Association of different breast cancer treatment modalities with Sexual satisfaction & body image among mastectomized women in Beni-Suif

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Abstract: Overview: Breast cancer affects woman’s body image and her feeling of sexuality. Little is known about the perceptions of spouses to the sensitive topics of sexuality feelings and body images. Objectives: The aim of the present study is to explore the relationship among different breast cancer treatment modalities, sexual satisfaction and body image among mastectomized women in Beni–Suif. Subject and methods: The study was carried out on 45 Mastectomized women at University hospital at oncology clinic in Beni-Suif city, descriptive correlational research was used to conduct this study. Results: The study revealed a highly significant relation between sexual satisfaction and body image among mastectomized women, also there are a statistically significant relation among post surgery treatment modalities, types of surgery and body image. Conclusion: The present study concluded that mastectomized women needs to improve their knowledge and attitude regarding post surgery treatment modalities and strategy coping with their sexual life in order to improve their sexual desire and body image. Recommendations: emphasis on the implementation of an-instructional scheme for breast cancer survivors to obtain the highest level of sexual satisfaction and body image. there are dire need to instruct those women throughout media. Within this context, there is a great demand for strategies and programs that take into consideration all the physiological, psychological, social problems that might face those women.


Keywords: Treatment Modalities, Sexual satisfaction, Body image, Mastectomized women.

1. Introduction
Breast cancer is one of the most common types and the third most frequent cancer among women in the world (Lim, 2007). According to the WHO (2004) statistics, cancer is the leading cause of death. More than 7.4 million cancer deaths annually occurred throughout the world. The main types of cancer leading to overall cancer mortality each year are: lung (1.3 million deaths/year), gastrointestinal (803 000 deaths/year), colorectal (639 000 deaths/year), liver (610 000 deaths/year), breast (519 000 deaths/year). Breast cancer usually originates from ducts and lobules. Nearly 1.2 million women are diagnosed with breast cancer annually worldwide. (National Cancer Institute, 2010). In Egypt according to NCI (2001) the number of new cancer patients per year was estimated to be 65,000 in Egypt.

Nowadays, breast cancer has already become the deadly killer of the women. (WHO 2004). Also, Europe and North America constitute more than half of all breast cancer cases. Statistics suggest that there are approximately 361,000 cases in Europe and 230,000 cases in North America. In the United States alone, “in 1999, there were an estimated 2 million 8 women with a history of breast cancer, representing 41 percent of the nearly 5 million female cancer survivors or 23 percent of 8.9 million total cancer survivors” (Hewitt et al., 2004). From Finnish Cancer Registry, 2008, the number of new cases is about 4317 annually. Every year around 834 women die from breast cancer. The incidence is increasing quite sharply between 35 to 55 years old. The age from 55 to 59 year old reaches the highest point of morbidity in 2008. (Zhu & Hu, 2010)

Many Researches also indicates that even though breast cancer is a global disease, incidence rates differ. These rates tend to be high in most developed regions and to be low in the developing regions of the world. Regions of the world where the incidence rate is more modest are in Eastern Europe, South America, Southern Africa, and Western Asia (Parkin& Fernandez, 2006).

Treatment is required to reduce morbidity and mortality outcomes from cancer; however, the diagnosis and treatment of cancer influence the physiological, psychological, and sexual dimensions of sexuality, and changes in sexuality decrease patients’ quality of life (Tierney, 2008). Sexuality involves body image, sexual response, sexual roles, and sexual relationships (Pelusi, 2006). Further, female sexual function is influenced by not only physical status but also psychological status, relationships, and sociocultural background (Li, 2011).
A breast cancer diagnosis and its treatment side effects have a significant impact on an individuals’ view of body image and sexuality, especially among younger women. Cancers of the breast and the female genital organs have been addressed in the research numerous times. However, equal attention has not been paid to related issues of sexual satisfaction and sexual function in females with rectal cancer even though they underwent pelvic surgical procedures just as females with gynecological cancer have, despite the fact that these procedures have been demonstrated to cause organic sexual dysfunction (Zippé et al, 2006).

Sexuality is a complex and subjective concept that changes over time according to people experience. It is not just the state of being able physically to perform a sex act.

