)</sup>	Cross-sectional, descriptive, and quantitative study / 40 participants	Brazil	There is still a need to improve the quality of guidance, as the percentage of complications was considerable.
2019 <sup>(16)</sup>	Qualitative descriptive study / 30 participants	Brazil	Women express psychosocial and educational needs, and the implementation of nursing consultations is recommended.
2019 <sup>(17)</sup>	Cross-sectional observational study / 342 participants	China	Positive intervention measures need to be implemented to improve patients' quality of life.
2019 <sup>(18)</sup>	Randomized clinical trial / 61 participants	China	The intervention, aimed at promoting self-management and self-care, improved quality of life and reduced symptom scores.
2020 <sup>(19)</sup>	Randomized controlled clinical trial / 101 participants	China	The WeChat-based multimodal nursing program intervention significantly improved total laboratory scores, social/family well-being, and functional well-being.
2020 <sup>(20)</sup>	Methodological study / 31 participants	Brazil	A consultation model that includes electronic records of the nursing process steps promotes care for women.
2020 <sup>(21)</sup>	Randomized study / 99 participants	China	The TRE program intervention produced significant improvements in LS and health status in the functionality, disability, and health components.
2020 <sup>(22)</sup>	Descriptive-quantitative study / 132 participants	South Korea	Patients with breast cancer are at risk of early cognitive decline, and interventions aimed at supporting and optimizing this function can improve quality of life early in the disease's trajectory.





2020 <sup>(23)</sup>	Cross-sectional study / 117 participants	China	For 2 to 4 months after surgery, regular shoulder-arm exercise for 30 minutes a day can lessen the impact of symptom severity on quality of life among women with breast cancer.
2020 <sup>(24)</sup>	Randomized clinical trial / 75 participants	Turkey	Web-based patient education is effective in reducing patient anxiety and improving their quality of life.
2020 <sup>(25)</sup>	Cross-sectional study / 406 participants	China	There is a need for comprehensive interventions based on women's needs and the development of health management programs.
2021 <sup>(26)</sup>	Descriptive, analytical, and cross-sectional study / 120 participants	Australia	Depression and poor sleep quality are common symptoms among women with breast cancer.
2021 <sup>(27)</sup>	Cross-sectional study / 866 participants	China	Arm lymphedema is prevalent among CM survivors. Engaging in active physical activity and timely reporting of infection symptoms to a physician have reduced the risk.
2021 <sup>(28)</sup>	Cross-sectional study / 69 participants	Japan	It is necessary to reassess the timing and content of patient education for the early detection of lymphedema. Ongoing nursing follow-up is also required.
2021 <sup>(29)</sup>	Narrative literature review	Canada	There are three distinct forms of psychological interventions: relaxation, psychoeducation, and behavioral modification therapy, and all improve women's quality of life.
2021 <sup>(30)</sup>	Descriptive-longitudinal study / 385 participants	United States	Potentially modifiable risk factors can be used to develop interventions to improve employment outcomes for patients with breast cancer.
2022 <sup>(31)</sup>	Systematic review and meta-analysis / 12 articles	China	Nursing psychological intervention can significantly improve the quality of life of patients undergoing radical mastectomy.
2022 <sup>(32)</sup>	Case-control study / 104 participants	China	The intervention involving exercise and dietary control resulted in improvements in the women's quality of life.
2022 <sup>(33)</sup>	Longitudinal study / 5 participants	Spain	Nociceptive pain was the predominant pain mechanism in the postoperative period, and increased sensitization prevailed one year after surgery.
2023 <sup>(34)</sup>	Cross-sectional study / 122 participants	China	Significant correlations were found between anxiety, perception of illness, social support, and preoperative uncertainty.
2023 <sup>(35)</sup>	Randomized clinical trial / 30 participants	Turkey	Intervention with cold therapy enabled a higher quality of recovery.

Source: Research data, 2024.



After analyzing the selected articles, the relevant aspects to consider in nursing care were organized according to the physical, psychological, social, and spiritual domains, and

key points were listed in each domain to guide care and self-care interventions in the preoperative and postoperative periods (Figure 2 and Table 2).

**Figure 2** – Domains and key points to guide care and self-care interventions in the pre- and post-operative periods, Belém, PA, Brazil, 2024.



