Emotional and informational needs of women experiencing outpatient surgery for breast cancer

by Doreen E. Dawe, Lorna R. Bennett, Anne Kearney, and Doreen Westera

Abstract

This article reports a qualitative study about informational and emotional needs of women who had surgery for breast cancer on an outpatient basis. Nineteen women volunteered for the study. The interviews, lasting approximately 60 minutes, were audio taped and transcribed verbatim. Data were analyzed using content analysis outlined by Hsieh and Shannon (2005).

Findings are organized according to: 1) emotional and informational needs prior to and immediately after surgery; 2) emotional and informational supports while recovering at home; and 3) emotional responses to the outpatient surgery experience. Overall, women were satisfied with the experience of surgery for breast cancer on an outpatient basis, but there were several aspects that warrant closer attention, such as the amount and timing of information delivery, discharge care, and the need for consistent community nursing support and follow-up.

Key words*:* breast cancer, outpatient surgery, nursing care, emotional needs, informational needs

The diagnosis and subsequent treatment of breast cancer is a challenging and distressing experience for women (Schmid-Büchi, Halfens, Müller, Dassen, & van den Borne, 2012). Anecdotal reports from women with breast cancer identify that dealing with the diagnosis and the fear of death is the first and major hurdle. Secondary hurdles include the challenges of treatment including surgery, chemotherapy and/or radiation—and often all three.

Traditionally, surgery for breast cancer has been an inpatient procedure. Over the past 20 years, the approach to the surgery has moved from an inpatient to an outpatient basis (Marla & Stallard, 2009). Researchers acknowledge that outpatient surgery (OPS) is economical, safe, and that women were pleased to be able to recover at home (Giovanardi, 2008**;** Kambouris, 1996; Marla & Stallard, 2009; Wells et al., 2004). A study by Margolese and Lasry (2000) was the first reported study to compare outpatient and inpatient mastectomy surgery for pain, anxiety, quality of life, emotional adjustment, distress symptoms, social relations and recovery. Using a random sample of 90 women, the researchers quantitatively measured psychological and social adjustments (emotional distress) and concluded that the outpatient group recovered more quickly and with better psychological adjustment than the inpatient group.

In spite of the move toward day surgery as the preferred approach to breast cancer surgery, there are few studies that have focused on the psychological aspects, specifically the emotional and informational needs in the context of outpatient surgery. Informational and emotional needs are often discussed in the literature under broader categories of psychosocial, social and psychological needs.

As inpatients, women undergoing breast cancer surgery typically had a recovery period in hospital and during that time they had access to emotional and informational support provided by nurses. These women often also received support from the camaraderie of fellow patients going through the same experience (Marla & Stallard, 2009), as well as support from "volunteer visitors" who were also breast cancer survivors (Dawe, Gaudine, & Laryea, 2008). The opportunity to discuss emotional issues and information pertinent to recovery is frequently lost with the move to outpatient surgery (Allard, 2007; Marla & Stallard, 2009). A common emotion associated with cancer is fear (McGinty, Goldenberg, & Jacobson, 2012), which is experienced in the pre-operative/early diagnosis period and well after discharge (Chantler, Podbilewicz-Schuller, & Mortimer, 2005). The focus of the study reported here is to report on the emotional and informational issues associated with breast cancer surgery, as an outpatient.

Earlier research findings support the benefit of the short hospitalization stay (two to three days) compared to the traditional longer inpatient stay (Bundred, et al, 1998; Saares & Suominen, 2005). Women in the Bundred et al. study identified earlier discharge as positive because of greater family and social support at home, a faster recovery and an increase in self-confidence. Saares and Suominen (2005) interviewed eight women for the purpose of understanding more about the care received during a short hospital stay after breast cancer surgery. While the women reported that information and emotional support by nurses was significant to their recovery, the women were fearful that they would not receive enough information pertaining to their overall care. Moreover, while they were physically ready to go home, they felt that they were not psychologically ready. Even more important was the need for nurses to be tuned in to individual needs and coping.

