
SEXUALITY OF WOMEN WITH BREAST CANCER: ANALYSIS OF SCIENTIFIC PRODUCTION IN NURSING

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ABSTRACT: Integrative review aimed at analyzing the knowledge produced by Brazilian nursing concerning the sexuality of women with breast cancer, with a view to improving the quality of care delivery. A simultaneous search by word was performed in all the databases listed in the Online Health Library. Ten articles were included, published as from the year 2000, whose authors were nursing professionals. The results revealed that women's sexuality is often limited to the sexual practice and that only some reports show sexuality as something broader. Women affected by breast cancer have their sexuality compromised and the support provided by their partners helps them with coping and is considered very significant in all stages of the disease. The analysis of the studies reveals that nursing care does not cover this aspect of care and needs to be restructured. This care should be extended to the partners and go beyond the biological dimension.

DESCRIPTORS: Breast neoplasms. Sexuality. Nursing.

A SEXUALIDADE DA MULHER COM CÂNCER DE MAMA: ANÁLISE DA PRODUÇÃO CIENTÍFICA DE ENFERMAGEM

RESUMO: Revisão integrativa que objetivou analisar o conhecimento produzido pela enfermagem brasileira sobre a sexualidade de mulheres com câncer de mama, visando a melhoria do cuidado de enfermagem. Foi utilizada a busca simultânea por palavras, em todas as bases de dados indexadas na Biblioteca Virtual da Saúde. Incluíram-se 10 artigos publicados a partir do ano 2000, cuja autoria fosse atribuída ao profissional enfermeiro. Os resultados mostraram que a sexualidade das mulheres, muitas vezes, está restrita à prática sexual, e apenas alguns relatos mostram a sexualidade como algo mais abrangente. As mulheres acometidas pelo câncer de mama apresentam comprometimento no exercício da sexualidade, e o apoio do companheiro auxilia no enfrentamento, sendo percebido como muito significativo em todas as etapas da doença. A análise dos estudos evidencia uma assistência de enfermagem que não contempla esse aspecto do cuidado, necessitando de reestruturação. Essa assistência deve ser estendida aos parceiros e deve ultrapassar a dimensão biológica.

DESCRITORES: Neoplasias da mama. Sexualidade. Enfermagem.

SEXUALIDAD DE LA MUJER CON CÁNCER DE MAMA: ANÁLISIS DE LA PRODUCCIÓN CIENTÍFICA DE ENFERMERÍA

RESUMEN: Revisión integrativa que tuvo por como objetivo analizar el conocimiento producido por la enfermería brasileña sobre la sexualidad de mujeres con cáncer de mama, con la finalidad de obtener subsidios para ofrecer una asistencia de calidad. Fue utilizada una busca simultánea por palabras, en todas las bases de datos indexadas en la BVS. Se incluyeron 10 artículos publicados a partir del año 2000, en cuya autoría constaban enfermeros. Los resultados mostraron que la sexualidad de las mujeres muchas veces está restringida a la práctica sexual y apenas unos relatos muestran la sexualidad como algo más integral. Las mujeres afectadas por cáncer de mama presentan dificultad en el ejercicio de la sexualidad y el apoyo del compañero ayuda a hacer ese enfrentamiento, siendo percibido como de extrema significancia en todas las etapas de la enfermedad. El análisis de los resultados evidencia una asistencia de Enfermería que no contempla este aspecto del cuidado, evidenciándose las necesidad de una reestructuración. Esa asistencia debe ser extendida a los compañeros y debe ultrapasar la dimensión biológica.

DESCRIPTORES: Neoplasias de mama. Sexualidad. Enfermería.

INTRODUCTION

The diagnosis of breast cancer, as well as the whole course of the disease, is permeated by many concerns related to death, mutilation and pain, being a period marked by a lot of anguish, suffering and anxiety.¹

The treatment is performed mainly through surgery, radiotherapy and chemotherapy, and about 50% of women survive for at least 15 years.² Surviving this event means adjusting to the new condition, with physical and psychosocial consequences that negatively affect their sexuality and sexual function.