Rather, sexuality can include body image (how some one sees herself physically and perceives her over all health and sexuality), sexual response(interest, function, and satisfaction), sexual roles, and relationships. Sexuality is a personal expression of one’s self and one’s relationship with others. The effects of cancer and its treatment on sexuality are not usually included in assessments and plans of care for patients, nor are they often addressed in patient education. (Pelusi, 2006)

Traditionally, research on sexuality has focused on males’ sexual response and behavior, thus establishing males’ sexuality as the norm (Wood et al, 2006). Females’ sexuality is typically pitched in terms of asexuality or passive-recipient sexuality; therefore, females’ sexual desire is rarely perceived as spontaneous (Bay-Cheng & Zucker, 2007). Sexual self-schema has been shown to be an important personal factor that buffers the impact of depressive symptoms on sexual satisfaction. (Pelusi, 2006) indicates that sexuality includes body image, sexual response, sexual roles, and relationships. The human sexual response cycle involves four stages: the excitement stage, the plateau stage, the orgasm stage, and the resolution stage. The basic conception of the model focuses on the physiological changes of genitalia in the first three stages of the sexual response; however, the orgasm stage in females is a psychophysiological experience and it is affected by a psychosocial background Body-Image is an individualized phenomenon that is comprised of many elements of experience, including social messages about gender identity and sexual identity. (Goldenberg, 2011). Breast cancer affects a woman’s body image and feelings of sexuality. Little is known about the perceptions of spouses to the sensitive topics of sexuality feelings and body images. A qualitative inquiry was undertaken by some in-depth interviews. The result shows that a diagnosis of breast cancer brought some couples’ relationship closer. The mastectomy could severely obliterate patients’ sexual relationships for a long period by disturbing the body images, and women often wrongly think that their spouse will resent these changes. (Cancer Research Center, 2011)

Furthermore, this study was carried out to explore the relationships between different breast cancer treatment modalities, sexual satisfaction and body image among mastectomized women in Beni-Suif city.

2. Subjects and Methods

The design for this study was (descriptive correlational one), all mastectomized women receiving post breast cancer surgery treatment, selected for this study, it calculated 44 females from University Teaching hospital at Oncology unit in Outpatient Clinics in Beni-Suif city with the following criteria:

- Female patients in age group between 20 – 60 years have breast cancer surgery, received radiotherapy or chemotherapy or hormonal therapy.
- Women agree to participate in this study

Tool of data collection:

A questionnaire sheet that was designed by the researcher, based on literature review, and modified tools were used from Female Sexual Function Index (FSFI) used in Tollin, 2011 and Serlin Kinaesthetic Imagery Profile scale for body image from Pilarski, 2008 was constructed and translated in simple Arabic language for the mastectomized women to suit their level of understanding. Data were collected through using onetool which includes 3 main parts as follows:

Part I:

Includes a sociodemographic characteristics and surgical history of women as age, income, involved sites of breast cancer surgery, treatment modalities following breast cancer surgery

Part II: Female Sexual Function Index (FSFI) sheet

Includes 19 questions about Sexual functioning that was evaluated by the Female Sexual Function Index (FSFI), a self-report that measures desire, subjective arousal, lubrication, orgasm, satisfaction. each questions followed with 5 choice answers as Usually, Most times, Sometimes, A few times, rarely.then answer was arranged in results as severe satisfaction, moderate to mild satisfaction, unsatisfaction.

Part III: An Imagery Profile for body image sheet

Includes 27 questions regarding body image. These questions were ranged from 5 to 1 as highly agree, agree, neutral, disagree, highly disagree respectively. for example the score of highly agree
takes 5 points while 1 point was given for highly disagree answer

**Methods of data collection:**
This study was covered in four phases:-

1- **Validity & Reliability of tool:-**
   Tool that was developed, based on the identified needs and demands of mastectomized women. Validity refers to experts from Medical surgical nursing & medicine professor and community nursing professor in the field.

2- **Ethical considerations:**
   Approval was taken from hospital director before stating the research and data were collected after explaining the aim of the study to all breast cancer surgery women who participated in the study.

3- **Pilot study:**
   - assess women abilities to participate in filling questionnaire, and any modifications were done. it is approximately 10% of study sample.

4- **Data collection:**
   Data were collected from oncology Unit in Outpatient Clinic University Teaching hospital in Ben suif city from October 2011 until April 2012 for three days weekly mainly Sunday, Tuesday, Wednesday each week according to time available to women and their attendance schedule for clinic to check – Up as doctor ordered. Each woman takes time approximately between 30-45 minutes to fill a questionnaire, also researcher of study help illiterates women in filling their questionnaire

**Statistical analysis:**
   Data were analyzed using statistical package for social sciences (SPSS). The \( P \)-value < 0.05 was used as the cut off value for statistical significance and the following statistical measures were used.