In a systematic review of the literature pertaining to the benefits and disadvantages of day surgery for breast cancer, Marla and Stallard (2009) reported on 11 observational comparative and case series studies. The studies reported outcomes related to discharge, physical, economic and psychological outcomes, but none reported on all four. Furthermore, psychological outcomes were not consistently reported. Only one study, Margolese and Lasry (2000), used a validated quality of life assessment tool to measure psychological outcomes. The women in the Margolese and Lasry study who had outpatient surgery reported better emotional adjustments and psychological adjustment compared to the inpatient group. The other reviewed studies used a variety of satisfaction questionnaires making comparisons and conclusions difficult. In general, however, the women in the reviewed studies were satisfied with day surgery. In their conclusion, Marla and Stallard (2009) recommend further research to validate the satisfaction and psychological impact of day surgery for breast cancer on women.

Anxiety and depression can negatively impact a person's ability to have a positive recovery and access to information can reduce the level of these symptoms (Remmers, Holtgräwe, & Pinkert, 2010). In addition to the benefit of pre-operative information, Allard (2007) noted that

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psycho-educational information immediately post-surgery reduces emotional distress in women who have day surgery for breast cancer. A positive emotional adjustment before and after surgery promotes better overall adjustment and well being (Badger, Segrin, Dorros, Meek, & Lopez, 2007). Using a hermeneutical phenomenological approach, Greenslade, Elliott and Mandville-Anstey (2010) interviewed 13 women who described the lived experience of having same-day breast cancer surgery. These researchers concluded that providing information pre-operatively at the right time, and receiving support and information post-operatively from the community health nurse is essential for a positive recovery and satisfaction with same-day surgery for breast cancer (Greenslade et al., 2010).

While outpatient surgery has become the accepted approach to completing the various types of surgery for breast cancer, there is limited discussion in the literature specific to the emotional and informational needs of these women. Nurses need to be knowledgeable about all aspects of women's emotional and informational needs in order to provide optimal care.

Purpose

The purpose of this paper is to report the findings of a study about the informational and emotional needs of women having outpatient surgery for breast cancer.

Method

Participants

The study was open to women who had an outpatient surgical experience (lumpectomy, partial mastectomy to full mastectomy) for breast cancer and who were able to articulate their experience, and consent to participate. A purposive sample of 19 women was recruited from the outpatient day surgery departments of a regional health board in Eastern Canada. The women were interviewed approximately six months following outpatient breast cancer surgery.

Procedure

Ethical approval was obtained from the Human Investigation Committee to conduct this study. In order to ensure the voluntary nature of participation, the first contact with potential participants was made by the pre-operative intake nurse. Twenty-nine women granted permission for the pre-operative nurse to provide their names to the researchers for potential participation.

The pre-operative nurse approached potential participants and used a prepared script to introduce the name and purpose of the study and ask if they would give permission to be contacted by phone by one of the researchers about six months post-operatively. At contact, the researchers explained the purpose of the study, reinforced the importance of privacy and confidentiality, responded to questions about the study, explained that participation was voluntary, invited the women to participate, and obtained their written consent.

Of the 29 women who agreed initially to be contacted, when the contact was made at six months, three could not be reached, one was deceased, and six decided that they did not want to participate. Nineteen women agreed to participate in the study. Sixteen were from an urban setting and three were rural residents. Participants ranged in age from 38 to 72, with an average age of 57. See appendix A for the set of interview questions that was used as prompts to obtain the women's stories and perspectives about the information and emotional needs immediately before and following the OPS and during the recovery at home.

Five interviews were completed by phone and 14 were completed in person. For women who indicated that they preferred a face-to-face interview, the researchers met at a mutually agreed upon place and time. Written consent to participate was obtained at the time of the interview. Those unable to meet in person were contacted by phone. If the women expressed an interest in participating in the study, they were mailed a consent form and written explanation of the study. The form was signed and returned to the researchers by mail. Following receipt of the signed consent form, the interview was completed by phone at a mutually agreed upon time. The interviews took approximately an hour to complete. They were semi-structured using open-ended questions, and were audio taped and transcribed verbatim. Data repetition and saturation was apparent after 19 interviews.