The mutilation resulting from surgical procedures causes inhibition during sexual relations and generates feelings of shame, anguish and embarrassment.³ Mastectomy can be described as a dramatic attack on the body and this situation undoubtedly affects the conception of women as sexual beings.⁴

The side effects of chemotherapy, such as fatigue, baldness, constipation, nausea, vomiting and weight gain, amongst others, contribute to change the sexual function, since they reduce women's sexual desire and ability to engage in sexual activity.⁵

Few healthcare professionals value the feelings of low self-esteem and the aspects related to the sexuality of women with breast cancer.⁶ A similar situation occurs in nursing, which treats sexuality as an invisible and at the same time hidden issue. It is as if sexuality did not exist and was ignored and, when this comes to light, it is not explored for reasons not well known.⁷

Considering that the treatments for breast cancer can affect women's sexuality, changes to care practices are required. The need for a broader view of this problem can therefore be highlighted, so that the daily practices, meanings and experiences of these women can be included in nursing care practices.

Baccalaureate nurses need to identify the problems arising from the disease process and implement care practices aimed at promoting the sexual health of patients.⁸ It can be observed, however, that aspects related to sexuality are rarely explored in the clinical practice, and have only more recently been focused in nursing research.

Given that these care practices and interventions need to be based on scientific evidence,

giving rise to a practice that is based on the scientific knowledge produced, the present study was aimed at analyzing the information produced in Brazilian nursing concerning the sexuality of women with breast cancer, with the purpose of improving the quality of care delivery.

METHOD

The research method used was the integrative literature review which, through a critical analysis of studies, permits a general summary of a knowledge area under development, and also points out existing gaps. It is a method of compilation of previous researches, in which conclusions are drawn, providing a broader understanding about the subject of study.⁹

In order to guide the present study, the following questions were developed: has sexuality been an object for nursing knowledge production? What knowledge had Brazilian Nursing produced about the sexuality of women with breast cancer?

The research was carried out between February and March 2010 and used the following descriptors related to the theme: breast cancer (synonymous of the descriptor breast neoplasms), sexuality and professional nursing practice. In order to broaden the search of articles, these words were combined.

The inclusion criteria for this review were: Brazilian production; articles whose authors included nurses; publication as from the year 2000; and fully available articles. The articles dealing with other kinds of cancer other than breast cancer, productions developed by other professional categories, dissertations, theses and books or chapter of books were excluded.

The source of bibliographic data was the Online Health Library (BVS), with access through the Internet. The simultaneous search for words was used in all databases listed in the BVS (BDENF - Professional Nursing Database; LILACS - Latin-American and Caribbean Literature on Health Sciences; MEDLINE - Literature Analysis and Retrieval System on-line; Coleciona SUS - National Collection of Information Sources of the SUS; MS - Collection of the Library of the Ministry of Health; WHOLIS - Information System of the Library of the WHO).

Table 1 shows the number of articles found in each database, according to the words used.

Table 1 - Listing of the location of articles in the databases, according to the words used

Databases of the BVS	Words used in the search		
	Breast cancer	Sexuality	Breast cancer and sexuality
BDENF	118	254	5
LILACS	4309	2280	17
MEDLINE	-	3006	-
MS	39	188	-
OPAS	55	24	1
WHOLIS	49	18	-
Articles	8	5	-
Theses	36	61	3
Colecion SUS	28	28	-
Periodic journals	17	57	-

After careful reading of the title and summary to verify compliance with the guiding question and inclusion criteria, the sample was composed of 10 articles in total, found in the databases BDENF and LILACS. In the other databases of the BVS, no articles that matched the inclusion criteria required in this study were found. It is worth noting that some articles were listed in more than one database.