Source: research data, 2024

**Table 2** – Domains and key points for pre- and post-operative care/self-care interventions, Belém, PA, Brazil, 2024.

Domains	Key points for care/self-care interventions
	<b>In the preoperative period</b>
Physical	Sleep quality <sup>(20)</sup> , predictable changes in body image <sup>(20)</sup> ; sexual expression <sup>(20)</sup> , signs and symptoms of infection and when to report it <sup>(20)</sup> , prevention of pressure injuries <sup>(20)</sup> , use of aspirin or other anticoagulants <sup>(20)</sup> , identification of known allergies <sup>(20)</sup> , identification of systemic reaction to natural rubber latex <sup>(20)</sup> , analysis and evaluation of pain control and sensitivity <sup>(20, 15)</sup> , menopausal status <sup>(11)</sup> ; assessment of arm function <sup>(22)</sup>
Psychological	Self-acceptance <sup>(20)</sup> ; self-esteem <sup>(20)</sup> ; anxiety <sup>(20,16)</sup> ; increased security <sup>(20)</sup> ; clarification of doubts <sup>(16)</sup> , concerns and fear regarding the disease and treatment <sup>(16)</sup> , affectionate support and presence of a companion in this process <sup>(16)</sup> , recognizing factors that contribute to uncertainty before surgery <sup>(24)</sup> ; mood <sup>(34)</sup>
Social	Social support network <sup>(20)</sup> ; nursing consultation <sup>(16)</sup> , face-to-face education and counseling and when not possible by telephone contact <sup>(10)</sup> .
Spiritual	Recursos espirituais <sup>(20)</sup>

	<b>In the postoperative period</b>
Physical	<p>Post-operative mammography; breast palpation and self-massage; performing simple movements such as combing hair with the limb on the operated side<sup>(15,27,35)</sup>; observing swelling of the upper limbs<sup>(28)</sup>; combined exercises with dietary intervention, sleep quality, and fatigue management<sup>(32,19,26)</sup>; management of parenteral medications and invasive devices<sup>(14)</sup>; maintaining physical activity as permitted, encouraging meditation; promoting pain relief with medication and other means, for example, training and relaxation by listening to music<sup>(19,33)</sup>.</p> <p>Observing signs of lymphedema and swelling in the hands/arms; performing exercises of the affected arm<sup>(21,12)</sup>; promoting a personalized rehabilitation program<sup>(34)</sup>; using cold therapy, an ice pack placed around the incision line for 15 minutes every hour, from the first hour after the operation until the 24th hour<sup>(12)</sup>; sexual expression<sup>(12)</sup>; body image<sup>(25)</sup>.</p>
Psychological	<p>Psychological interventions<sup>(31,29)</sup>; psychoeducation and behavioral modification therapy<sup>(29,19,22)</sup>; anxiety and depression<sup>(32,26,28,11)</sup>; psychological counseling with family/spouse, understanding feelings<sup>(19)</sup>, working on the biggest fears: that medications may damage the body, disease progression, medical appointments or periodic tests that confirm cancer recurrence<sup>(16)</sup>.</p>
Social	<p>Progressively completing the transformation of the original family/social role<sup>(19,11)</sup>; Progressively performing the original role within the family/social context<sup>(19)</sup>; discussing and considering interferences in work and employment<sup>(34)</sup>.</p>

Source: research data, 2024.

## DISCUSSION

The identified domains and thematic axes related to preoperative care and self-care interventions may play an important role in the physical and emotional preparation of breast cancer patients <sup>(36)</sup>. Support related to possible bodily changes is essential to maintain self-esteem, while guidance on signs and symptoms of infection, management of the suction drain, pre-rehabilitation exercises, and care for the function of the affected upper limb contribute to minimizing postoperative discomfort and reducing the risk of complications. However, although these findings are in line with established practices, gaps persist in the individualization of these practices and divergences in the systematic integration of these

actions in services, especially in contexts with socioeconomic inequalities and limited resources.

In the postoperative period, the results reinforce the importance of strategies that promote functional recovery and well-being, converging with evidence on the effectiveness of exercises in the prevention of lymphedema <sup>(37)</sup> and the combination of medication adherence and non-pharmacological techniques in pain management <sup>(38)</sup>. Psychosocial interventions are also central to comprehensive rehabilitation, in line with studies that highlight the relevance of emotional, social, and community dimensions in this process <sup>(39)</sup>. However, there is a clear need to improve the consistency and equity in the provision of these actions, since territorial





inequalities, structural weaknesses, and barriers related to stigma and social vulnerability continue to limit the effectiveness of care and self-care in the postoperative period.

