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TELECONSULTA DE ENFERMAGEM À MULHER SUBMETIDA A CIRURGIA POR CANCRO DA MAMA: SCOPING REVIEW
NURSING TELECONSULTATION FOR WOMEN UNDERGOING BREAST CANCER SURGERY: SCOPING REVIEW
TELECONSULTA DE ENFERMERÍA A MUJERES SOMETIDAS A CIRUGÍA POR CÁNCER DE MAMA: SCOPING REVIEW

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RESUMO

Introdução: O cancro da mama é a neoplasia mais prevalente entre as mulheres e a cirurgia representa um período de vulnerabilidade. A redução dos tempos de internamento, associada a barreiras no acesso aos cuidados e à complexidade dos cuidados no domicílio, pode comprometer o acompanhamento pós-operatório. Neste contexto, a teleconsulta de enfermagem constitui uma estratégia relevante, reforçando a necessidade de sistematizar estes cuidados.
Objetivo: Mapear a evidência científica acerca dos cuidados de enfermagem prestados na teleconsulta à mulher submetida a cirurgia por cancro da mama.
Métodos: Scoping review conduzida segundo a metodologia do JBI e orientações PRISMA-ScR. A pesquisa foi realizada nas bases MEDLINE, CINAHL, Scopus, Web of Science, Google Scholar e RCAAP, incluindo estudos publicados entre 2020 e 2025 com mulheres adultas e idosas submetidas a cirurgia por cancro da mama acompanhadas por teleconsulta de enfermagem no pós-operatório. A seleção foi realizada por revisores independentes.
Resultados: Dos 861 registos identificados, 11 estudos foram incluídos. A análise identificou cinco dimensões dos cuidados de enfermagem em teleconsulta: avaliação do estado de saúde; educação terapêutica; capacitação para o autocuidado e apoio na autogestão; apoio psicossocial e emocional; e articulação e encaminhamento de cuidados.
Conclusão: O modelo conceptual sintetizado nestas cinco dimensões constitui um referencial inovador que sistematiza a teleconsulta de enfermagem, orientando a prática, a formação e a investigação, e reforçando a qualidade do acompanhamento pós-operatório da mulher com cancro da mama.

Palavras-chave: cancro da mama; período pós-operatório; cuidados de enfermagem; teleconsulta

ABSTRACT

Introduction: Breast cancer is the most prevalent neoplasm among women and surgery represents a period of vulnerability. The reduction in hospitalisation times, associated with barriers to access to care and the complexity of home care, can compromise post-operative follow-up. In this context, remote nursing consultations are an important strategy, reinforcing the need to systematise this care.
Objective: To map the scientific evidence on nursing care provided in teleconsultation to women undergoing breast cancer surgery.
Methods: Scoping review conducted according to the JBI methodology and PRISMA-ScR guidelines. The search was conducted in the MEDLINE, CINAHL, Scopus, Web of Science, Google Scholar, and RCAAP databases, including studies published between 2020 and 2025 with adult and elderly women undergoing breast cancer surgery accompanied by post-operative nursing teleconsultation. The selection was performed by independent reviewers.
Results: Of the 861 records identified, 11 studies were included. The analysis identified five dimensions of nursing care in teleconsultation: health assessment; therapeutic education; training in self-care and support for self-management; psychosocial and emotional support; and coordination and referral of care.
Conclusion: The conceptual model summarised in these five dimensions provides an innovative framework that systematises nursing teleconsultation, guiding practice, training and research, and enhancing the quality of post-operative care for women with breast cancer.