The articles included in the review were read in full, categorized and evaluated with the help of a previously developed data collection instrument,⁹ which presented the following items: identification, institution where the study was undertaken, type of scientific journal, methodological features of the study and evaluation of methodological rigor. These were analyzed and the summary was developed in a descriptive way through thematic categories, using the Content Analysis technique. This process uses broad inductive reasoning, in which themes and

categories emerge from the data through careful examination and constant comparisons.¹⁰

RESULTS

According to the place where the studies were developed, three articles were carried out in specialized services of universities, six were developed in hospitals and one in a preventive institution.

Concerning the journals, the studies were published in nine different journals, seven related to professional nursing and two multidisciplinary.

As for the subjects of study, nine articles had women who had performed mastectomies as samples. The number of participants varied from five to 24. Only one study had the partners of these women as subjects of research. The identification and methodological characteristics of the 10 articles selected are presented in table 2.

Table 2 - Characterization of the selected articles

Articles	Type of study	Objectives	Sample
Rodrigues, Silva, Lopes ¹¹	Descriptive qualitative study - level VI	To analyze the perception of women with mastectomies about their sexuality, emphasizing the changes noted and the participation of partners.	21 women with breast cancer, mastectomy performed for at least three months, being treated at the Cancer Prevention Institute of Ceara and married or in a de facto relationship.
Ferreira, Franco, Queiroz ¹²	Qualitative approach - level VI	To understand the meaning of mastectomy for women during the post-operative period of breast cancer, who were being treated at the Mastology Outpatient Care Center and radiotherapy and chemotherapy sectors.	24 women who had performed surgery for breast cancer; being treated at the Mastology Outpatient Care Center and additional radiotherapy and chemotherapy treatments.
Souto, Souza ¹³	Phenomenological qualitative - level VI	To expose the meaning of expressions of sexuality by women submitted to radical mastectomy due to breast cancer.	15 women with breast cancer, submitted to radical mastectomy, regardless of the post-operative period.
Biffi, Mamede ¹⁴	Qualitative approach - level VI	To identify the type of social support offered to the sexual partners of women with breast cancer and how they see this support.	Nine partners of women with breast cancer, participants of the Teaching, Research and Care Group for the Rehabilitation of Mastectomized Women at EERP/USP.

Articles	Type of study	Objectives	Sample
Barbosa, Ximenes, Pinheiro ¹⁵	Qualitative approach - level VI	To understand the effect of mastectomy in the performance of women's roles; To understand the feelings of women submitted to mastectomy in light of discovering about the breast cancer and the mastectomy; To identify the roles performed by women before and after mastectomy; to verify the support which affects the role performance of women submitted to mastectomy.	Seven women submitted to mastectomies who attended the Self-help, Training, Research and Care Group for Mastectomized Women (GEPAM) at the University of Ceará.
Caetano, Soares ¹⁶	Qualitative approach - level VI	To understand the effects of mastectomy on women based on Roy's Theory of Adaptation, in relation to self-esteem.	10 women with breast cancer, assisted at a referral unit in the North of Ceará state, in the oncology sector.
Azevedo, Lopes ¹⁷	Qualitative study with phenomenological approach - level VI	To understand the surgical impact on the perception of their own body and the relation of their body with other people.	Five women submitted to radical mastectomy.
Gonçalves, Arrais, Fernandes ¹⁸	Qualitative approach - level VI	To identify the reaction of women facing breast cancer diagnosis, as well as the changes in the daily lives of these women after mastectomy, describing the coping mechanisms used to overcome the difficulties arising from the surgery.	15 women who had mastectomies performed five years earlier and in a steady relationship. Women who participated in the meetings of the GEPAM of the Nursing Department at the Federal University of Ceará.
Madeira, Almeida, Jesus ¹⁹	Phenomenological qualitative - level VI	To understand the meaning that women attribute to breast loss, especially concerning sexual life.	Eight women during the post-operative period after mastectomy. Surgical and Gynecological Clinic of the University Hospital of Juiz de Fora-MG.
Talhaferro, Lemos, Oliveira ²⁰	Qualitative, descriptive and exploratory study - level VI	To identify the problems faced by women submitted to mastectomy in their context of life.	10 women with breast cancer/submitted to mastectomy, in a steady relationship, being treated at the Outpatient Care Center of the Base Hospital (São Jose do Rio Preto).