In this scenario, it becomes fundamental to understand how the physical domain relates to these needs, since many of these challenges manifest directly through symptoms, functional limitations, and bodily discomfort. Thus, planning interventions according to the physical domain makes it possible to reduce postoperative side effects and improve the quality of life of patients undergoing breast cancer surgery. In general, patients experience pain, changes in the body, and limitations in movement in the affected arm. Therefore, planning interventions related to the physical domain is essential for the overall well-being of these women, in addition to contributing to a more effective physical recovery.

Physical care was the most indicated approach, and the incorporation of other pain relief methods is noteworthy. In this sense, the incorporation of integrative and complementary practices as adjuvant alternatives stands out, especially massage therapy and foot reflexology, which demonstrate analgesic efficacy in cancer patients <sup>(40)</sup>. At the same time, the literature indicates that the adoption of these practices remains heterogeneous among countries and health systems, generating a global debate on the need to strengthen evidence and guidelines to guide their implementation in diverse contexts, including Latin America, where structural

challenges and regional inequalities permeate care management <sup>(41)</sup>. These findings indicate not only convergence with international studies, but also important gaps related to the institutionalization and comprehensiveness of practices, reinforcing the need for policies and training that ensure equitable access and safe use of these interventions.

The psychological domain is important because surgical procedures such as mastectomy can have a negative impact on women's mental health, especially regarding body image <sup>(42)</sup>. In a study conducted in China between October 2019 and October 2020, 84 women who underwent mastectomy were evaluated. This research established two postoperative intervention approaches: conventional and psychological. The targeted psychological intervention demonstrated a lower probability of pain (81.75% vs. 97.62%) and provided greater satisfaction and quality of life to patients <sup>(43)</sup>. These results suggest that psychosocial approaches, when systematically incorporated, can enhance the rehabilitation process.

China stood out with the largest number of articles in this domain, demonstrating consistent progress in the integration of technology and individualized care. Among the initiatives identified, the development and validation of a multimodal nursing program based on WeChat stands out, demonstrating effectiveness in the postoperative recovery of women with breast cancer. Another study identified that identity, personal control, and understanding of the

disease favor preventive behaviors, while uncontrollable factors have a negative effect. Based on this, the “Nantian e-Care” mini-program was created, with education, exercises, and self-monitoring.

These advances broaden the understanding of the importance of a comprehensive approach to improve the quality of life of these women. However, such findings reinforce the need to investigate how different contexts, cultures, and health systems can incorporate psychological and technological interventions in an equitable and culturally adapted way. Thus, although there is convergence regarding the relevance of the psychological domain, challenges persist related to the integration of these practices, access to technologies, and the adaptation of interventions to diverse care realities.

The social domain is directly affected in this population, especially when facing a disease that requires continuous treatment, making women more vulnerable to the consequences of treatment. In the study by Fireman et al<sup>(44)</sup>, it was observed that women face financial difficulties related to the cost of treatment, transportation, and food. Other women lose formal benefits, such as transportation and food vouchers and/or meal vouchers, when they are absent from work. Furthermore, all women maintain domestic responsibilities and childcare, affecting their social life<sup>(45)</sup>. Thus, a significant gap is evident in the implementation of institutional strategies capable of mitigating these impacts, revealing a mismatch between the complexity of patients'

social demands and the insufficiency of formal support structures offered by services.

The spiritual domain can favor a reduction in anxiety and depression, assist in accepting one's own body image, can function as a coping mechanism by offering emotional and psychological support, facilitate participation in support groups, and contribute to greater life satisfaction<sup>(46)</sup>. Integrating spirituality is essential to address women with breast cancer or undergoing surgical procedures holistically and empathetically<sup>(47)</sup>. Supporting family members, considering religion and beliefs are essential means to overcome the delicate psycho-emotional state, favoring the strengthening of these women<sup>(48)</sup>. Despite evidence in the literature, disagreements persist regarding how health services incorporate this dimension into clinical practice, indicating weaknesses in team training and in the institutionalization of spiritual care as a structuring component of assistance.

