Same-Day Breast Cancer Surgery: A Qualitative Study of Women’s Lived Experiences

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The most common cancer among women is cancer of the breast. As a result of advances in early detection and treatment, the number of breast cancer survivors has increased (Karki, Simonen, Malkia, & Selfe, 2005). One of the changes in surgical interventions has been hospital length of stay. In the geographic area in which this study took place—the east coast of Canada—the average length of stay for breast cancer surgery has shortened from several days to the same day.

Same-day surgery is defined as admission, surgery, and discharge on the same day. Preadmission care may occur on the day of surgery or prior to the day of surgery. Minimization of nosocomial infections along with early discharge have been cited as advantages of short-stay surgery (fewer than 48 hours). However, much debate still occurs over acceptable standards of care for breast cancer surgery (Wyatt, Donze, & Beckrow, 2004).

Although research is limited, some studies have demonstrated clearly that breast cancer surgery can be performed routinely on an outpatient basis with very low morbidity (Bonnema et al., 1998; Burke, Zabka, McCarver, & Singletary, 1997; Chapman & Purushotham, 2001; Dooley, 2000; Wyatt et al., 2004). However, a key component to the success of same-day breast cancer surgery is adequate patient education and preparation prior to surgery (Dooley, 2000; Okamura, Fukui, Nagasaka, Koike, & Uchitomi, 2003). In addition, a well-established discharge plan with community health nursing is necessary for successful recovery from same-day breast cancer surgery (Allard, 2006; Bonnema et al., 1998; Horgan, Benson, Miller, & Robertson, 2000; Pedersen, Douville, & Eberlein, 1994).

Purpose

Same-day surgery presents physical and psychosocial challenges to women and their support systems. The purpose of this hermeneutical phenomenologic study was to investigate the lived experiences of women having same-day breast cancer surgery. Because the participants lived in an area which is geographically dispersed with small urban centers scattered throughout, understanding how they psychosocially adjusted and cope with early discharge is important for effective coping and recovery. Women who had a positive experience with same-day breast cancer surgery also reported having adequate preparation, appropriate timing of preparation, strong support systems, and sufficient community health nursing intervention. Those reporting a negative experience encountered challenges in one or more of the identified theme areas.

Conclusions: Same-day surgery is a sign of the times, and the approach to it is changing. Healthcare systems need to be responsive to such changes. Although same-day surgery for breast cancer is not suitable for every patient, women undergoing this type of surgery should be assessed individually to determine whether it is appropriate for them.

Interpretation: Women undergoing breast cancer surgery should be screened for same-day surgery suitability. Those having same-day breast cancer surgery should be prepared adequately with timely education. Most importantly, such women should receive community health nursing follow-up for assessment, continuing education, and psychosocial support.