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Nursing care on the world of life perspective of women-who-experience-lymphedema-resulting-from the-breast cancer-treatment

Cuidado de enfermagem na perspectiva do mundo da vida da mulher-que-vivencia-linfedema-decorrente-do-tratamento-de-câncer-de-mama

Atención en enfermería en la perspectiva de mundo de la vida de la mujer-que-vivencia-linfedema-decorrente-del-tratamiento-de-cáncer-de-mama

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ABSTRACT

Objective: To unveil the woman's senses in the experience of lymphedema resulting from the treatment of breast cancer and analyze care proposals from the perspective of this woman's world of life. **Method:** a phenomenological study, based on the theoretical and methodological reference of Martin Heidegger. The research scenarios were the Ascomcer Hospital and the Cristiano Varella Foundation, both in Minas Gerais, Brazil. A phenomenological interview was conducted with thirteen women who experienced lymphedema due to breast cancer. **Results:** The women were ashamed and annoyed with the arm without esthetics. They become depressed, lose self-esteem and try to disguise, but it is not always possible. At times, they prefer not to leave the house. They find it difficult to buy clothes that fit in the swollen arm. The being-there-woman-who-experiences-the-lymphoedema-in-treatment-of-breast-cancer is revealed in appearance and impersonality. Lymphedema implies physical changes visible to all, but the difficulties experienced by the being-woman in daily care are hidden. **Conclusion and implications for practice:** It is up to the nurse to consider the woman's perception about herself in relation to her body image to broaden her professional practice and seek to rethink care strategies that increase self-esteem and improve her quality of life.

Keywords: Breast Neoplasms; Lymphedema; Self Concept; Nursing; Woman.

RESUMO

Objetivo: Desvelar sentidos da mulher na vivência do linfedema decorrente do tratamento de câncer de mama e analisar propostas de cuidado na perspectiva do mundo da vida dessa mulher. **Método:** Estudo fenomenológico, fundamentado no referencial teórico e metodológico de Martin Heidegger. Os cenários de pesquisa foram o Hospital Ascomcer e a Fundação Cristiano Varella, ambos em Minas Gerais, Brasil. Procedeu-se entrevista fenomenológica com 13 mulheres que vivenciavam o linfedema por câncer de mama. **Resultados:** As mulheres mostraram-se envergonhadas e chateadas com o braço sem estética. Ficam deprimidas, perdem a autoestima e tentam disfarçar, mas nem sempre é possível. Em alguns momentos, preferem não sair de casa. Sentem dificuldade de comprar roupas que se ajustem no braço edemaciado. O *ser-aí-mulher-que-vivencia-o-linfedema-em-decorrência-do-tratamento-de-câncer-de-mama* revela-se na aparência e na impessoalidade. O linfedema implica em mudanças físicas visíveis a todos, porém está oculta as dificuldades vividas pelo *ser-mulher* no cotidiano assistencial. **Conclusão e implicações para a prática:** Cabe ao Enfermeiro considerar a percepção da mulher sobre si mesma em relação a sua imagem corporal para ampliar a sua prática profissional e buscar repensar estratégias de cuidado que aumentem a autoestima e melhorem sua qualidade de vida.

Palavras-chave: Neoplasias da Mama; Linfedema; Autoimagem; Enfermagem; Mulher.

RESUMEN

Objetivo: Desvelar sentidos de la mujer en vivencia del linfedema resultante del tratamiento de cáncer de mama y analizar propuestas de cuidado en la perspectiva de mundo de la vida de esa mujer. **Método:** Estudio fenomenológico, fundamentado en el referencial teórico y metodológico de Martin Heidegger. Los escenarios de investigación fueron el Hospital Ascomcer y la Fundación Cristiano Varella, ambos en Minas Gerais, Brasil. Se realizó entrevista fenomenológica con trece mujeres que vivían el linfedema. **Resultados:** Las mujeres se mostraron avergonzadas y aburridas con el brazo sin estética. Se quedan deprimidas, pierden la autoestima e intentan disimular, pero no siempre es posible. En algunos momentos prefieren no salir de casa. Sienten dificultad para comprar ropa que se ajuste en el brazo edemaciado. El s*er-ahí-mujer-que-vivencia-el-linfedema-en-consecuencia-del-tratamiento-de-cáncer-de-mama* se revela en la apariencia e impersonalidad. El linfedema implica cambios físicos visibles a todos, pero está oculto en las dificultades vividas por el *ser-mujer* en el cotidiano asistencial. **Conclusión e implicaciones para la práctica:** Cabe al enfermero considerar la percepción de la mujer sobre sí misma en relación a su imagen corporal para ampliar su práctica profesional y buscar repensar estrategias de cuidado que aumenten su autoestima y mejoren su calidad de vida.