Analysis

The transcripts were analyzed using the qualitative content analysis approach outlined by Hsieh and Shannon (2005). This involved a line-by-line review of the transcripts by each individual researcher to facilitate access to each woman's experience as a whole, and to identify participant statements most revelatory of psychosocial and informational needs. All four researchers individually developed preliminary codes. To validate themes, the codes were compared through researcher discussion until consensus was reached on finalized codes. The codes were grouped into clusters that were expanded or collapsed with further data analysis until broader categories with themes were identified.

Findings

The findings of this study were organized according to three broad categories: 1) emotional and informational needs prior to and immediately after surgery; 2) emotional and informational supports while recovering at home; and 3) emotional responses to the outpatient surgery experience. Further analysis of the three categories revealed a number of themes within each category.

Categories and themes

1) Emotional and informational needs prior to and immediately after surgery

Type of information

Overall, the women were generally satisfied with the pre-operative explanations provided by different members of the health care team.

Amount of information

There were mixed responses concerning the amount of printed material provided at the time of diagnosis. One woman stated, *"They gave me a bunch of books, now **that** was frightening..."* She was initially overwhelmed with the information and eventually opted to leave the written material alone and to simply do what the health professionals told her to do rather than read the material.

Timing of information

Several of the women referred to the importance of **when** they received information. Receiving information just before surgery was distressing. The women indicated that they could not focus on what was being said, did not absorb the information or quickly forgot it. Typical comments included: *"I think I was listening to them, but I was still trying to take in the fact that I had breast cancer."*; *"…it was a really poor time to do it* [explain the post-operative arm exercises] *because I was falling asleep when she told me* [during recovery from the anesthetic] *… I don't know half of what she said."*

Several women talked about information that would have been helpful pre-operatively such as knowing that outpatient surgery was an accepted and safe approach.

2) Emotional and informational supports while recovering at home

Social support

The primary source of social support identified by the women was the physical and emotional support provided by spouses. One woman referred to her husband as *"… the rock … I got everything I needed from my husband."*

The women also talked about the importance of support from other family members and friends especially when they came home from the hospital. Typical comments about family and friends included: *"My sister came … and I knew I was in good hands. …If it were just me and my husband I don't think I would have made it."* ; "*the emotions are there and your friends are there to listen, no matter what."* ; "*with support from my family and friends … it was relatively easy, um, because I went to my son's house. And so I didn't have to come home alone.*"

Professional support

Many of the women spoke positively about the entire health care team. They credited care from health professionals for getting them through the difficult diagnosis and surgery. One woman said, *"I was treated with dignity…in the hospital, the nurse was very professional."* In particular, the role of the community health nurse (CHN) was critical to their recovery at home. One woman said, "*Every day I was in contact with her* [CHN] *for two weeks. So…that was a kind of secure feeling… 'cause you know that if anything came up there was someone. I always had the feeling that there was someone I could rely on."* Another woman stated, *"They* [the CHN] *came every second day, and that was REALLY, I mean to me that was better than staying in the hospital."*

It was very difficult if the CHN did not visit. For example, one woman said, "*I didn't call them* [CHN]*…I should have… they told me I could call anytime, but I didn't, I didn't want to bother them. It was on the weekend….*" Another woman said, "*I was told the health nurse would change the dressing every day. Well, she was working out of* [a rural area] *and she couldn't come every day, so I had to go to* [her office] *to see her…. I was really disappointed about that*."

One participant, who had a double mastectomy, who was a single parent with two children, expressed anxiety pre-surgery because she did not know whether or not she was going to be able to have an overnight stay. She described it as being "*terrifying… I went into the surgery not knowing if I had to go home or not*."

Survivor support

Although all of the women stated that they did not have a breast cancer volunteer visitor, they all described appreciating having someone to talk to who was either a family member or friend who was also a survivor of breast cancer surgery. A few examples of the support they received are revealed in the following comments: "*I always had this sense when I was talking to my sister* [she had breast cancer] *that she knew exactly what I was going through." "My cousin had breast cancer… she didn't have a hard time and that was encouraging." "I didn't talk to the right people before I had my surgery… I think there should be something in place where you could talk to someone who already had this surgery."*