Considering the physical, psychological, social, and spiritual domains in an integrated way broadens the perspective of comprehensive care and reaffirms that breast cancer profoundly impacts not only the body but also the family, emotional, and community dynamics of women. The literature reinforces the need for comprehensive nursing care, capable of recognizing these domains as interdependent dimensions of the patient's experience<sup>(49)</sup>. In this direction, quality care requires technically prepared and sensitive professionals, with empathy and communication skills that allow



them to offer continuous support and adequate responses to the complex demands that emerge throughout the illness. However, structural inequalities between services and territories reveal persistent challenges to guaranteeing equitable access to this comprehensive care, highlighting the urgency of investments in policies, training, and care practices that strengthen a truly person-centered approach.

Comprehensive care is a central axis in the management of breast cancer, especially in the pre- and post-operative periods, recognizing that illness involves interdependent dimensions that complexly shape a woman's experience. Although the literature points to convergence regarding the importance of multidisciplinary teams in preventing disabilities and depressive symptoms and promoting better quality of life <sup>(50)</sup>, there is still a divergence between what is recommended and what is actually implemented in services. In many contexts, structural limitations, territorial inequalities, and weaknesses in work processes hinder the continuous provision of this comprehensive care.

The thematic axes identified in this study reinforce the importance of self-care interventions, aligning with findings that highlight how family, psychological, and social factors directly influence a woman's ability to adhere to recommended practices. However, relevant gaps also emerged: low adherence to self-care, often resulting from emotional overload, lack of adequate social support, and economic challenges, which can be aggravated

by insufficient or poorly contextualized guidance. This highlights the need for more consistent and personalized professional strategies, as well as educational actions that strengthen women's autonomy in the rehabilitation process.

Although self-care is widely recognized as a fundamental coping strategy and for mitigating the impacts of treatment, its effectiveness goes beyond clinical recommendations and depends on the concrete living conditions of patients. Thus, despite the broad theoretical convergence on its importance <sup>(50)</sup>, the mismatch between what the guidelines propose and what health services are able to operationalize remains evident. These findings reinforce the urgent need for robust public policies, intersectoral actions, and continuous training of teams, in order to ensure culturally sensitive, equitable, and sustainable interventions capable of responding to the multiple and complex demands that emerge throughout the course of illness.

### Study limitations

Limitations of this review include the fact that the analyzed evidence comes from diverse healthcare contexts, with variations in care protocols and assistance models adopted in different countries. These differences may limit the generalizability of the findings, especially to realities where resources and the structure of nursing in perioperative mastectomy care present distinct challenges. Furthermore, the methodological heterogeneity of the included



studies may influence the comparability of results, requiring caution in the interpretation and application of the conclusions in clinical practice.

### Contributions to Practice

This study highlights the role of nursing in the pre- and post-operative period of mastectomy as an essential pillar for the quality of oncological care, emphasizing the importance of systematized and humanized assistance in the surgical process. In a scenario of continuous advances in nursing, the implementation of evidence-based practices for the management of complications, pain relief, and emotional support becomes a fundamental mission, sustained by ethical, scientific, and political principles that guide the profession. This approach not only enriches clinical practice in the context of breast oncology but also fosters reflection and future investigations, contributing to the evolution of care provided to mastectomy patients.

### FINAL CONSIDERATIONS

Multi-domain nursing care helps systematize assistance for women in the pre- and post-operative periods of mastectomy. A comprehensive approach encompassing physical, psychological, social, and spiritual aspects is fundamental to promoting a more complete recovery and improving the quality of life of patients.

In the pre-operative period, guidance on surgery, specific exercises, pain management, bodily changes, and psychological support are

priorities to minimize post-operative complications and ensure overall well-being. Furthermore, social and spiritual support helps to face the challenges of the disease and rehabilitation. Thus, an approach that considers the woman holistically ensures a more effective recovery, a better quality of life, and the patient's integration into the family and social environment.