Palabras clave: Neoplasias de la Mama; Linfedema; Autoimagen; Enfermería; Mujer.

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INTRODUCTION

The breast cancer with an estimated 59.700 cases, for each year of the 2018-2019 biennium, with risk of 56.33 cases each 100 thousand women, is the most incident type of cancer disease, except for the skin cancer non-melanoma. The control of the disease in the country represents a challenge for health, and a priority on the National Policy of Health agenda in Brazil.[1]

It is known that in the women´s daily life, in addition to the changes caused by the treatment of this type of cancer be it surgical, through chemotherapy and/or radiotherapy, possibilities of complications emerge, and the lymphedema in the affected ipsilateral limb is underestimated and disabling. The incidence varies according to the therapeutic choice, being the removal of axillary lymph nodes and the radiotherapy the main risk factors.[2] Studies reveal that obese women are more prone, being the chance up to four times greater when compared to those with normal weight .[3]

Lymphedema in the arm may have repercussions on physical and psychological well-being, caused both by the reduction of the limb functionality and by the body aesthetic.[4] Instruments have already been validated to evaluate the body image of breast cancer women, such as Body Image Index (BII), Sexual Adjustment and Body Image Scale (SABIS), Body Image after Breast Cancer Questionnaire (BIBCQ) and Body Image and Relationship Scale (BIRS).[5]

One may observe that the breast removal, many times, represents the resolution of problem for women, so that the cancer disease becomes perceived as an event that occurred in her life, but that has been resolved. However, when faced with progressive arm edema, she needs support by her relatives and health professionals, among them the Nurse, in order to make her aware and help her understand the changes that may arise, from alterations in their new image to physical and social limitations.[6]

The deformity in the arm is perceptible to all and reveals the physical imperfection in the body constitution. Studies show that the life quality is affected by changes in self-image, this is why we need to consider these questions in the planning and evaluation of care .[7] The Nurse inserted into the therapeutic itinerary of this woman, be in the primary, secondary or tertiary care, has the possibility to identify nursing diagnoses that guide this care, considering the psychosocial aspect as "Low situational self-esteem" and "Body image disturbance".[8] However, many times, the professional is limited to proposing a care plan to cover the somatic issues and ceases to subjectively scrutinize the impact of the modified self-image on the women´s daily lives.[7]

The way the person sees itself and behaves before the need of care with the affected arm can many times reveal an emotional and physical discomfort that brings alterations in the quality of life. In order to promote a care that favors the physical and mental well-being of this person, the professional can avail of care that increases self-esteem, [9] that requires the knowledge of the fragilities and potentialities of the *being* who becomes ill due to the appearance of lymphedema.

This study is justified by the need to understand how the change in body image caused by the lymphedema is for women and, thus, offer subsidies to enable professionals to rethink what is significant and, from that, to give support to daily situations that require confrontation and adaptation to a new image. In this perspective, it is possible to contribute to a health care that encompass the singularities involved in falling ill by the lymphedema and establishes, in a shared way, a care plan in the rehabilitation process, aiming at the well-being and the increase of the self-esteem.

Therefore, we wondered how the woman experiences the body change caused by the lymphedema in the arm due to the breast cancer treatment, having as theoretical reference the Phenomenology of Martin Heidegger. The objectives of this study were to unveil the woman´s senses in the experience of the lymphedema due to the breast cancer treatment and to analyze proposals for care from the perspective of the world of life of this woman.

METHOD

The qualitative research of phenomenological approach, from the theoretical and methodological reference of Martin Heidegger, was chosen as a methodical way, given that, by means of this, it is possible to understand meanings and unveil meanings of the human being as *being a being-there-with* in its singularities and in the daily of the world of life in which the experience implied by the appearance of the lymphedema after the treatment of breast oncological disease is given.

Studies in nursing area, based on Martin Heidegger's phenomenology, have been developed in the perspective of rethinking care from a new paradigm of care, which goes beyond the centered medical model and looks for other possible ways of caring aligned with the subjectivities.[10] The phenomenology seeks to understand that *what-is-shown-in-oneself*, that is, the phenomenon.[11]

In this sense, in a phenomenal perspective, it was given voice to the woman who in the daily experiences the change in body aesthetics caused by lymphedema, in such a way that her manifestations, as *an entity*, explain vestiges and clues that only the *being* who experiences this situation in its existence can reveal. It was also considered that the science has already explained in detail, but were not sufficiently understood yet, the facts inherent to the risk of the appearance of lymphedema as a complication derived from therapeutic procedures to combat breast cancer.

