

NURSING AND THE ACTIONS IN THE PROMOTION OF BREAST HEALTH

Brazil has been following the path for a structured screening program for breast cancer. Nowadays, about 2.5 million mammograms have been made by the Unified Health System (SUS) per year, reaching an audience of 34% of those patients aged 50 to 69 years⁽¹⁾.

Since the implantation of the Program for Integrated Women's Health Care (PAISM), in 1983, it has been evidenced an increasing concern in relation to breast cancer, whose most objective evidence was by means of Law 11,664 of 2008 and the creation of Information System for Breast Cancer (SISMAMA).

Law 11,664 called the "Law of Integral Attention to Women" deals with the actions of women's integral health and strengthens the principles established by the SUS, as universality, ie, the universal right to health. With this law, all women are entitled the right to screening mammogram from 40 years of age in order to monitor women without symptoms, with regular exams, with the purpose of diagnosing early cases of disease in the age group most at risk⁽²⁾.

The SISMAMA is an official system of the Brazilian Ministry of Health, which enables the manager to track all actions, related to breast cancer screening, standardize mammography reports, verify and monitor women who have abnormal tests, perform audit in the services aiming to assess the tracking, diagnosis as well as treatment.

In 2012, it is expect to Brazil 52,680 new cases of breast cancer, with an estimated risk of 52 cases per 100 thousand women. Therefore, we see the need to invest in the development of comprehensive actions to control breast cancer as an effective screening that involves different levels of expertise, including health promotion, early detection, patient care, epidemiological surveillance, human resource training, as well as a satisfactory management of the Unified Health System (SUS)⁽¹⁾.

The screening programs for breast cancer are intended to identify asymptomatic women with (impalpable nodules) or early-stage disease, with (palpable nodules up to 2 cm). Thus, the therapeutic resources are then more effective, permitting less mutilating treatments most likely to control, resulting in decreased mortality from breast cancer.

The nurse must be prepared to act right after confirmation of the diagnosis, through nursing consultations to be held upon hospitalization and before each treatment modality. Postoperatively, they must evaluate the post-operation wound and guide the woman for the discharge from hospital, directing her to self-care such as the care of the surgical site, drain, and ipsilateral limb. Support groups are very important at hospital discharge, in the discussion of educational, social and emotional issues, with the aim of reintegration into everyday life. In the ambulatory return, they should evaluate and make the bandage, remove drain, perform seroma puncture and monitor the woman during the entire healing period.

Ph.D. Professor Ana Fátima Carvalho Fernandes
Coordinator of the Research Project Maternal and Breast Health Care
Member of the Editorial Board of Rene Journal

References

- 1.Ministério da Saúde (BR). Instituto Nacional de Câncer. Estimativa de controle do câncer de mama. Rio de Janeiro: Ministério da Saúde; 2011.
- 2.Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. Política Nacional de Promoção da Saúde. Brasília: Ministério da Saúde; 2006.