### REFERENCES

1. Gonçalves BC, Machado CC, Rosa DR, Elizandro DP, Amarante L, Costa IK. Diagnósticos e cuidados de enfermagem no pós-operatório ao paciente com câncer de cabeça e pescoço: revisão da literatura. *Rev. Contemp.* 2024;4(7):e5208. doi: <https://doi.org/10.56083/RCV4N7-180>
2. Süerdem B, Dikmen BT. Preoperative care dependency and postoperative quality of recovery of the surgical patients. *Acta Paul Enferm.* 2024;37:eAPE01721. doi: <https://doi.org/10.37689/acta-ape/2024AO0001721>
3. Nascimento CCS, Nascimento MSA. A importância dos cuidados de enfermagem no período pré-operatório. *Rev Eletr Multidiscip Investig Cient.* 2023;2(3):1-14. doi: <https://doi.org/10.56166/remici.2023.5.v2n3.18.32>
4. Silva TTM, Dantas JKS, Araújo SCM, Silva SO, Dantas DV, Dantas RAN. Strategies for thirst management in postoperative adult patients: a scoping review. *Rev Bras Enferm.* 2022;75(4):e20220154. doi: <https://doi.org/10.1590/0034-7167-2022-0154>
5. Souza G, Martins RL, Arzuaga-Salazar MA, Radünz V, Santos MJ, Rangel-Flores Y. Meaning of breast cancer in women's discourse. *Aquichan.* 2021;21(3):e2138. doi: <https://doi.org/10.5294/aqui.2021.21.3.8>
6. Ministério da Saúde (BR). DATASUS: Informações de saúde [Internet]. 2024 [cited Aug 8, 2025]. Available from:



<http://tabnet.datasus.gov.br/cgi/defthtm.exe?sih/cnv/qiuf.def>

7. Haidari RE, Nerich V, Abou-Abbas L, Abdel-Sater F, Anota A. Pre-operative and early postoperative health-related quality of life of breast cancer women: a Lebanese prospective study. *BMC Womens Health*. 2023;23(1):187. doi: <https://doi.org/10.1186/s12905-023-02348-6>

8. Whittemore R, Knafl K. The integrative review: up-dated methodology. *J Adv Nurs*. 2005;52(5):546-53. doi: <https://dx.doi.org/10.1111/j.1365-2648.2005.03621.x>

9. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. doi: <https://doi.org/10.1136/bmj.n71>

10. Brown J, Refeld G, Cooper A. Timing and mode of breast care nurse consultation from the patient's perspective. *Oncol Nurs Forum*. 2018;45(3):389-98. doi: <https://doi.org/10.1188/18.ONF.389-398>

11. Mazor M, Cataldo JK, Lee K, Dhruva A, Paul SM, Smoot BJ, et al. Influence of menopausal status on the symptom experience of women before breast cancer surgery. *Cancer Nurs*. 2018 Jul/Ago;41(4):265-78. doi: <https://doi.org/10.1097/NCC.0000000000000545>

12. Pačarić S, Kristek J, Mirat J, Kondža G, Turk T, Farčić N, et al. The quality of life of Croatian women after mastectomy: a cross-sectional single-center study. *BMC Public Health*. 2018;18:999. doi: <https://doi.org/10.1186/s12889-018-5929-0>

13. Hanalis-Miller T, Ricon-Becker I, Sakis N, Trachtenberg E, Ohayon F, Wadhawker S, et al. Peri-operative individually tailored psychological intervention in breast cancer patients improves psychological indices and molecular biomarkers of metastasis in excised tumors. *Brain Behav Immun*. 2024;117:529-40. doi: <https://doi.org/10.1016/j.bbi.2024.02.009>

14. Mesa ML, Carrillo GM, Gómez OJ, Chaparro Díaz L, Carreño SP. Efecto de una intervención de enfermería en mujeres con cáncer de mama en el postoperatorio. *Psicooncología*. 2019;16(2):273-86. doi: <https://doi.org/10.5209/psic.6559>

15. Diniz FS, Almeida ÂS, Campos MPA, Carvalho TAD, Nascimento QSD. Aspectos comportamentais da mulher mastectomizada e a ocorrência de complicações no pós-operatório. *Saúde Pesq*. 2019;12(2):275-82. doi: <https://doi.org/10.17765/2176-9206.2019v12n2p275-282>

16. Trescher GP, Amante LN, Rosa LM, Girondi JBR, Varela AIS, Oro J, et al. Needs of women with breast cancer in the pre-operative period. *Rev Enferm UFPE online*. 2019;13(5):1288-94. doi: <https://doi.org/10.5205/1981-8963-v13i5a239229p1288-1294-2019>

17. Niu L, Liang Y, Niu M. Factors influencing fear of cancer recurrence in patients with breast cancer: evidence from a survey in Yancheng, China. *J Obstet Gynaecol Res*. 2019;45(7):1319-27. doi: <https://doi.org/10.1111/jog.13978>

18. Temur K, Kapucu S. The effectiveness of lymphedema self-management in the prevention of breast cancer-related lymphedema and quality of life: a randomized controlled trial. *Eur J Oncol Nurs*. 2019;40:22-35. doi: <https://doi.org/10.1016/j.ejon.2019.02.006>