Heidegger established a constant interrogation about the meaning of the *Being*, seeking the understanding of the human who launches into the world as a *being-of-possibilities.* The philosopher calls as *an entity* the physical person who relates to other persons who comes to her in the world of life, and is as *an entity* that the *being* is shown in this daily. In this study, the *entity* was the woman who experiences the repercussions of the lymphedema due to breast cancer. When questioning the *entity*, the researcher accesses the *being* and seeks to unveil the meanings of the *being.*[11]

The study was conducted in two scenarios: Ascomcer Hospital, located in Juiz de Fora- MG, and Cristiano Varella Hospital, Muriaé-MG. The choice for Cristiano Varella Hospital was later, made, to the field stage at Ascomcer Hospital, due to the difficulty of accessing the participants from the records in the medical records. The research project was submitted to the Brazil platform, including a request of an insertion of a new scenario, and approved by the Research Ethics Committee of the Anna Nery School of Nursing and the Institute for Health Care São Francisco de Assis / Federal University of Rio de Janeiro, according to the ethical and legal principles in force in the Resolution No 466, of 12 December 2012, by means of opinions of No 1.254.521 and 1.414.843.

Thereafter, the information collection step began, which took place from January to March 2016. At first, at Ascomcer Hospital, contact was made with the Psychologist responsible for the Victorian Support Group, addressed to women diagnosed with breast cancer. A list was offered with the name of the participants of the group.

In addition, the Hospital Technical Responsible Nurse was contacted, who authorized access to the women's medical records under follow-up with physicians and with the psychologist. The record was used and information on personal data and illness was extracted. Telephone contacts with possible participants were made, clarifying them about the study and inviting them to voluntary participation.

At Cristiano Varella Hospital, contact was made with the Responsible for the Physiotherapy Service who collaborated in the selection, among the women who were attended at the institution, indicating the name of five of them who underwent physiotherapy due to lymphedema because of breast cancer.

In addition, to invite these women voluntarily participate in the research, telephone contacts or approaches in the Physiotherapy Service were made. An individual meeting with each one was scheduled, considering the day, hour and the place of its preference. All accepted participating, totaling thirteen women. The meeting took place at home, on the street or in a room that was provided by the Service.

In order to permit the approach of the possible participants, it was taken into account the inclusion of women with lymphedema due to the breast cancer treatment who presented a persistent edema in the arm homolateral to the affected breast six months after the treatment; and those who presented lymphedema and also faced a new treatment because of recurrence of the disease or another neoplasia. Women who presented sequelae that prevented them from answering the questions were excluded, bearers of mental disorders and under the age of 18.

Prior to the interviews performance, the Free and Informed Consent Form (FICF) was read. All participants signed it, confirming its consent. The interviews were recorded in digital media and transcribed in full, with a duration ranging from 9 (nine) to 40 minutes. The participation of 13 women was considered sufficient for, qualitatively, express saturation by the achievement of essential meanings allowing the phenomenon to emerge and responding to the objectives of the research.[12] During the field stage, attentive readings of the statements were conducted to verify apprehension of the meanings of the phenomenon as well as the conclusion of this methodical moment.

The analysis took place in two moments: vague and median comprehension and interpretative or hermeneutical comprehension. In the first moment, the essential meanings understood in the participants´ statements emerged and that grouped as categories *a posteriori* allowed the construction of two Units of Meaning. In this first moment, the *being* is not known yet; the *entity* shows itself in the dimension of facts (*factual*).[11]

Later to the vague and median comprehension, the hermeneutical analysis brought to light meanings of this *being,* unveiling facets of the phenomenon.[11] This occurred from the meanings that emerged from the women who experience the lymphedema due to breast cancer, in light of the thought of Martin Heidegger, philosophical theoretical reference of this interpretation.

With the aim at ensuring anonymity, participants were identified by the letter "M" followed by a number corresponding to the chronological order of the meetings.

RESULTS

Among the 13 participants, the age ranged from 36 to 65 years. Regarding the marital status four are single, five married, two divorced and two widows. It is noteworthy that seven participants were selected at Ascomcer Hospital and five at Cristiano Varella Hospital.