The studies were aimed at understanding mastectomized women face in their context of life, and the effects of mastectomy on role performance, identifying the changes, as well as the coping mechanisms and support networks. Some were more directed to the perception of sexuality and sought to understand the meaning of the breast to sexual life and how women see their bodies after the procedure. The study

approaching the partners was aimed at identifying the type of support offered and how this support is viewed.

The topics covered in the articles analyzed were grouped and subdivided into thematic categories: Concept of sexuality; Partners' support; and Changes to sexuality arising from breast cancer. Table 3 shows the summary of the information according to categories.

Table 3 - Information summary according to the thematic categories: Concept of sexuality, Partners' support and Changes to sexuality arising from breast cancer

	Study	Results/Conclusions
Concept of sexuality	Rodrigues, Silva, Lopes ¹¹	To a large part of the studied women, the concept of sexuality is limited to the sexual relation itself. Some women attributed this concept to body image.
	Souto, Souza ¹³	Women's sexuality is mainly expressed by the heterosexual relationship. It has also been expressed through the recognition of feelings such as the love, support and concern showed by their partners.
	Talhaferro, Lemos, Oliveira ²⁰	Sexuality appears as to sexually serve the partner and is also associated to partnership, involving the more affectionate side.
	Madeira, Almeida, Jesus ¹⁹	The changes to the body image lead to self-rejection and affect the relationship with the other. Sexuality reduced to the breasts.

Partners' support	Rodrigues, Silva, Lopes ¹¹	The importance attributed by women to the participation of their husbands in all stages of the disease, affectively sharing the emotions, doubts and concerns, is evident. The fear of separation, indifference and neglect by their partners leads to a personal unbalance.
	Souto, Souza ¹³	The importance of their partners' affection and care (satisfaction in being in their company; impression that they have fewer problems).
	Talhaferro, Lemos, Oliveira ²⁰	The importance of the partners' full support for the recovery of women is evident. Most partners offer the necessary support to their partners. The spouse plays an essential role during all stages of the treatment, and the interaction between patients and their partners throughout the restructuring of their integrity is equally essential.
	Madeira, Almeida, Jesus ¹⁹	The fear of losing their partners appears. Chances of continuing with a satisfying sexual relationship with their partners, when these are able to deal with the new situation. The support of their partners seems to increase these women's confidence. Not having a partner may mean not having expectations in relation to sexuality.
	Barbosa, Ximenes, Pinheiro ¹⁵	The husbands' participation and initiative are strong determinants in the quality of the marital relationship. Women need affection.
	Gonçalves, Arrais, Fernandes ¹⁸	Mastectomy results in two types of behaviors by the partners: dedication and support and lack of companionship. Support and dedication give women the strength to seek better conditions of life. But the lack of companionship discourages the pursuit for coping mechanisms. Also in relation to the partners, women are afraid of being rejected and abandoned.
	Biffi, Mamede ¹⁴	The social support offered by the partners was a demonstration of affection, understanding the situation experienced by their wives, even if in a silent way. This support works as an incentive to self-care strategies and assistance with household chores.
Changes to sexuality arising from breast cancer	Rodrigues, Silva ¹¹	Mastectomy and other treatments contribute to reduce sexual desire, changes the body image, in relation to the perception of their own body and self-esteem. Women have no sexual desire.
	Talhaferro, Lemos, Oliveira ²⁰	The couple's sexual relationship is compromised by the emotional stress, pain, fatigue, changes to body image and self-image. However, some reports show that mastectomy did not change women's sexual life.
	Biffi, Mamede ¹⁴	The distancing of the couple, directly affecting their sexual relationship, was also expressed by partners as a difficulty faced after their partners' mastectomy. Some partners become stressed when there is sexual abstinence.
	Caetano, Soares ¹⁶	Changes to the perception and devaluation of their own body. The removal of the breast is reflected in the marital relationship. They stopped or changed their sexual activity (stress, anxiety, depression).
	Barbosa, Ximenes, Pinheiro ¹⁵	They experience changes to their sexuality after mastectomy. The loss of the breast is seen as threatening to their sexuality, and the surgical treatment causes feelings of rejection and disapproval of the condition. Women feel sad and concerned with their marital relationship.
	Azevedo, Lopes ¹⁷	The disease is marked by mutilation, pain, loss of sexual desire, impotence and rejection. The mutilation of the body is reflected in sexual life (interpersonal relationship difficulties). The removed organ plays a key role in the relationship between women and their objects of desire.
	Gonçalves, Arrais, Fernandes ¹⁸	Women submitted to mastectomy feel incapable of pleasing their partners. This dissatisfaction with their bodies affects the quality of the marital relationship. They feel ashamed of undressing, being touched by their partners, thus compromising the sexual relationship.
Ferreira, Franco, Queiroz ¹²	After mutilation, women take time to absorb and incorporate the new image (negative feelings such as sadness, weirdness and concern). The shame of their husbands affects their sexual life, and the marital relationship is compromised by this avoidance.	