19. Zhou K, Wang W, Zhao W, Li L, Zhang M, Guo P, et al. Benefits of a WeChat-based multimodal nursing program on early rehabilitation in postoperative women with breast cancer: A clinical randomized controlled trial. *Int J Nurs Stud*. 2020;106:103565. doi: <https://doi.org/10.1016/j.ijnurstu.2020.103565>

20. Trescher GP, Amante LN, Rosa LM, Girondi JBR, Miranda GM, Santos MJ, et al. Sistematização da consulta de enfermagem em pré-operatório às mulheres com câncer de mama. *Enferm Foco*. 2020;11(5):40-7. doi: <https://doi.org/10.21675/2357-707X.2020.v11.n5.3400>

21. Huang SC, Kuo SF, Tsai PS, Tsai CY, Chen SS, Lin CY, et al. Effectiveness of tailored rehabilitation education in improving the health literacy and health status of postoperative patients with breast cancer: A randomized controlled trial. *Cancer Nurs*. 2020;43(1):E38-E46. doi: <https://doi.org/10.1097/NCC.0000000000000665>

22. Jung MS, Visovatti MA, Filho Eun H, Yoo HS, Mijung Kim, Lee KJJ. Impact of changes in perceived attentional function on





postsurgical health-related quality of life in breast cancer patients awaiting adjuvant treatment. *Health Qual Life Outcomes*. 2020;18(1):230. doi:

<https://doi.org/10.1186/s12955-020-01485-y>

23. Chen IH, Wang CH, Wang SY, Cheng SY, Yu TJ, Kuo SF. Mediating effects of shoulder-arm exercise on the postoperative severity of symptoms and quality of life of women with breast cancer. *BMC Womens Health*. 2020;20(1):101. doi:

<https://doi.org/10.1186/s12905-020-00968-w>

24. Korkmaz S, Iyigun E, Tastan S. An evaluation of the influence of web-based patient education on the anxiety and life quality of patients who have undergone mammoplasty: a randomized controlled study. *J Cancer Educ*. 2020;35(5):912-22. doi:

<https://doi.org/10.1007/s13187-019-01542-1>

25. Zhou K, Wang W, Li M, An J, Huo L, He X, et al. Body image mediates the relationship between post-surgery needs and health-related quality of life among women with breast cancer: a cross-sectional study. *Health Qual Life Outcomes*. 2020 Jun 1;18(1):163. doi:

<https://doi.org/10.1186/s12955-020-01400-5>

26. Shorofi SA, Nozari-Mirarkolaei F, Arbon P, Bagheri-Nesamie M. Depression and sleep quality among Iranian women with breast cancer. *Asian Pac J Cancer Prev*. 2021;22(11):3433-40. doi:

<https://doi.org/10.31557/APJCP.2021.22.11.3433>

27. Liu YF, Liu JE, Mak YW, Zhu Y, Qiu H, Liu LH, et al. Prevalence and predictors of breast cancer-related arm lymphedema over a 10-year period in postoperative breast cancer patients: A cross-sectional study. *Eur J Oncol Nurs*. 2021; 51:101909. doi:

<https://doi.org/10.1016/j.ejon.2021.101909>

28. Izawa T, Yamamoto S, Akiyoshi N, Harue T, Harue A. The benefit of self-management skills in gynecological cancer patients in preventing clinically manifest lymphoedema. *J Lymphedema* [Internet]. 2021[cited 8 ago 2025];16(1):43-8. Available from: <https://woundsinternational.com/journal-articles/benefit-self-management-skills-gynaecological-cancer-patients-preventing-clinically-manifest-lymphoedema/>

29. orsky K, Black ND, Niazi A, Saripella A, Englesakis M, Leroux T, et al. Psychological interventions to reduce postoperative pain and opioid consumption: a narrative review of literature. *Reg Anesth Pain Med*. 2021;46(10):893-903. doi:

<https://doi.org/10.1136/rapm-2020-102434>

30. Chan RJ, Cooper B, Gordon L, Hart N, Tan CJ, Koczwara B, et al. Distinct employment interference profiles in patients with breast cancer prior to and for 12 months following surgery. *BMC Cancer*. 2021;21(1):883. doi:

<https://doi.org/10.1186/s12885-021-08583-0>

31. Li H, Li J, Wang X, Lin S, Yang W, Cai H, Feng X. Systematic review and meta-analysis of the efficacy and safety of psychological intervention nursing on the quality of life of breast cancer patients. *Gland Surg*. 2022 May;11(5):882-91. doi:

<https://doi.org/10.21037/gs-22-206>

32. Lu L, Chen X, Lu P, Wu J, Chen Y, Ren T, et al. Analysis of the effect of exercise combined with diet intervention on postoperative quality of life of breast cancer patients. *Comput Math Methods Med*. 2022;4072832. doi:

<https://doi.org/10.1155/2022/4072832>

33. Lorenzo-Gallego L, Arranz-Martín B, Romay-Barrero H, Prieto-Gómez V, Lluch E, Torres-Lacomba M. Changes in pain sensitivity in treatment for breast cancer: A 12-month follow-up case series. *Int J Environ Res Public Health*. 2022;19(7):4055. doi:

<https://doi.org/10.3390/ijerph19074055>

34. Shen H, Masingboon K, Samartkit N. Factors related to preoperative uncertainty among patients with breast cancer in Wenzhou, China: A cross-sectional study. *Belitung Nurs J*. 2023;9(3):236-43. doi:

<https://doi.org/10.33546/bnj.2648>

35. Emiroglu S, Esen E, Yalcin N, Azizoglu FS, Zent N, Bozdogan A, et al. Effect of cold therapy on managing postoperative pain following breast conserving surgery. *Pain Manag Nurs*. 2023;24(4):452-5. doi:

<https://doi.org/10.1016/j.pmn.2023.03.001>

36. Hanalis-Miller T, Ricon-Becker I, Sakis N, Trachtenberg E, Ohayon F, Wadhawker S, et al. Peri-operative individually tailored psychological intervention in breast cancer patients improves psychological indices and molecular biomarkers of metastasis in excised