The therapeutic conduct for breast cancer, in general, followed the same pattern: 12 women performed treatment combining Mastectomy, Chemotherapy, Radiotherapy and Lymphadenectomy. The appearance of lymphedema occurred in the first months during or after the breast cancer treatment, up to five years after the therapeutic conclusion. Nine women had recurrence of the disease or other type of cancer.

The analysis of the existential movement of the woman with lymphedema in the arm due to breast cancer revealed how she experiences the fact of having her arm enlarged after the breast cancer treatment, through two Units of Meaning: With the arm without aesthetics, she loses her self-esteem; and She is ashamed of her swollen arm and prefers to disguise it as she can.

With the arm without aesthetics, she loses her self-esteem

The participants meant that they lost their self-esteem they feel uncomfortable and depressed. They are left without aesthetics, do not like to look in the mirror and end up giving up leaving when facing their own image. This understanding was revealed by the speeches here represented in the cuttings:

> *It is a little without aesthetics,* [...] *we lose a little of our self-esteem,* [...] *it was not only the arm that increased,*

> *but I also increased* [...] *it makes me a little depressed* [...] *we get a little low self-esteem* [...] (M1).
>
> [...]*I was a little upset due to this, this arm is so different from the other* [...] *I always implied with my arms* [...] *they always bothered me* [...] *and now it´s even bigger, right?* (M9).
>
> (...) *you have to be careful when washing, you have to be careful in...If you itch a little, you can´t, right, because everything is dangerous in this arm. Then, it is a very big change"* (M11).
>
> *I don´t like to look in the mirror, either. If I´m getting ready to go out and look in the mirror, I give up* (...)*But I try to pretend that I´m not looking too much, forgetting and continuing the life, but there are moments when I can´t* (M12).

Others stated that buying clothes is difficult, sometimes, it´s useful on one side and not on the other and, thus, they need to buy a larger number or order different sizes. There are clothes they can´t wear because it squeezes and leaves marks. The following are the lines selected from the reports that denote these meanings:

> [...] *if I ask to make a cloth I have to make a bigger side, right? Then, it´s bad* [...] *I want to buy a blouse like this* [...] (they make a negative signal) *inside here the sleeve doesn´t get in* (the arm with lymphedema) (M5).
>
> [...] *I never liked to wear low-cut clothes like this* [...] *but I never liked because I thought my arm was too big! In addition, now? However, since I feel so hot, now I have to use it! I wear a T-shirt* [...] *clothes squeeze the arm, leave marks* [...] (M6).
>
> [...] *I think that´s more difficult when you will buy clothes* [...] *sometimes, on this side it fits, but here it doesn´t fit, then we need to buy a bigger number"* (M10).

She is ashamed of the swollen arm and prefer to disguise how she can

The participants revealed that they are upset about having one arm different from the other and do not like to keep it out. They feel ashamed and perceive that people talk when the arm is too swollen. The big arms were already causing discomfort before the disease and now he is even bigger. They exposed that they prefer to cover the arm, try to disguise the swelling with a crepe bandage or a bigger and wider clothing in order to not showing up too much and, thus, people don´t see. Reports that denote this understanding:

> *In the photos, I usually disguise…* (Laughs) *did you understand? But, I don´t stop leaving because of that ... we note more is… in the photos* [...] (M1).
>
> *Of course, there´s a time that we feel ashamed. There´s a time that she is so swollen* (she talks very softly) *and the person talks* [...] (M2).
>
> [...] *I put this* (crepe bandage) *here, but this is doesn´t do any good effect here, it´s from my mind!* [...]*I think it´s to cover for others not to see* [...] *there in my mind I think that´s it* (M3).
>
> [...]*I have to wear a cloth that covers it here, because if it doesn´t, this ball is out here* (M4).
>
> [...] *I´m not used to getting my arms out* [...] (M9).
>
> [...] *I have work in church* [...] *I put on the white garment, this hand is free* (without lymphedema)*, but this one here keeps showing up this piece with the glove* [...] *and the minister of Eucharist when he is going to lift the Eucharist you see a piece of the glove so I think it´s strange! People can* [...] *right?* (M10).
>
> [...] *I try to put on a bigger cloth* [...] *a wider one that is held here* (covers two quarters of the arm) *so as not to appear so much because the arm is so swollen* [...] (M12).