**Graphic presentation:**
   Graphs were done for data visualization and by using Microsoft Excel.

3. **Results**
   Table (1) illustrated Distribution of involved sites of breast cancer surgery according to women age, the table reveals that about (34.09 %) of women sample were performed breast cancer surgery in one breast from age group 20-40 years while (29.5 %) were performed breast cancer surgery in both breasts from age group above 40 years with statistically significance difference between sites of breast cancer surgeries and women age with \( P < 0.005 \).

   Table (2): Illustrates Association between involved sites of breast cancer surgery and feeling of sexual desire. it can be seen that above one third (31.8%) of women with breast cancer surgeries in one breast feels sometimes sexual desire or interest while (29.5 %) of women with breast cancer surgeries in both breasts feels a few times sexual desire with a statistically significant relation were founded between all involved sites of breast cancer surgery and feeling of sexual desired with \( P s <0.005 \).

   Table (3): Demonstrates association between involved sites of breast cancer surgeries and level of body image among mastectomized women. the table revealed that About (34.09%) of women with breast surgery cancer in both breasts had poor level of body image while about (31.8%) of women with one sites breast cancer surgery had very good level of body image with statistically significant relation between both involved sites of breast cancer surgeries and levels of body image with \( P s (<0.005) \).

   Table (4): Shows Association between post breast cancer surgery Treatment modalities and level of body image. Near half (47.7 %) of mastectomized women who received chemotherapy and radiotherapy had poor level of body image while (18.2%) who received hormonal therapy had poor level of body image with statistically significant relation between post breast cancer treatment modalities and levels of body image with \( P s (<0.005) \).

   Table (5): Shows Relationship between level of education and level of body image. the table revealed that About (40.9%) of illiterate women had poor level of body image while (18.2%) of educated women had good level of body image with statistically significant relation between women level of education and their level of body image

   Table (6): shows Relationship between body image and sexual satisfaction. the table shows that More than half (56.8%) of women with poor level of body image had mild degree of sexual satisfaction in addition to, very good levels of body image had mild degree of sexual satisfaction with a highly significant relation between levels of body image and degrees of sexual satisfaction among those women with \( P s (<0.005) \).

   Figure (1): illustrated Relationship between level of education and feeling of sexual desire. We can see clearly that half of illiterates women (50%) feels some times sexual desire while all educated women (100%) feel most times degree of sexual satisfaction.
Table (1): Distribution of sites of breast cancer surgery according to women age.

<table>
<thead>
<tr>
<th>Women age</th>
<th>partial sites of breast cancer surgery(n= 44)</th>
<th>X²</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>20-04</td>
<td>15</td>
<td>34.09</td>
<td>4</td>
</tr>
<tr>
<td>&gt;40</td>
<td>12</td>
<td>27.2</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>61.4</td>
<td>17</td>
</tr>
</tbody>
</table>

P-value at 0.05 *statistically significance

Table (2): Association between involved sites of breast cancer surgery and feeling of sexual desire

<table>
<thead>
<tr>
<th>Involved Sites of breast cancer surgery</th>
<th>Feel sexual desire or interest(n= 44)</th>
<th>X²</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>One breast site</td>
<td>6</td>
<td>13.6</td>
<td>14</td>
</tr>
<tr>
<td>Two breast sites</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>13.6</td>
<td>18</td>
</tr>
</tbody>
</table>

P-value at 0.05*statistically significance

Table (3): Association between involved sites of breast cancer surgery and level of body image

<table>
<thead>
<tr>
<th>Involved Sites of breast cancer surgery</th>
<th>level of body image (n= 44)</th>
<th>X²</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>One breast site</td>
<td>14</td>
<td>31.8</td>
<td>13</td>
</tr>
<tr>
<td>Two breast sites</td>
<td>2</td>
<td>4.54</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>36.4</td>
<td>28</td>
</tr>
</tbody>
</table>

P-value at 0.05*statistically significance

Table (4): Association between post breast cancer surgery Treatment modalities and level of body image

<table>
<thead>
<tr>
<th>Post breast cancer surgery treatment modalities</th>
<th>Level of body image(n= 44)</th>
<th>X²</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Chemotherapy &amp; radiotherapy</td>
<td>21</td>
<td>47.7</td>
<td>15</td>
</tr>
<tr>
<td>Hormonal therapy</td>
<td>8</td>
<td>18.2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>65.9</td>
<td>15</td>
</tr>
</tbody>
</table>