3. Emotional responses to the outpatient surgery experience

Initial shock

During the diagnosis and pre-operative period, some women learned that the operation would be completed as day surgery and reacted with shock. One woman said, *"When he* [the doctor] *said day surgery, I said 'what!' and he said, oh yes a couple of hours and you'll be in and out. And it took me aback, you know."* Another woman said, *"I was shocked that it was going to be done in day surgery."*

Acceptance

After the initial shock of hearing that the surgery would be done on an outpatient basis, most women expressed a sense of relief and, as they progressed through the pre-operative period, they found the idea of recovery at home appealing. One of the women stated, *"So, I was delighted that I was going to go in and out, you know, come out, you know that day and go home."* Another woman was skeptical at first, but later accepted the idea: *"At first I was a little skeptical… because I was saying 'this seems to be a little more serious than…' and when I thought about it, I said, 'yeah, there are a lot of things being done on an outpatient basis now that years ago wasn't even considered.' You know, that was the conclusion that I came to."*

Satisfaction

In hindsight, most women expressed satisfaction about the surgery being completed on an outpatient basis. For example, one woman said, "*Before I even had it done I was amazed that they were going to do it and send me home… Looking at it now, looking back on it, it was a good thing to go home. I had no problems whatsoever with the surgery, no infections… well most people have a fear of hospitals anyway. They just want to get out of there as quickly as they can, so maybe it's a good thing it's done the way it is."*

Feeling "pushed out"

While there seemed to be general satisfaction with having the surgery on an outpatient basis, there was concern expressed by a few women of feeling '*pushed out'* after the surgery. One woman said, "*I just felt like the nurses wanted to* [laughter] *get rid of me. You know they were very nice about it, but they were very insistent and sat me up and helped me get some clothes on. And at that point, I was sick, you know. I started to throw up, and I was brought to the door* [to leave] *anyways*." Another said, "*I was still kind of groggy from the anesthetic and… even when they wheeled me out in the wheelchair and my daughter was putting me in the van, I could feel my legs weren't there. Like you know, I was still…*" Another woman said, *"…I thought an overnight stay even wouldn't have been too bad. But I really didn't think going to get something done and being rushed out the same day… and it was late in the day and… the thing* [day surgery] *closed down at six o'clock, so it was a bit of a rush near the end to push me out… I lay down the minute I got in* [home] *…and then I was right upset. I felt …not much caring that they go and take you and throw you out the same day."*

Discussion

The findings of this study support previous research that women are generally satisfied with the OPS and report that having surgery for breast cancer as an outpatient is a positive experience (Greenslade et al., 2010; Holcombe, West, Mansel, & Horgan, 1995; Marchal et al., 2005; Margolese & Lasry, 2000; Marla & Stallard, 2009; Rovera, et al., 2008; Saegrov & Halding, 2004). Provision of such knowledge, at the right time and appropriately, can potentially reduce pre-operative stress, which may also aid in adjustment to the post-operative recovery (Allard, 2007; Deane & Degner, 1997).

The participants identified the need for reassurance that out-patient surgery is an acceptable approach, that appropriate nursing care and support would be provided after discharge, and that they would be able to contact a health care provider, if needed, after going home. Bonnema et al. (1998) reports that women have fewer psychosocial issues when supported by the community health nurse. Based on their reported experiences, women need clear information about the role of the community health nurse, hours of availability, and alternatives when care cannot be provided. Timely support and direct access to the CHN in the first 24 to 48 hours after surgery and especially on a weekend is essential (Drageset et al., 2011; Greenslade et al., 2010). The support provided by the community health nurse was cited by Greenslade and colleagues as "critical to successful recovery" (p. E96). Preoperative information promotes a positive recovery period (Greenslade et al., 2010; Marla & Stallard, 2009).

There were concerns expressed by participants about the time of day and the day of the week that the surgery was scheduled, a finding consistent with the study by Saares and Suominen (2010). Having OPS late in the day and on a Friday meant that there would be less availability of health care services immediately post-surgery. Women did not feel comfortable with having to disturb the nurses on the weekend but, at the same time, needed to have support and reassurance of access to help whenever they needed it.