DISCUSSION

The studies analyzed in this review show that most women have a view of sexuality that is centered on the genitals and sexual act. The concept and meaning they attribute to sexuality are largely expressed by a concept reduced to the sexual act itself,¹¹ or even reduced to the breasts.¹⁹ When they are asked how they feel sexually after mastectomy, women express a concept of sexuality that, to be experienced, needs the other person, given that their answers always mention their partners.¹³ The lack of ownership of their own bodies, or even the disbelief in the ability to please themselves on their own, seems to lead women to place their sexuality in the hands of the other person.²¹

Some reports show the association of sexuality and body image,¹¹ being expressed by feelings of love, support and concern by their partners.¹³ In this broader perspective, sexuality also includes, besides sex, companionship, love, acceptance and happiness.²⁰

In addition, a concept of sexuality connected to gender domination is observed.²⁰ Sexuality is totally separated from a natural expression of human beings and becomes a social obligation where there are no choices. Notwithstanding all the difficulties women face as a result of breast cancer, they cannot forget their social role as a wife which, amongst other duties, involves sexually serving their partners. This issue relates to the conceptions of female sexuality in society. Women do not have the autonomy to experience their sexuality and, as a result, find it difficult to admit to their partners their unwillingness to perform the sexual act.²²

This position taken by women indicates that male control over women's sexuality still exists, reinforcing gender inequalities.²¹ This social pressure tends to hinder the restart of sexual activity by women, who have the basic need for intimacy, including mutualism, respect and communication.

Having a perfect body seems to be a social and cultural condition to have a satisfactory sexual performance. Consequently, the partial or total absence of the breasts compromises sexuality. The loss of the breasts is very significant and it is very difficult for the women themselves to accept this, so they show feelings of dissatisfaction as a result of having these changes made to their body.²⁰ A lot of effort is required in order for women to accept their current condition, because the "emptiness" caused by the absence of the breasts transcends the physical body.¹⁹

The shame felt becomes even stronger by the uncertainty as to how this new image will be received by their partners.¹⁹ Women avoid being exposed and, in some cases, believe that they do no longer suit their partners,¹³ even fearing abandonment. The breasts represent femininity and their absence could mean an interruption of women's love life. Without them, women feel excluded from society and sexually rejected.¹⁹

The support from their partners seems to really affect the sexual experience of women with cancer and it was considered very significant in all stages of the disease. In the studies analyzed, women talk about the kind of sexuality that, to be experienced, needs the other person and, as a result, they feel threatened when the other person shows lack of understanding and threatens to abandon them under these circumstances.