P-value at 0.05*statistically significance

Table (5): Relationship between level of education and level of body image

<table>
<thead>
<tr>
<th>Levels of education</th>
<th>Level of body image(n= 44)</th>
<th>X²</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>University</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Read &amp; write</td>
<td>3</td>
<td>6.81</td>
<td>0</td>
</tr>
<tr>
<td>Illiterate</td>
<td>18</td>
<td>40.9</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>47.7</td>
<td>23</td>
</tr>
</tbody>
</table>

P-value at 0.05*statistically significance
<table>
<thead>
<tr>
<th>Levels of body image</th>
<th>Degrees of sexual satisfaction (n= 44)</th>
<th>(X^2)</th>
<th>(P)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very satisfied</td>
<td>Mild satisfaction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
<td>11.3</td>
<td>25</td>
</tr>
<tr>
<td>Very good</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>11.3</td>
<td>35</td>
</tr>
</tbody>
</table>

\(P\)-value at 0.05***highly statistically significance

4. Discussion

Breast cancer is probably one of the diseases that women most fear, due to its biopsychosocial effects, which deeply and significantly affect women’s lives. It is the cancer type not only with the highest incidence levels in the female population, but also with the highest mortality ratios, turning into a true global public health problem (Alves et al., 2010).

The diagnosis and treatment of breast cancer impacts a woman on many levels. Women often experience a wide range of psychological and sexual difficulties. The psychosocial and psychosexual impact of this disease is influenced by a number of factors including medical factors, individual factors. Overall, breast cancer treatments (medical factors) did not disrupt sexual function or body image. Instead, depression and fatigue (individual factors) were found to impact women's sexual function and depression was related to women's own body image as well as how she perceived her male partner to view her body. Results suggest a more optimistic view regarding the anticipated negative consequences of a breast cancer diagnosis (Dye, 2008).

Regarding association between sites of breast cancer surgery and women age, the present study revealed that three quarter of women had breast cancer surgeries in both breasts were in age group 20-40 years with statistically significance difference between all age group and sites of breast cancer surgery. This finding goes in the same line with Brazilians women which many studies emphasized on a pressing need for further studies on the socio-cultural characteristics of women with breast cancer, the differences of (re)construction of body image of young and older women, and the personal experience and socio-cultural context of women with breast cancer (Santos & Vieria, 2011).

Older women who are subjected to menopause and are diagnosed with breast cancer typically have greater psychological distress. Not only can breast cancer impact a women’s responses to femininity and sexuality, menopause can also impact responses to...
femininity and sexuality withthe loss of fertility. Younger women face different challenges more than older women. Age is an indicator of the various social roles which women play throughout their lifetime. Younger women are typically concerned more with their families and careers, while older women are concerned with their own retirement. (Hammond, 2000)

Further studies add more weight to the impact of surgical treatments on body image and sexuality, particularly for younger women with breast cancer. This does not imply that older women are not significantly concerned about body image and sexuality. However, women of younger ages are more likely to choose breast conserving surgery over mastectomy. Clinicians should ask a woman about any body image and sexuality concerns that she may have when surgery is discussed (Kissane, 2004).

Really, still, it is true that sexual response and function may change with aging. For example, more than half of men over age 40 have at least a little trouble with erections. According to some of these men, the problem is severe. Many women also notice changes as they get older, sometimes even before menopause begins. A decrease in sexual desire and problems with vaginal dryness may increase during and after menopause. (Greenwald & McCorkle, 2008) In contrast, Breast, 2000 founded that a negative impact of breast cancer and its treatment was greater for younger women. Occasionally, Elaine, 2006 expected that there is likely to be an inverse relationship between age and negative body imaging, and a positive relationship between age and impaired sexual functioning. Findings in this study revealed, older breast cancer survivors were more likely to report greater body image adjustment compared to younger counterparts (p<.01). There was no statistically significant relationship between age and sexual adjustment. The number of cancer patients in Egypt is expected to expand in the future as the population continues to grow and age, as well as the prevalence of known etiological factors increase (Gab-Alla, 2003).