- tumors. *Brain Behav Immun*. 2024;117:529-40. doi: <https://doi.org/10.1016/j.bbi.2024.02.009>
37. Sanvido VM, Pontes LB, Machado RH, Gomes JO, Barbante LG, Nicola ML, Tokunaga SM, Miranda TA, Laranjeira LN, Negrelli KL, Valeis N, Moutinho MSP, Helber HA, Sá RDS, Kawano-Dourado L, Cavalcanti AB, Nazário ACP. Study protocol to assess clinical outcomes of breast cancer and its relationship with access to healthcare in Brazil-BREAST trial (BRaziLian outcomE for metAStatic breasT cancer): a prospective observational study in HER2-negative/hormone receptor-positive metastatic disease. *BMJ Open*. 2025 Jun 30;15(6):e087877. doi: <https://doi.org/10.1136/bmjopen-2024-087877>
38. Farias JGP, Souza JRS, Lira LCS, Moraes LX, Souza NL, Sousa FS. Estratégias de autocuidado na prevenção do linfedema pós cirurgia de câncer de mama. *Rev Eletr Acervo Saúde*. 15jun.2024;24(6):e15111. doi: <https://doi.org/10.25248/reas.e15111.2024>
39. Nascimento NS, Santos ATN, Alves PGJM. Métodos e Técnicas Não Farmacológicos no Tratamento da Dor Oncológica: Revisão Sistemática da Literatura. *Rev. Bras. Cancerol*. 1º de novembro de 2022;68(4):e-172667. doi: <https://doi.org/10.32635/2176-9745.RBC.2022v68n4.2667>
40. Xu Z, Liu C, Fan W, Li S, Li Y. Effect of music therapy on anxiety and depression in breast cancer patients: systematic review and meta-analysis. *Sci Rep*. 2024;14(1):16532. doi: <https://doi.org/10.1038/s41598-024-66836-x>
41. Souza MC, Werner M, Souza BRC, Rosa JR. Efetividade das terapias integrativas e complementares fornecidas pelo Sistema Único de Saúde para o alívio da dor oncológica: uma revisão sistemática. *Pesquisa, Sociedade e Desenvolvimento*, 2021;10(13):e537101321580. doi: <https://doi.org/10.33448/rsd-v10i13.21580>
42. Viana RB, Nunes ALA, Ferreira CBT, Duarte SCM, Chagas MC. Care management in scientific production in integrative oncology in Latin America: An integrative review. *Aquichan*. 2023;23(4):e2342. doi: <https://doi.org/10.5294/aqui.2023.23.4.2>
43. Bernardino AO, Silva MVB, Ferreira Filho EB, Silva FA, Silva PM, Santos LR. Nursing care regarding the psycho-emotional aspects of women submitted to mastectomy. *ABCS Health Sci*. 2024;49:e02430. doi: <https://doi.org/10.7322/abcshs.2022003.2044>
44. Shekhar N, Jaiswal R, Joseph L, Jain S, Jain S, Kr A, et al. An overview of psychological analysis of breast cancer patients undergoing modified radical mastectomy and breast conservation surgery and its impact on objectified body consciousness at a tertiary care cancer centre in South India. *Clin Breast Cancer*. 2023;23(7):e394-e400. doi: <https://doi.org/10.1016/j.clbc.2023.05.017>
45. Yang W, Li B, Liu M, Tong D, Zou Y, Li X, Xie L. Quality evaluation of health information about breast cancer treatment found on WeChat public accounts. *Arch Public Health*. 2023 Sep 15;81(1):170. doi: <https://doi.org/10.1186/s13690-023-01184-2>
46. Souza C, Santos MA. Significados atribuídos por mulheres com câncer de mama ao grupo de apoio. *Psicol Cienc Prof*. 2024;44:e259618. doi: <https://doi.org/10.1590/1982-3703003259618>
47. Luo X, He H, Chen J, Li M, Yan J. Development and evaluation of a WeChat-based intervention program for prevention of breast cancer-related lymphedema. *Support Care Cancer*. 2024 Dec 11;33(1):19. doi: <https://doi.org/10.1007/s00520-024-09078-x>
48. Alves FCR, Barros MMS, Santos DP, Cosmo SMR, Trindade KL, Santos RF, et al. O impacto da mastectomia na qualidade de vida da mulher. *REAC*. 29abr.2025;25:e20240. doi: <https://doi.org/10.25248/reac.e20240.2025>
49. Rodrigues SRG, Ferreira MGN, Pessoa JS, Silva GNS, Silva AB, Santos AF, et al. Assistência de enfermagem às mulheres mastectomizadas: principais aspectos das dimensões física, psicológica e espiritual. *REAS*. 31out.2024;24(10):e16093. doi: <https://doi.org/10.25248/reas.e16093.2024>
50. Andrade JV, Bonifácio RG, Souza JCM, Terra FS. Autoestima e coping espiritual - religioso de mulheres com câncer de mama: análise reflexiva. *Rev Pró-UniverSUS*. 2024;15(3):256-263. doi: <https://doi.org/10.21727/rpu.v15i3.4638>
51. Oliveira VH, Duarte TA, Gozzo TO, Gomes-Sponholz FA, Paiva ACPC, Vitorino LM, et al. Religiosidade e espiritualidade de mulheres com câncer de mama: um estudo qualitativo. *Rev Min Enferm*. 2024;28:e1561.



doi: <https://doi.org/10.35699/2316-9389.2024.49698>

52. Tertuliano ANV, Vieira RA, Ferraz M, Bittencourt JFV, Grincenkov FRS, Carvalho SM. Avaliação da independência funcional, qualidade de vida e frequência dos sintomas de depressão em mulheres sobreviventes ao câncer de mama. *Rev Eletr Acervo Saúde*. 2020;12(12):e4880. doi: <https://doi.org/10.25248/reas.e4880.2020>

53. Carvalho SM, Fernandes ESK, Oliveira LAR, Resende LO, Rabello MS, Bittencourt JFV, et al. Barreiras e benefícios para o autocuidado na perspectiva de mulheres com câncer de mama em quimioterapia. *Rev Eletr Acervo Saúde*. 2023;23(9):e14036. doi: <https://doi.org/10.25248/reas.e14036.2023>

### **Funding and Acknowledgments:**

none

### **Authorship Criteria (Author Contributions)**

1. Contributes substantially to the conception and/or planning of the study; 2. to the obtaining, analysis, and/or interpretation of the data; 3. as well as to the writing and/or critical review and final approval of the published version. Thatiane Cristina da Anunciação Athaide: 1, 2, 3, 4. Márcia Helena Machado Nascimento: 3, 4 Fernando Conceição de Lima: 2, 3 Thalyta Mariany Rêgo Lopes Ueno: 1, 2, 3 João Lucas Moraes Souza: 1, 2 Elizabeth Teixeira: 3, 4

### **Declaration of Conflict of Interest**

Nothing to declare.

**Scientific Editor:** Ítalo Arão Pereira Ribeiro.

Orcid: <https://orcid.org/0000-0003-0778-1447>