

JOURNAL CLUB

Sexuality and Intimacy Issues Facing Women With Breast Cancer

Carole Huber, MS, ARNP-BC, OCN®, Teresita Ramnarace, RN, BSN, RN-BC, and Ruth McCaffrey, DNP, ARNP-BC



This article has been chosen as being particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. How does the information reviewed in this article match our experience with our own patients?
2. What is an example of a way in which we have addressed sexuality or intimacy issues with one of our patients?
3. What are some of the ways in which we assess sexuality and intimacy issues with our patients regardless of their diagnoses?
4. In what ways can we improve those assessment techniques?
5. What resources are available to assist patients when we uncover sexuality and intimacy concerns?
6. What are some things we might do to preempt the occurrence of such problems or to prepare patients for the possibility that they might occur?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To explore the sexuality and intimacy experiences facing women with breast cancer.

Data Sources: Published articles; OVID, PsycINFO, and Florida Atlantic University databases; Web sites; and books.

Data Synthesis: Patient perceptions and knowledge of mastectomy and chemotherapy-induced menopause in regard to lifelong sexual experiences are lacking. Healthcare providers must institute much-needed education and open lines of communication.

Conclusions: The physical and psychological results of breast cancer diagnosis and treatment alter human sexuality. Breast cancer's survival rate is at an all-time high, increasing the number of people who will be living with such issues on a daily basis and shifting the focus from acute care concerns to chronic disease concerns.

Implications for Nursing: Healthcare providers should assess individual patients for potential issues they may face. By identifying problems, they can challenge health care to focus on the long-term problems associated with sexuality and intimacy issues facing patients.

Close your eyes, and think of the seven most important women in your life. At least one of them will be faced with the diagnosis of breast cancer in her lifetime (American Cancer Society, 2005). The physical and psychological results of a breast cancer diagnosis can result in many changes in quality of life. Altered sexual functioning, feelings of sexual inadequacy, and loss of sexual intimacy with a partner all are possible after a diagnosis of breast cancer. Defining human sexuality is a complex task that extends far beyond the reach of physical sexual function, and human sexuality is conceptualized uniquely by each individual as a lived experi-

Key Points . . .

- Postoperative expectations for breast reconstruction following surgery for breast cancer should be addressed preoperatively.
- Strong partner support aids in good sexual functioning.
- Long-term issues after diagnosis and treatment of breast cancer, including early menopause, should be assessed and addressed.

ence that affects the mind, body, and spirit (Hordern, 2000). Oncology nurses are positioned to identify symptoms related to changes in sexual function that often are neglected by other healthcare providers who may avoid the discussion of treatments and outcomes associated with breast cancer diagnosis. The purpose of this article is to explore sexuality and intimacy issues facing women with breast cancer and the management of such issues by healthcare providers.

Carole Huber, MS, ARNP-BC, OCN®, is an advanced registered nurse practitioner and Teresita Ramnarace, RN, BSN, RN-BC, is a nurse clinician, both at Bethesda Memorial Hospital in Boynton Beach, FL, and Ruth McCaffrey, DNP, ARNP-BC, is an associate professor in the Christine E. Lynn College of Nursing at Florida Atlantic University in Boca Raton. (Submitted December 2005. Accepted for publication March 24, 2006.)

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