Concerning association between involved sites of breast cancer surgery and sexual satisfaction. The present study revealed that there are a statistically significance differences between involved sites of breast cancer surgeries and women feeling of sexual desire. This finding goes in the same way with Elaine, 2006 who mentioned that African American women regardless of income were less likely to report sexuality concerns compared to Caucasian survivors. In addition to Sexual problems have been linked to mastectomy and lumpectomy – surgeries that remove all or part of the breast. Losing a breast can be very distressing. A few women even lose both breasts. sexual. In our culture, breasts are often viewed as a basic part of beauty and womanhood. If a breast is removed, a woman may feel less secure about whether her partner will accept her and still find her sexually pleasing. The breasts and nipples are also sources of sexual pleasure for many women and their partners. Touching the breasts is a common part of foreplay. Some women can reach orgasm just from having their breasts stroked. For many others, breast stroking adds to sexual excitement. Surgery for breast cancer can interfere with pleasure from breast caressing. After a mastectomy, the whole breast is gone. Some women still enjoy being stroked around the area of the healed scar. Others dislike being touched there and may no longer even enjoy having the remaining breast and nipple touched. (American Cancer Society, 2011)

Additionally, there is no physical reason which was derived from breast surgery or radiation to the breasts should decrease a woman's sexual desire. These treatments do not change her ability to have sexual pleasure. They do not lessen her ability to produce vaginal lubrication, to feel and enjoy normal genital sensation, or to reach orgasm. (Greenwald & McCorkle, 2008). Dirbas, 2010 Though there is not much data available on female sexuality problems after cancer treatment, it appears to be a significant issue. One large-scale study found that while 80 percent of responders reported a good or satisfying sex life before treatment, 70 percent reported sexual problems after treatment.

Body image is an important endpoint in quality of life evaluation since cancer treatment may result in major changes to patients' appearance from disfiguring surgery, late effects of radiotherapy or adverse effects of systemic treatment. (Hopwood et al., 2001). In Sweden, body image in breast cancer survivors was associated with the types of surgery and radiotherapy and with mental distress. Body image ratings were relatively stable over time, and the antecedent body image score was a strong predictor of body image at follow-up. Body image in breast cancer survivors differed very little from that in controls. (Dahl et al., 2010).

Body change stress refers to subjective psychological stress that accompanies women's negative and distressing feelings and emotions, thoughts, and behaviors resultant from breast cancer and/or breast surgeries. Body change stress manifests with traumatic-like stress symptoms. This includes re-experiencing (e.g., feeling upset with reminders of breast change), avoidance (e.g., attempts to limit exposure of the body to self or others), numbing (e.g., a loss of interest in activities or behaviors relevant to the body, such as sexual activity), and arousal symptoms (e.g., irritability, anger, etc.). We suggest that the peak of body change stress occurs in the days...
or weeks following surgery and related treatments. \textit{(Frierson et al., 2006)}

Concerning Association between post breast cancer surgery treatment modalities and level of body image, the present study found that there are statistically significant relation between post breast cancer treatment modalities and levels of body image. In contrast, \textit{Iris, 2007} founded the majority of women in the healthy group and in the mastectomy group represented the medium to high level of body image satisfaction, but half of women in the lumpectomy group perceived the medium level of body image satisfaction, and one third perceived the low level of body image satisfaction. For most women, breast satisfaction was in the medium to high level of satisfaction. The findings indicated that no significant difference was found between body image perceptions of women who had been undergone mastectomy, women who had been undergone lumpectomy and healthy women. Furthermore, the majority of women in the surgical groups who perceived the impact of surgery to be little or none, was satisfied with the scar from the surgery.

Also, Chemotherapy have a significant impact on a woman’s physical and emotional state, which in turn may affect quality of life. Chemotherapy has been associated with long term impairments in sexual functioning. The influence of chemotherapy on sexuality is direct, through gonadal and hormonal effects, and it is indirect, by producing feelings of fatigue, apathy, nausea, vomiting and malaise and causing sleep or appetite disturbances that interfere with libido \textit{(Kissane, 2004)}

The impact of breast cancer treatment and surgery on body image varies greatly among women. The impact may include: altered sexual function; poor self-image; loss of libido, and relationship problems. Although body image is often perceived as relating to physical appearance alone, women describe it as involving a sense of wholeness and functionality. Evidence suggests that women who consider body image to be a major part of their sense of self-worth, attractiveness or wholeness may be at an increased risk of poor psychosocial adjustment following treatment for breast cancer. \textit{(Kissane, 2004)}

In Egypt, \textit{Ashraf et al., 2009} mentioned that Body image is an important factor for postmenopausal women with breast cancer in developing countries where that concept is widely ignored. We should not deprive those cases from their right of less mutilating option of treatment as breast cancer treatment.