Several of the women in the study were initially surprised when told pre-operatively that the surgery would be performed on an outpatient basis. The main benefits of OPS recounted by the women included: more immediate support from family (especially the spouse) and friends; being able to recover in a comforting home environment; and continuous and consistent follow-up care by the community health nurse. The value and benefit of OPS reported here validates the findings from previous studies that women were pleased to be able to recover at home (Greenslade et al., 2010; Marchal et al., 2005; Margolese & Lasry, 2000; Marla & Stallard, 2009). It is especially noteworthy that Marchal and associates (2005) reported that recovery

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at home gives women a sense of control over how the illness and treatment progresses and minimizes the "sick" role.

A significant experience described by a few women in this study was the feeling of being "pushed out" of the hospital after the surgery. While having the OPS approach has been proposed to minimize the seriousness of the surgery in the patient's mind (Goodman & Mendez, 1993), one may wonder if the OPS approach may also minimize the seriousness of the surgery in the nurse's mind with the result of being less sensitive to the trauma caused by OPS and the resulting need for care and support. "Being hurried out the door" is not perceived as caring and supportive, and can potentially increase women's stress.

Most of the women discussed the importance of having the spouse present during the pre-operative and post-operative period. The spouse has been identified as being a significant support during the entire process and especially for recovering at home (Greenslade et al., 2010; Saares & Suominen, 2005). Having the family and spouse informed along the journey allows for follow-through support for the person going through the cancer and also, inadvertently, provides critical support and care for the family (Pinkert, Holtgräwe, & Remmers, 2013).

Even though in this study peer or survivor support was not an official arrangement for the women post operatively, it was identified indirectly as essential to the recovery period, especially at home. The support provided by the family/friend, survivor or volunteer visitor at home was especially important to several women because there were times when access to health care professionals was not possible or was limited. Direct access by the volunteer visitor may be lost in the outpatient approach related to the short time in the hospital and reliance on the referral by nurses. Peer support is beneficial to women, and should be part of regular routine post-operative nursing care (Dean & Ahamed, 2011).

Implications for nursing practice and research

It is important for nurses to inform women about the current research on OPS and that research findings indicate that OPS is safe (Marla & Stallard, 2009). Nurses need to be educated regarding the needs of women having surgery for breast cancer as an outpatient procedure, in particular the need for individualized short- and long-term emotional and informational support, which should include the support offered by the volunteer peer support. Nurses need to utilize discharge planning personnel to facilitate the discharge process and assessment of the home situation. Nurses need to establish a comprehensive, caring and supportive discharge plan that incorporates the quick turnaround from the outpatient approach and to ensure follow-up care with the community health nurse within 24 hours of discharge. Nurses need to enquire about the role of spirituality and religion in the client's life and acknowledge the role of spirituality in the recovery from breast cancer for some patients. The option to have OPS needs to be determined for women on an individual basis. Women who have complicated family situations, who are single parents, who live in rural areas, who are older, or who require complicated surgeries such as bilateral mastectomies possibly need a short hospital stay after the surgery. Finally, it is most important to include the family, and especially the spouse, in discussions preparing for the day surgery and during home visits. Those discussions are useful for the nurse and the family members. The OPS approach will need to rely on resources provided by family members who need to be provided with education and reassurance about the care that is needed at home.

Further research is needed to: 1) examine optimal pre-operative and post-operative psychosocial support for women undergoing OPS for breast cancer, which can add to the knowledge base and further validate best practices in this important area of women's health, 2) evaluate the impact of the different types of breast cancer on the emotional and informational needs, 3) compare the impact of OPS on health professional's views of the needs of patients to the inpatient procedure and to explore how nurses view the impact of OPS on patient's needs.

Limitations

The study was limited to one health care setting and, therefore, cannot be generalized to other settings. Participants included women having surgery for breast cancer, but the descriptions of the different surgical procedures were not obtained, whether the women had a partial mastectomy or total mastectomy. The needs between patients having lumpectomy and more extensive surgical procedures might differ.

Conclusion

The main purpose of this qualitative study was to identify the emotional and informational needs of women who have surgery for breast cancer, as outpatients. Nineteen women were interviewed. Overall, women were satisfied with the outpatient procedure for breast cancer, but there are several aspects that warrant closer attention, such as the amount and timing of information delivery, pre-operative assessment protocols and the need for consistent community health nurse support and follow-up. The women in this study expressed some dissatisfaction with the emotional and informational support provided by the health professional pre and post surgery—especially with feeling "pushed out the door" after surgery. Further research to examine optimal pre surgical and post-surgical psychosocial support for women undergoing OPS for breast cancer would add to the knowledge base and further validate best practices in this important area of women's health.