In circumstances where women can expect understanding and dedication from their partners, they feel more confident and able to cope better with the situation.¹⁹ To enjoy one's company means to have affection and care.¹³ When partners are able to look at the operated area and accept the new image of the women, the so feared risk of abandonment is extinguished.²⁰

On the other hand, the indifference and fear of being rejected may further worsen the chances of self-organization and restructure. The lack of understanding on the part of the partners means failure in coping. The opinion and position of partners are so significant that, when women do not have a partner, they feel relieved that they do not have to meet expectations and give explanations.¹⁹

Women with breast cancer present a commitment in the performance of their sexuality, due to the mutilation and changes to body image, pain, fatigue, queasiness after chemotherapy, loss of sexual desire, emotional stress and fear of having their current condition worsen.

Women often feel ashamed and embarrassed in front of their partners and avoid sexual relations because exposing their deformities is considered painful.¹² Under this view of separation from their partners, which is mistaken at times, women feel that there is a lack of interest and rejection on their part and end up emotionally and sexually withdrawing. Sexual desire can be affected by the dissatisfaction with their own bodies and by not accepting the loss of the breasts. It is as if the changes limited the performance of sexuality.^{15,17,20}

Initially, there are other concerns in relation to women's recovery, and the sexuality is experienced or felt after some time.¹³

The analysis of the studies show an assistance in which this aspect of care is not included and which requires a restructuring in the care delivered.¹⁹ The professional nursing practice may contribute to the promotion of sexual health¹⁵ by approaching the sexuality of women with breast cancer. For this, it is necessary to eliminate discrimination¹³ and overcome cultural obstacles, which prevent an open and clear communication about sexuality and sexual problems. Healthcare professionals need to be aware of the need for psychosocial adjustment of these women.²⁰ Proper training is essential, so that nurses can provide holistic care, with early detection and prevention of sexual problems.²³

Sexuality is not a concept that can be considered separately from health, representing a central factor in maintaining wellbeing and self-esteem.²⁴ Therefore, it needs to be incorporated to the discussions and be a part of care in order to avoid that patients become filled with concerns, as well as feel alone and abandoned.

FINAL CONSIDERATIONS

The diagnosis and treatment for breast cancer affect the sexuality of women, both physically and emotionally. Many women need help to overcome the trauma of the disease and the treatment, as well as to fully resume sexual activity.

It is essential to draw up a care plan for these women with direct effect on issues related to sexuality. This care should be extended to the partners, who need to be encouraged to be closer to the women and participate in the whole process, given that the importance of such support has been evident. Nursing needs to consider the sexual partners as support and work with the difficulties they face while dealing with the disease of their partners, turning them into elements of support during rehabilitation.

This restructuring of the care provided requires a type of care that goes beyond the biological dimension and views women in all aspects. It requires the action of a multidisciplinary team.

Studies about the sexuality of women with cancer are generally descriptive, and research showing strong evidence, that is, about intervention or even evaluation, is rare. The reduced number of articles found which have nursing

professionals as the authors of the studies, shows the lack of Brazilian scientific production about this theme.

