

Mastectomy With Flat Closure: What Oncology Nurses Need to Know

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Women choosing to undergo a mastectomy with flat closure encounter a variety of challenges during the decision-making process and throughout their journey with flat closure. Oncology nurses play a critical role in meeting the needs of these women as they navigate this process. This article details interventions oncology nurses can incorporate to improve the experiences and health outcomes of these women, including educating about flat closure to enhance informed decision-making, offering guidance and support to women choosing flat closure, and assisting with the postsurgery mirror-viewing experience.

AT A GLANCE

- Oncology nurses are equipped to improve women's mastectomy experiences by offering specific information, education, and resources on flat closure.
- Preparing patients for and assisting them through the postsurgery mirror-viewing experience may help minimize mirror trauma and avoidance for women undergoing a mastectomy with flat closure.
- Women choosing flat closure need to know that their healthcare team supports their decision, even if that decision does not align with the clinician's personal preferences or societal beliefs.

KEYWORDS

mastectomy; flat closure; patient education; mirror viewing; breast cancer

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About 300,000 women in the United States are diagnosed with breast cancer each year (American Cancer Society, 2022). Many of these women will undergo a mastectomy as part of their cancer treatment, particularly with the increasing national trend of bilateral mastectomies for unilateral cancers (Baskin et al., 2021; Panchal et al., 2019; Shaheen & Momeni, 2022). Data demonstrate that 57% of women undergoing a mastectomy do not have breast reconstruction (Bustos et al., 2022). There are a variety of reasons women may forgo breast reconstruction, including clinician recommendation, comorbidities, risks and complications, costs, lack of information about surgical options, faster recovery, and personal preferences (Baker et al., 2021; Matkin et al., 2022). Some women may temporarily forgo reconstruction with the expectation of having the procedure in the future, and others may not be candidates for reconstruction. Some women will choose to undergo a mastectomy with aesthetic flat closure with the intention of remaining flat forever, commonly referred to as “going flat.”

The National Cancer Institute (n.d.) defines an aesthetic flat closure as a surgical procedure that rebuilds the shape of the chest wall after a single or bilateral mastectomy or after the removal of a breast implant or reconstructed breast mound. The procedure removes excess fat, skin, or other tissues, providing a tightened, smooth, flat chest wall. Studies have shown that 83.5% of women who underwent a mastectomy with flat closure were satisfied with their decision (Wakeley et al., 2020) and 74.1% were satisfied with their aesthetic outcome (Baker et al., 2021). However, based on study results, 20% of women reported feeling unsupported by their healthcare team in their decision to go flat, and 35% reported receiving inadequate information about this surgical option.

Oncology nurses can address the concerns of women considering a mastectomy with flat closure. The aim of this article is to highlight the issues faced by women who chose flat closure and offer nursing interventions that may improve experiences and outcomes for these women.

Resistance to Flat Closure

The Women's Health and Cancer Rights Act of 1998 is a federal law that requires most insurance companies to cover breast reconstruction after a mastectomy (Centers for Medicare and Medicaid Services, n.d.). This legislation encouraged clinicians to offer breast reconstruction, when possible,