In turkey, over half of breast cancer surgeries patients had problems with sexual relations that started following surgery. In a further 24%, problems began following chemotherapy. Current treatment protocol in turkey is as in Egypt treatment plan for breast cancer survivors as follows: patients undergo surgery which is followed by adjuvant chemotherapy and followed up by radiotherapy. They suggest that in a high proportion of patients, psychosexual problems occur early in the course of treatment and this has implications for the timing of any intervention, also type of surgery and menopausal status played an importanrole in the occurrence of these problems. \textit{(Alicikus et al.,2009)}

On the other hand, \textit{Holmberg, 2001} high lights on the other important factors that affected sexual satisfaction which are understanding and support from the partner to the survivor order to to be able to obtain and maintain healthy sexual roles and relationships. The partner’s overall sexual health and function may also influence a survivor’s sexual roles. Many women have indicated that they wanted to be sexually active but they were unable to do so because of their partner’s health. This affected their view of their own sexual role and their sexual relationships. Therefore, physician & oncology nurse must consider the partner’s status and how potential changes in the person with cancer may affect sexual relationships.

Otherwise, Culture influences on sexuality and body image in relation to cancer and its treatment. An organized approach is crucial for clinicians as they assess a patient’s understanding of sexuality, body image, the potential effects of the disease and treatment. Patients and survivors with cancer should be encouraged to participate in studies to develop evidence-based interventions \textit{(Pelusi, 2006)}.

We, as individuals, and in most cases, become the designers of our external appearance. Through hair styles, cosmetics, grooming behaviors, tattoos, piercing, and our style of dress, our outward appearance send messages about ourselves to others. This outward appearance is the primary focus in identity recognition and first impressions. As humans, we are influenced by our social interactions and the impressions that we give and receive from others. Very little attention has been given to altered appearance in women who are receiving treatment for breast cancer. The personal impact of appearance-related changes due to cancer treatment can be devastating for most women. The importance of looking like yourself (the “you” that you created) throughout the cancer process has received little attention by the social work profession. \textit{(Preston, 2010)}

The Impact of Medical Factors on Body Image and Sexual Functioning in Women with Breast Cancer

Women with breast cancer are faced with a number of options and considerations concerning their treatment process. These options, however, often come with a price; some are more costly than others. These
treatment considerations include the type of surgical treatment performed; the option of breast reconstruction; and type of post surgical treatment such as chemotherapy (occasionally offered prior to surgery). This idea and finding goes in the same way with the finding of the present study which revealed that the post breast cancer surgery treatment modalities were interferences with women body image with statistically significance difference between all women received different cancer treatment(Dye, 2008).

Additionally, following a diagnosis of breast cancer a number of areas in a woman’s life become impaired (Beatty et al., 2008). According to Frierson and Anderson (2006), a woman’s responses related to her body changes as a result of having breast cancer consist of “psychological adjustment, social adjustment, relationships with sexual partners, physical symptoms, and related concerns” (Preston, 2010). Also, Croff, 2005 mention that Cancer and its treatments have been shown to have a negative psychological effect on many patients. One effect of cancer that is often described anecdotally is body image disturbance. A moderate amount of research has been conducted on the relationship between body image and cancer. However, the results of these studies are limited because until recently a psychometrically validated measure designed to assess body image disturbance in cancer patients did not exist.

As regard relationship between level of education and level of body image, the present study revealed that there are a statistically significance difference between all levels of education regarding women feeling of their body image. According to the opinion of the researcher, he clarified the role of education, culture in breast cancer women’s perception affect her adaptation, and acceptance of cancer in her life and it's effects and changes.

From the foregoing discussion, it can be seen that The potential for detecting the impact of treatment of breast cancer on a woman’s sexuality and body image is very critical issue and there has also been greatest needs to increase awareness of the psychosocial distress associated with breast cancer. Also, body image and sexuality are issues that require sensitive exploration with women who have been diagnosed with breast cancer.

5. Conclusion

From the foregoing discussion, it can be seen that there are as significant relation and association between post breast cancer surgery treatment modalities and types of breast cancer surgeries with sexual satisfaction and body image among mastectomized women.

Recommendation:

Recommendation involves emphasis on the implementation of an-instructional scheme for breast cancer survivors women especially post surgery in order to obtain the highest level of sexual satisfaction and body image, and there are obvious needs to instruct those women through media. Within this context, there is a great demand for strategies and programs that take into consideration all the physiological, psychological, social problems that might face those women.

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