Keywords: breast neoplasm; postoperative period; nursing care; remote consultation

RESUMEN

Introducción: El cáncer de mama es la neoplasia más prevalente entre las mujeres y la cirugía supone un periodo de vulnerabilidad. La reducción de los tiempos de hospitalización, asociada a las barreras en el acceso a la atención y a la complejidad de los cuidados en el domicilio, puede comprometer el seguimiento postoperatorio. En este contexto, la teleconsulta de enfermería se afirma da
Objetivo: Mapear la evidencia científica sobre los cuidados de enfermería prestados en la teleconsulta a mujeres sometidas a cirugía por cáncer de mama.
Métodos: Revisión exploratoria realizada según la metodología del JBI y las directrices PRISMA-ScR. La investigación se llevó a cabo en las bases de datos MEDLINE, CINAHL, Scopus, Web of Science, Google Scholar y RCAAP, incluyendo estudios publicados entre 2020 y 2025 con mujeres adultas y ancianas sometidas a cirugía por cáncer de mama y acompañadas por teleconsulta de enfermería en el posoperatorio. La selección fue realizada por revisores independientes.
Resultados: De los 861 registros identificados, se incluyeron 11 estudios. El análisis permitió identificar cinco dimensiones de la atención de enfermería en la teleconsulta: evaluación del estado de salud; educación terapéutica; capacitación para el autocuidado y apoyo en la autogestión; apoyo psicosocial y emocional; y articulación y derivación de la atención.
Conclusión: El modelo conceptual sintetizado en estas cinco dimensiones constituye un marco de referencia innovador que sistematiza la teleconsulta de enfermería, orientando la práctica, la formación y la investigación, y reforzando la calidad del seguimiento postoperatorio de las mujeres con cáncer de mama.

Palabras clave: cáncer de mama; periodo posoperatorio; cuidados de enfermería; teleconsulta

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INTRODUCTION

Worldwide, breast cancer is the most prevalent cancer among women. In 2022, there were more than two million new cases, of which around eight thousand were in Portugal (Global Cancer Observatory, 2025). Despite significant mortality, advances in screening, early diagnosis and therapeutic approaches have contributed to a sustained increase in survival, with rates exceeding 85% at five years in Europe (Portuguese League Against Cancer, 2026; WHO, 2025).

Although it is a central stage of treatment (American Cancer Society, 2026), surgery is associated with physical and psychosocial repercussions, changes in body image and sexuality, changes in family dynamics and difficulties in daily life activities (Rodrigues, 2022), triggering emotional responses such as fear, sadness, and insecurity in the face of the disease process and the changes imposed by treatment (Silva et al., 2025), requiring adaptation to new care in the postoperative period and at home (Silva et al., 2023).

In breast cancer surgery, the average length of hospital stay is between one and two days, transferring a significant part of the recovery to the home, where care needs may persist in the postoperative period (Marquez, Al-Sayeed & Dimitriou, 2025; Sansalone et al., 2025). Inequalities in access to healthcare, associated with geographical and logistical factors and the availability of human resources, can compromise continuity of care after hospital discharge (OE, 2021a; OE, 2021b).

In this context, teleconsultation emerges as a key strategy for ensuring continuity of care. However, the diversity of interventions described in the literature highlights the need to systematise the nursing care provided in this context (OE, 2021b), therefore, the aim of this scoping review is to map the scientific evidence regarding the nursing care provided via teleconsultation to women who have undergone surgery for breast cancer.

1. THEORETICAL FRAMEWORK

In the treatment of breast cancer, surgery is a common therapeutic approach in the early stages (American Cancer Society, 2026) and may be associated with several post-operative complications such as seroma, wound infection, haematoma, lymphoedema, pain and functional limitations (Traoré et al., 2020; Vinnyk, Vlasenko, & Baranova, 2020), often accompanied by negative feelings such as sadness, shame, and fear (Silva et al., 2025), and by significant changes in women's daily routines and social roles, requiring a progressive process of adaptation to their new health condition (Silva et al., 2023).

Considering that early transition to home care may be associated with barriers to accessing healthcare, it is essential to ensure structured follow-up strategies after discharge. Nursing teleconsultation, integrated into the National Patient Safety Plan 2021-2026, is an innovative, accessible, equitable and efficient alternative (DGS, 2021). It consists of a remote consultation with mandatory registration, using communication technologies that preserve the principles of face-to-face consultation and reduce barriers to access, ensuring individualised care and the possibility for nurses to intervene remotely based on their clinical and relational skills (OE, 2021a; OE, 2021b). Despite its expansion, teleconsultation poses challenges that do not arise in face-to-face care. Its implementation requires an organisational and regulatory framework, adequate professional training, inter-institutional coordination, and attention to digital literacy issues in order to ensure quality, safety, humanisation, and equity in access (OE, 2021a; OE, 2021b). In this sense, clarifying the nursing care associated with teleconsultation is essential to support evidence-based practices and reinforce continuity of care in the postoperative period.

