

## Care Experience of a Female Breast Cancer Patient Undergoing Modified Radical Mastectomy

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**Abstract :** Purpose: This article explores the care experience of a 34-year-old female breast cancer patient who was admitted to the intensive care unit after undergoing a modified radical mastectomy. The patient discovered a lump in her right breast during a self-examination and, after mammography and ultrasound-guided biopsy, was diagnosed with a malignant tumor in the right breast. The tumor measured 1.5 x 1.4 x 2 cm, and the patient underwent a modified radical mastectomy. Postoperatively, she exhibited feelings of inferiority due to changes in her appearance. Method: During the care period, we engaged in conversations, observations, and active listening, using Gordon's Eleven Functional Health Patterns for a comprehensive assessment. In collaboration with the critical care team, a psychologist, and an oncology case manager, we conducted an interdisciplinary discussion and reached a consensus on key nursing issues. These included pain related to postoperative tumor excision and disturbed body image due to changes in appearance after surgery. Result: During the care period, a private space was provided to encourage the patient to express her feelings about her altered body image. Communication was conducted through active listening and a non-judgmental approach. The patient's anxiety level, as measured by the depression and anxiety scale, decreased from moderate to mild, and she was able to sleep for 6-8 hours at night. The oncology case manager was invited to provide education on breast reconstruction using breast models and videos to both the patient and her husband. This helped rebuild the patient's confidence. With the patient's consent, a support group was arranged where a peer with a similar experience shared her journey, offering emotional support and encouragement. This helped alleviate the psychological stress and shock caused by the cancer diagnosis. Additionally, pain management was achieved through adjusting the dosage of analgesics, administering Ultracet 37.5 mg/325 mg 1# Q6H PO, along with distraction techniques and acupressure therapy. These interventions helped the patient relax and alleviate discomfort, maintaining her pain score at a manageable level of 3, indicating mild pain. Conclusion: Disturbance in body image can cause significant psychological stress for patients. Through support group discussions, encouraging patients to express their feelings, and providing appropriate education on breast reconstruction and dressing techniques, the patient's self-concept was positively reinforced, and her emotions were stabilized. This led to renewed self-worth and confidence.

**Keywords :** breast cancer, modified radical mastectomy, acupressure therapy, Gordon's 11 functional health patterns

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