DISCUSSION

Breast cancer can disorganize several aspects of the woman´s life, be it physical, social and emotional, which will depends on the severity, the unforeseen in the course of the disease, changes in the body structure and change in self-image.[7]

In hermeneutics, the being-there-woman-who-experiences-lymphedema-due-to-breast-cancer-treatment shows itself in *appearance and* in the *impersonality*. For Heidegger, in *appearance* the entity shows itself in a way that in the effective reality does not correspond to what it truly is.[11] In this showing itself of the entity the woman hides her limb with bandages, long-sleeved blouses, glove or tries to isolate herself in her *domestic world* when the swelling is too visible to cover up the experience of the problem. In this way, the *being-there-woman* tries to appear to be someone who does not have edema in the arm.

When its appearance distance itself from what is considered as ideal for society, dissatisfaction with the body image is associated with greater exposure to cultural, environmental and socioeconomic factors. [13] Low self-esteem is manifested in reports, behaviors, such as isolation in the domestic environment, lack of health care and complaints about life issues.[8]

The way the woman perceives the disease, her emotional and functional condition, including the symptoms manifested, the duration, control and consequences have significant correlation with the quality of life.[14] There is an association between dissatisfaction with body image and the appearance of depressive symptoms, as well as the presence of pain and psychic suffering. It is believed that pain increases the capacity of awareness of the body itself and changes imputed in daily life, and this favors the emergence of negative feelings in relation to their body self-image. [15]

However, it is important to point out that the change in body self-image is not only linked to changes in appearance caused by lymphedema, but may be related to other common changes such as pain, tenderness and functionality of the arm.[15]

The *being-there-woman* who shares the world with the *others* who come-to-meet-her is perceived in the way she factually presents herself. So, in appearance the woman presents the covered arm to cover up what she truly is, becoming, thus, equal to all the *others*, that is, a person who does not present lymphedema, falling into the *impersonality* of the daily life.[11]

In *impersonality* the being-there-woman is not itself, in the sense of "self", but seeks to be equal to all the others, so, the individualities and the expressivity disappear, determining the way of being of daily life.[11]

In a systematic review, with the aim at describing the instruments to evaluate the body image of women with breast cancer in the Latin-American population, it was evidenced that the dissatisfaction of women with the body, after discovering the breast cancer is greater when she crosses some conditions such as the lymphedema, the use of prostheses because of mastectomy and weight gain. It is noted that the psychological vulnerability is greater when the woman believes that her appearance will define self-esteem.[16]

Corroborating the present study, the above-mentioned evaluation instruments identified that the woman feels ashamed of her body, as well as fear of exposing it in society. In this perspective, the altered body image denotes the feeling of incompleteness of the body constitution, which contributes to dysfunctional thoughts. [16]

In the occupation of daily life, the being-there shows itself in *impersonality*, in that each one is other and no one is itself. The *being-there-woman* in daily life establishes a relationship of being-with-the-others who has the character of distance, in that the being-there is not itself, but is dominated by others. Therefore, a superficial relationship is maintained, where the *being* who is shown as an *entity* is perceived and understood only from its manifestations that obscure the phenomenal dimension of the *being-there.* [11]

In some moments, the being-there-woman-who-experiences-lymphedema-due-to-treatment-of-breast-cancer cannot disguise the swelling because the clothes squeeze, then, even grudgingly, exposes the physical deformity by wearing clothes that show off their arm. The manifestations of lymphedema in the body are only signs of something that it itself does not show, "the phenomenon of illness that goes beyond the diagnosis of the disease". When *appearing* in the *public world* with clothes that expose, for everyone the health problem, it does not mean that the *being-women* is showing herself. [11:105]

The deformity in the arm is often noticeable to everyone and reveals the physical imperfection in the body´s constitution. The lymphedema implies changes that don´t let the woman hide, even that she doesn´t want to talk about herself and the problem, since the appearance is something that can´t be hidden. On the other hand, the way the being is veiled for the people who meet her in the world, who due to are immersed in their daily routines, many times only perceive what is shown in the collective and does not reveal the *singularity.*

The deformation of the limbs announces something that does not show itself, such as sadness, shame, the difficulties of facing the changes in daily habits, the loss of self-esteem and the feeling that e you are no longer the same person. In this context, *appearing* is not showing oneself "in the sense of the phenomenon". [11:105]

Feelings of shame and devaluation, in addition to directly affecting self-esteem, will reverberate in the sleeping pattern and in the lack of energy to perform daily activities. One knows that fostering positive feelings contributes to obtain better psychological scores and increase the capacity of resilience.[9]