2. METHODS

The scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology (Aromataris & Munn, 2020; Peters et al., 2020). The search for and analysis of articles were carried out in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018). A preliminary search was carried out in the PubMed, JBI Evidence Synthesis and PROSPERO databases, and no similar ongoing reviews were identified. Prior to the start of the review, a methodological protocol was drawn up and registered on the Open Science Framework (OSF) (DOI: 10.17605/OSF.IO/R8ZHX).

In accordance with the JBI methodological guidelines for conducting scoping reviews (Peters et al., 2020) and the PRISMA-ScR checklist (Tricco et al., 2018), no critical assessment of the methodological quality of the included studies was carried out. This decision is justified by the central objective of this review, which aims to map and conceptualise the scope of nursing care provided via teleconsultation, rather than to assess the clinical efficacy or effectiveness of specific interventions.

2.1 Selection Criteria

The eligibility criteria were determined based on the elements of Population, Context, and Concept (PCC), in accordance with the guiding principles of the JBI. The research question was constructed as follows: What nursing care is provided in the context of nursing teleconsultation to women undergoing surgery for breast cancer?

- Population: Women undergoing surgery for breast cancer
- Concept: Nursing teleconsultation
- Context: Postoperative, Surgery Service, Outpatient Clinic

Studies involving adult and elderly women (aged 19 to 99 years) undergoing breast cancer surgery that described nursing teleconsultation in the postoperative period, published between 2020 and 2025 in Portuguese, English, or Spanish, were considered. Studies that included pregnant or postpartum women, exclusively medical follow-up without clear nursing involvement, interventions focused only on digital self-management applications without a teleconsultation component, as well as opinion articles, case studies, conference abstracts, and comments were excluded.

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2.2 Search Strategy

Considering the Peer Review of Electronic Search Strategies (PRESS) checklist (McGowan et al., 2016), two authors developed the search strategy, which was subsequently validated by a third author.

The search was conducted in the MEDLINE (via PubMed), CINAHL Complete (EBSCOhost), Scopus, Web of Science, Google Scholar, and Repositório Científico de Acesso Aberto em Portugal (RCAAP) databases from June 2020 to August 2025. Validated descriptors from Medical Subject Headings (MeSH) and Health Sciences (DeCS) were used, combining terms related to breast cancer, remote/telephone consultation, nursing care and postoperative period using Boolean operators. The complete search strategy is presented in Table 1.

Tabel 1 - Search strategy in CINAHL Complete (EBSCOhost)

Research	Descritores
#1	"Breast cancer" OR "Breast neoplasm" OR "breast carcinoma" OR "Breast Tumor" OR "Breast Cancer Patients" OR "Cancer Patients" OR "Oncology Patients" OR "Patients with Cancer"
#2	("Remote Consultations" OR "Telephone Consultation" OR "Telephone Review" OR "Video consultation" OR "Online Consultation" OR "Telephone Triage" OR "Follow up" OR "Follow-up" OR "Post Discharge" OR "Following discharge" OR "Discharge) AND ("Nurs*" OR "Nursing Care")
#3	"Post Operative" OR "Post-operative" OR "Postoperative" OR "Post Surgery" OR "Hospital to home transition" OR "After Care" OR "Follow-up" OR "After treatment"
# 4	("Breast cancer" OR "Breast neoplasm" OR "breast carcinoma" OR "Breast Tumor" OR "Breast Cancer Patients" OR "Cancer Patients" OR "Oncology Patients" OR "Patients with Cancer") AND [("Remote Consultations" OR "Telephone Consultation" OR "Telephone Review" OR "Video consultation" OR "Online Consultation" OR "Telephone Triage" OR "Follow up" OR "Follow-up" OR "Post Discharge" OR "Following discharge" OR "Discharge) AND ("Nurs*" OR "Nursing Care")] AND ("Post Operative" OR "Post-operative" OR "Postoperative" OR "Post Surgery" OR "Hospital to home transition" OR "After Care" OR "Follow-up" OR "After treatment").