REFERENCES

Allard, N.C. (2007). Day surgery for breast cancer: Effects of a psychoeducational telephone intervention on functional status and emotional distress. *Oncology Nursing Forum, 34*(1), 133–141.

Badger, T., Segrin, C., Dorros, S.M., Meek, P., & Lopez, A.M. (2007). Depression and anxiety in women with breast cancer and their partners. *Nursing Research, 56*(1), 44–54

Bonnema, J., van Wersch, A.M., van Geel, A.N., Pruyn, J.F., Schmitz, P.I, Paul, M.A., & Wiggers, T. (1998). Medical and psychosocial effects of early discharge after surgery for breast cancer: Randomized trial. *British Medical Journal, 316*, 1267–71.

Bundred, N., Maquire, P., Reynolds, J., Grimshaw, J., Morris, J., Thomson, L., Barr, L., & Baildam. A. (1998). Randomized controlled trial of effects of early discharge after surgery for breast cancer. *British Medical Journal, 317*, 1275–1279.

Chantler, M., Podbilewicz-Schuller, Y., & Mortimer, J. (2005). Change in need for psychosocial support for women with early stage breast cancer. *Journal of Psychosocial Oncology, 23*(2/3), 65–77.

Dawe, D., Gaudine, A., & Laryea, M. (2008, August). *The Volunteering Experience of Women who have Breast Cancer.* Poster session presented at the Canadian Association of Psychosocial Oncology. Halifax, N.S., Canada.

Deane, K.A., & Degner, L.F. (1997). Determining the information needs of women after breast biopsy procedures. AORN, *65,* 767–776.

Dean, A., & Ahamed, D. (2011). Assessing the impact of a breast cancer telephone help line. *Cancer Nursing Practice, 10*(5), 25–28.

Drageset, S., Lindstrøm, T.C., Giske, T. & Underlid, K. (2011). "The support I need" women's experiences of social support after having received breast cancer diagnosis and awaiting Surgery. *Cancer Nursing, 11*, 1–9.

Giovanardi, F., Gibertoni, F., Scaltriti, L., Cagossi, K., Di Carlo, G, Artioli, F., Cavanna, L. & Giovanardi, G. (2008). One-day surgery in breast cancer patients: Safe and feasible procedure. *Journal of Clinical Oncology.* American Society of Clinical Oncology Annual Meeting Proceedings (Post-meeting Edition) 26(15S) May 20, Supplement 11589