For this, even with all the stigma and prejudice, one understands that the health professional, among them the Nurse, can help her face the challenges, stimulating the resumption of social and functional activities and raising self-esteem and self-confidence. One knows that more optimist persons have greater satisfaction with the body image and a better psychological adaptation to the new health condition, resulting in better survival rates and quality of life.[16]

The subjectivities of the woman who experiences the lymphedema need to be considered by the Nurse. The need for professional action committed to a humanized practice stands out, which *pre-occupies* itself with contributing to better living conditions, adaptation to the new reality, and prevention of harms and encouragement of the autonomy in the face of the adversities inherent to illness. [7]

One believes in the importance of professionals to develop interventions that encompass the person in an integral manner, going beyond the view of the disease to contemplate other issues such as the sociocultural context. Immersed in a society that deals with physical beauty and appearance, the woman can be influenced by this context,[17] thus, it is necessary to examine how is being for her to deal with body changes and prejudices that emerge from the environment where she lives.

With the *appearance* of the swollen arm, the *others* observe it as something unusual and question about the physical deformity caused by the disease not because they *pre-occupy themselves* and want to give support in the confrontation, but only seek an explanation for the fact. They thus establish a relationship with the increased arm founded by objectivity and not by the subjectivity of the *being-there-with*. When the person questions or the look is cast, there is a relationship by the objectivity of the arm that shows itself as swollen, in which persons are interested in the answers to that fact and do not express themselves in the subjectivity that surrounds that being-there-woman.

However, it is invisible for *others* who come to meet her in the world the daily confrontation of the woman that mobilize feelings before a routine of activities that start to compose its daily life. The need for self-management of the lymphedema, the recognition of symptoms that indicate a loss of self-control, such as increased arm size, pain and the sensation of heaviness, and the use of clothing to disguise the swelling and socks do not let the woman forget the problem.[18]

The invisibility of the repercussions of the disease in the woman's life is perceived in the society, where several themes are currently discussed, but no one talks about the lymphedema that, for example, affects the work colleague. One evidences that persons are oblivious to the chronicity of lymphedema and that, many times, they minimize the needs of woman and even target critical observations that provoke defensive feelings. Thus, the need for a public education about the lymphedema emerges,[13] aiming at reducing the stigmas and prejudices that interfere in the daily of the woman who, many times, prefer to hide so not to be the target of other people's looks and comments.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

In the movement of interpretation the being a woman showed herself in her-self, in the own way of being of daily life, in the appearance and in the impersonality. The *appearance* of the swollen arm causes discomfort, shakes self-esteem, generates a feeling of shame and concern about what the persons will think about it and how they will be seen. In this perspective, the woman begins to hide what interferes with her emotional state, be it with wider clothes, the arm involved in bandages and, sometimes, isolating herself from other persons inside the house. She tries to hide something that is physically visible to others, because it is uncomfortable explain about the lymphedema or to perceive the looks of curiosity, is to remember the problem when she wants to forget. In its existential movement it is not understood how *to be able to be* with lymphedema, so she prefers not to be reminded of this condition.

Before the unveiled phenomenon, it is understood that the Nurse can contribute significantly, both in the management of care with the swollen arm, and using health education strategies, aiming at a better quality of life of the *being-there-woman.* The physical manifestations do not only modify the outline that is visible to others by the appearance, but brings implications in the limitations of activities due a decrease in the functionality of the arm.

It is up to the Nurse to understand the woman's perception of herself with regard to its body image to rethink her professional practice and seek strategies that increase self-esteem and improve the quality of life. It is not possible to access the being-there-woman-who-experiences-lymphedema-due-to-the-treatment-of-breast-cancer if one does not consider the way each one faces and deal with the difficulties. For this purpose, it is important to consider the singularities that involve each person and seek to improve the life conditions in a shared way, and even extended way to family members.

It should be noted as a limitation of this study that the results were generalized according to the phenomenology-based research, in which thirteen women participated. In addition, most were aged above 40 years, not questioning this phenomenon in younger women. The geographical region is another limiting factor because it was exclusively developed in the state of Minas Gerais.

Finally, it´s expected that this discussion offers possibilities for Nurses to care of this woman in the different care spaces in the Health Care Network, either in the nursing consultation in Primary and Secondary or in Tertiary Care, both pre and post –operatively and, specially, in home care with focus on rehabilitation.

AUTHORS' CONTRIBUTIONS

Design of the study. Acquisition, data analysis and results interpretation. Critical revision of the article. Approval of the article´s final version. Responsibility for all aspects of the content and integrity of the published article. Andyara do Carmo Pinto Coelho Paiva. Ívis Emília de Oliveira Souza

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