All retrieved records were screened by analysing the title and abstract, applying the previously defined eligibility criteria. In the case of Google Scholar, due to the high number of results retrieved and their presentation in order of relevance, the screening was carried out sequentially and was halted when the results no longer corresponded to the research question and the established inclusion criteria. Duplicate articles were removed using the Rayyan tool, and potentially eligible studies were reviewed by two independent reviewers, with any disagreements resolved by a third reviewer.

3. RESULTS

Eleven studies were included. The selection process is detailed in the PRISMA flowchart shown in Figure 1.

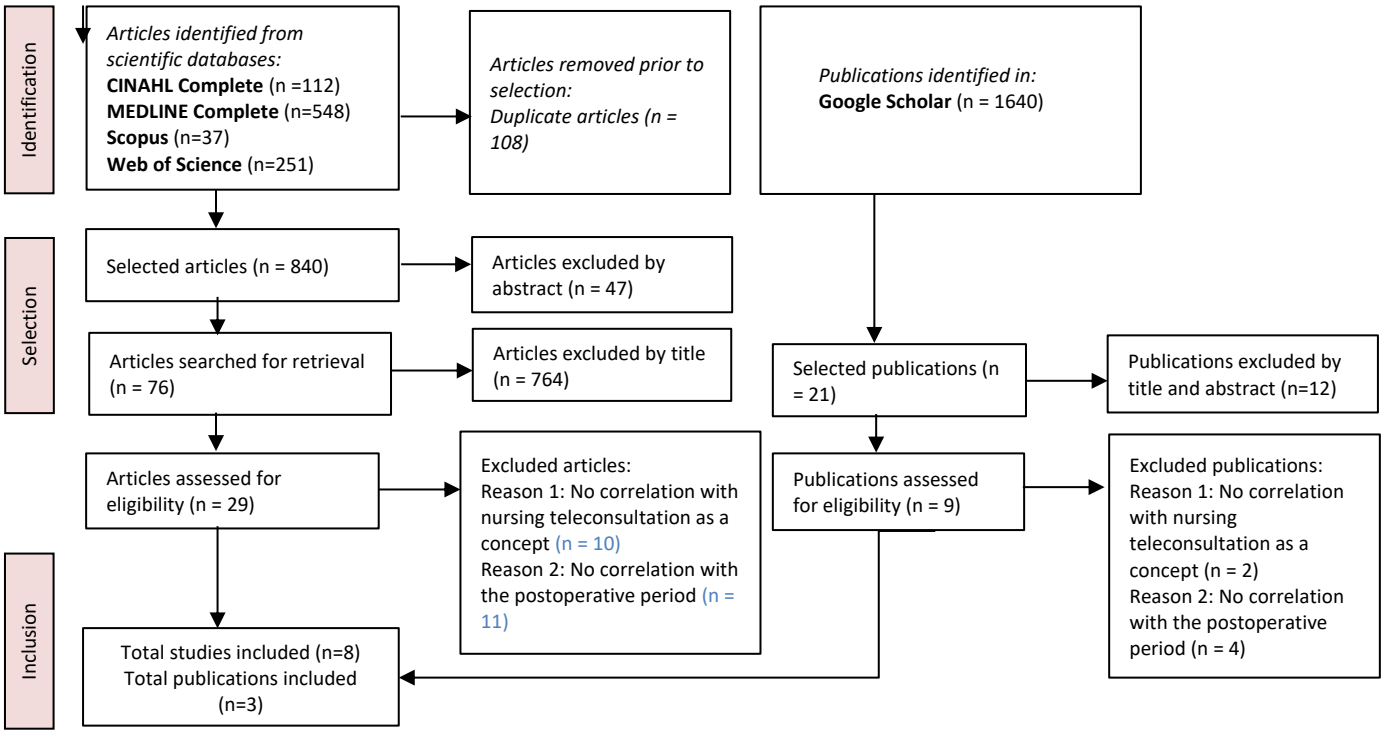


Figure 1- PRISMA FLOW Diagram

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The included studies were conducted in eight countries, with the highest representation from the United Kingdom (n=3) and Iran (n=2), New Zealand (n=1), Finland (n=1), Colombia (n=1), Indonesia (n=1), Brazil (n=1) and Canada (n=1). The methodological designs included systematic reviews (n=4), randomised clinical trials (n=1), randomised cross-over studies (n=1), quasi-experimental studies (n=2), quantitative descriptive studies (n=1) and mixed-method studies (n=2).
All studies focused on postoperative follow-up after hospital discharge, ranging from structured contacts in the first weeks after surgery to prolonged medium- and long-term follow-up. Teleconsultation was predominantly by telephone, combined with digital resources in some studies. Table 2 summarises the methodological characteristics, population and context, care provided in teleconsultation, as well as the main results and implications for practice.

Table 2 - Data Extraction Table

Author(s)/ Year of Publication/ Country	Objective	Methodology	Study population Care context	Nursing Care in Teleconsultation	Intervention Evaluation/ Main Results	Implications for practice
A1. Warren, M. (2022) New Zealand	To evaluate a nurse-led telephone follow-up service after breast cancer treatment.	Descriptive mixed-method study.	12 women with breast cancer at different stages of post-treatment (surgery, radiotherapy or chemotherapy).	Structured telephone consultations based on the Supported Self-Management model, focusing on self-management, health and wellbeing assessment, clinical monitoring, health education, psychosocial support, referral and liaison with primary care.	High satisfaction and confidence, identification of needs, reduced anxiety and appreciation of convenience.	Viable alternative to hospital follow-up, reinforcing the role of nurses in the post-treatment transition.