Goodman, A.A., & Mendez, A.L. (1993). Definitive surgery for breast cancer performed on an outpatient basis. *Archives Surgery, 128*, 1149–52.
Greenslade, V.M., Elliott, B., & Mandville-Anstey, S.A (2010). Same-day breast cancer surgery: A qualitative study of women's lived experience. *Oncology Nursing Forum, 37*(2), E92–E97.
Holcombe, C., West, N., Mansel, R.E., & Horgan, K. (1995). The satisfaction and savings of early discharge with drain insitu following axillary lymphadenectomy in the treatment of breast cancer. *European Journal of Surgical Oncology, 21*, 604–606.
Hsieh, Hsiu-Fong, & Shannon, S.F. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*, 1277. doi:10.1177/1049732305276687
Hsu, S.C., Wang, H.H., Chu, S.Y., & Yen, H.F. (2009). Supportive care for Taiwanese women with suspected breast cancer during the check in paper diagnostic period: Effect on healthcare and support needs. *Oncology Nursing Forum, 36*(5), 585–592.
Kambouris, A. (1996). Physical, psychological and economic advantages of accelerated discharge after surgical treatment for breast cancer. *American Surgeon, 62*(2), 123–7.
Marchal, F., Dravet, F., Classe, J.M., Campion, L., François, T., Labbe, D., Robard, S., … Pioud, R. (2005). Post-operative care and patient satisfaction after ambulatory surgery for breast cancer patients. *Journal of Cancer Surgery, 31,* 495–499.
Margolese, R.G., & Lasry, J.C.M. (2000). Ambulatory surgery for breast cancer patients, *Annals of Surgical Oncology, 7*(3), 181–187.
Marla, S., & Stallard, S. (2009). Systematic review of day surgery for breast cancer. *International Journal of Surgery, 7*, 318–323.
McGinty, H.L., Goldenberg, J.L., & Jacobson, P.B. (2012). Relationship of threat appraisal with coping appraisal to fear of cancer recurrence in breast cancer survivors. *Psycho-Oncology, 21*, 203–210.
Pinkert, C., Holtgräwe, M., & Remmers, H. (2013). Needs of relatives of breast cancer patients—The perspectives of families and nurses. *European Journal of Oncology Nursing, 17*(1) 81–87.
Remmers, H., Holtgräwe, M., Pinkert, C. (2010). Stress and nursing care needs of women with breast cancer during primary treatment: A qualitative study. *European Journal of Oncology Nursing, 14*(1), 11–16.
Rovera, F., Ferrari, A., Marelli, M., Bellani, M., Limonta, G., Corben, A.D., Dionigi, G., … Dionigi, R. (2008). Breast cancer surgery in an ambulatory setting. *International Journal of Surgery, 6,* S116–S118.
Saares, P., & Suominen, T. (2005). Experiences and resources of breast cancer patients in short-stay surgery. *European Journal of Cancer Care, 14*, 43–52.
Schmid-Büchi, S., Halfens, R.J.G., Müller, M., Dassen, T., & van den Borne, B. (2012). Factors associated with supportive care needs of patients under treatment for breast cancer. *European Journal of Oncology Nursing, 17*(1), 22–9. doi:10.1016/j.ejon.2012.02.003
Saegrov, S., & Halding, A.G. (2004). What is it like living with the diagnosis of cancer? *European Journal Cancer Care, 13*(2), 145–53.
Wells, M., Harrow, A., Donnan, P., Davey, P., Devereux, S., Little, G., McKenna, E., … Thompson, A. (2004). Patient, carer and health service outcomes of nurse-led early discharge after breast cancer surgery: A randomized controlled trial. *British Journal of Cancer, 91*(4), 651–658.

Appendix A: Interview guide

We are interested in knowing how you were feeling emotionally following your surgery. You can share any thoughts, feelings, and ideas you have about your experience. Outpatient surgery is a new way to do surgery for breast cancer and there is not a lot of information about how it affects women emotionally. Some people talk about going through emotions like anger, confusion, anxiety or depression, fear, stress or crying at different points in the recovery period.

Many emotions probably came with the diagnosis. I'd like to focus about the emotions that came with the surgery as an outpatient.

What were your emotions when you knew you were having the surgery as an outpatient? (Did you feel it was not a big deal, or did it make you feel it would be easy?)
Were you aware that the surgery was done this way?
What were your fears, thoughts or questions at that point in time?
How would you describe the severity of your emotions?
What triggered the emotions? (fear, anxiety, depression, crying)
Were there any unexpected emotions?
What or who helped you with your emotions?
Did you have any feelings about having the recovery period in your home?
Did you have a choice in having it as an outpatient or as an in-patient?
Tell me about your emotions when you were in the recovery room after the surgery?
Were there fears or anxiety?
Were there any apprehensions at that time?
Was there anything that made you cry? Can you tell me about that?
What about when you were getting ready to go home? What were your emotions at that point in time?
What information did you need about the recovery? Who was the most helpful?
What information did you need about going home?
Who provided the information?
What was your greatest emotional need?
Did you have any apprehension or fears about the D/C arrangements?
Tell me about your emotions when you went home at first?
How did your emotions change over time?
Were your emotional needs met?
If yes, in what way? Who or what?
If no, how could they have been helped?
What was the most helpful for your emotional needs? How did it help?
How did your emotions change over time?
What caused you the most emotional discomfort in the first few months at home?
What is life like emotionally for you now?
What stands out in your mind about the whole experience in relation to your emotions?
What information would you have needed?
Did anyone tell you what to expect with respect to emotions?

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