REFERENCES

1. Venâncio JL. Importância da atuação do psicólogo no tratamento de mulheres com câncer de mama. *Rev Bras Cancerol*. 2004 Jan-Mar; 50(1):55-63.
2. Jemal A, Siegel R, Ward E, Hao Y, Xu J, Murray T, et al. Cancer statistics, 2008. *CA Cancer J Clin*. 2008 Mar-Apr; 58(2):71-96.
3. Duarte TP, Andrade AN. Enfrentando a mastectomia: análise dos relatos de mulheres mastectomizadas sobre questões ligadas à sexualidade. *Estud Psicol*. 2003 Jan-Abr; 8(1):155-63.
4. Sheppard LA, Ely S. Breast cancer and sexuality. *Breast J*. 2008 Mar-Apr; 14(2):176-81.
5. Rogers M, Kristjanson LK. The impact on sexual functioning of chemotherapy induced menopause in women with breast cancer. *Cancer Nurs*. 2002 Feb; 25(1):57-65.
6. Hautamäki K, Miettinen M, Kellokumpu-Lehtinen PL, Aalto P, Lehto J. Opening communication with cancer patients about sexuality related issues. *Cancer Nurs*. 2007 Sept-Oct; 30(5):399-404.
7. Ressel LB, Gualda DMR. A sexualidade invisível ou oculta na enfermagem? *Rev Esc de Enferm USP*. 2002 Mar; 36(1):75-9.
8. Barton-Burke M, Gustason CJ. Sexuality in women with cancer. *Nurs Clin North Am*. 2007 Dec; 42(4):531-54.
9. Ursi, ES. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura [dissertação]. Ribeirão Preto (SP): Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto; 2005.
10. Zhang Y, Wildemuth BM. Qualitative analysis of content. In: Wildemuth BM, editor. *Applications of social research methods to questions in information and library science*. Westport: Libraries Unlimited; 2009 [acesso 2010 Out 10]. Disponível em: http://www.ils.unc.edu/~yanz/Content_analysis.pdf
11. Rodrigues DP, Silva RM, Lopes MVO. A sexualidade da mulher mastectomizada: adaptando conceitos de Roy. *Rev Enferm UERJ*. 2000 Jan-Jun; 8(1):22-7.
12. Ferreira MLSM, Franco CB, Queiroz FC. Construindo o significado da mastectomia: experiência de mulheres no pós-operatório *Rev Ciênc Méd (Campinas)*. 2002 Jan-Abr; 11(1):47-54.
13. Souto MD, Souza IEO. Sexualidade da mulher após a mastectomia. *Esc Anna Nery Rev Enferm*. 2004 Dez; 8(3):402-10.
14. Biffi RG, Mamede MV. Suporte social na reabilitação da mulher mastectomizada: o papel do parceiro sexual. *Rev Esc Enferm USP*. 2004 Set; 38(3):262-9.

15. Barbosa RCM, Ximenes LB, Pinheiro AKB. Mulher mastectomizada: desempenho de papéis e redes sociais de apoio. *Acta Paul Enferm.* 2004 Jan-Mar; 17(1):18-24.
16. Caetano JA, Soares E. Mulheres mastectomizadas diante do processo de adaptação do self-físico e self-pessoal. *Rev Enferm UERJ.* 2005 Maio-Ago; 13(2):210-6.
17. Azevedo RF, Lopes RLM. Vivência do diagnóstico de câncer de mama e de mastectomia radical: percepção do corpo feminino a partir da fenomenologia. *Online Braz J Nurs.* 2006 Abr [acesso 2010 Out 10]; 5(1). Disponível em: <http://www.objnursing.uff.br/index.php/nursing/article/view/137>
18. Gonçalves SROS, Arrais FMA, Fernandes AFC. As implicações da mastectomia no cotidiano de um grupo de mulheres. *RENE Rev Min Enferm.* 2007 Mai-Jun; 8(2):9-17.
19. Madeira AMF, Almeida GBS, Jesus MCP. Refletindo sobre a sexualidade da mulher mastectomizada. *REME Rev Min Enferm.* 2007 Jul-Set; 11(3):254-7.
20. Talhaferro B, Lemos SS, Oliveira E. Mastectomia e suas conseqüências na vida da mulher. *Arq Ciênc Saúde.* 2007 Jan-Mar; 14(1):17-22.
21. Garcia ORZ. Sexualidades femininas e prazer sexual: uma abordagem de gênero [tese]. Florianópolis (SC): Universidade Federal de Santa Catarina, Programa de Pós-Graduação Interdisciplinar em Ciências Humanas; 2007.
22. Trindade WR, Ferreira MA. Sexualidade feminina: questões do cotidiano das mulheres. *Texto Contexto Enferm.* 2008 Set; 17(3):417-26.
23. Akinci AC. The comfort levels of nurses during clinical experiences which include sexual topics. *Sex Disabil.* 2011 Sep; 29(3):239-50.
24. Shepard LA, Ely S. Breast cancer and sexuality. *Breast J.* 2008 Mar-Apr; 14(2):176-81.

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