A2. Carrillo et al. (2021) Colombia	Describe the skills needed in home care for cancer patients after surgery.	Descriptive quantitative study.	290 adults who underwent cancer surgery, mostly for breast cancer.	Weekly telephone follow-up, with needs assessment according to the CUIDAR model, teaching for self-care, instrumental care, monitoring of complications, emotional support, and care coordination.	Longitudinal evolution of needs, with evolution of instrumental and educational interventions for rehabilitation, clinical monitoring, emotional support, and promotion of autonomy.	Reinforces the integration of telephone follow-up into hospital-to-home transition protocols, requiring specialised communication skills from nurses.
A3. Schuster-Bruce et al. (2021), United Kingdom	To assess satisfaction with the end-of-treatment telephone consultation conducted by nurses.	Mixed study.	62 women undergoing breast surgery at the end of treatment.	Telephone consultation integrated into the *Macmillan Recovery Package*, including holistic needs assessment and referral.	High satisfaction, with perception of time to clarify concerns. Variable preference between telephone and face-to-face consultation, influenced by age.	The telephone consultation can be integrated as a complementary modality in follow-up, with specific training in telephone communication recommended.
A4. Mattson et al. (2023), Finland	To assess preference, health-related quality of life and satisfaction with a digital solution compared to a telephone call service.	Randomised crossover study.	765 women with early breast cancer after surgery and radiotherapy.	Follow-up by telephone or digital solution (alternating after 6 months), conducted by a nurse, with monitoring of needs and support throughout the process.	40% preferred follow-up by telephone calls, 30% preferred digital solutions, and 30% considered both modalities to be equivalent. No differences in quality of life or satisfaction.	Hybrid models allow for a response to diverse needs.
A5. Ream et al. (2020), United Kingdom	To assess the effectiveness of telephone interventions in the management of cancer symptoms	Systematic review (Cochrane)	Adults with cancer at different stages of diagnosis and treatment; subgroup of 9 studies on breast cancer.	Telephone interventions included counselling, education and support in symptom management.	Reduction in depression, anxiety, fatigue and emotional distress	Telephone interventions are useful in symptom management and complementary to other care formats.
A6. Brown et al. (2021), United Kingdom	To assess the effects of Specialist Breast Cancer Nurse (SBCN) interventions on participants' quality of	Systematic review (Cochrane).	Women with breast cancer at different stages of treatment, including surgery.	Structured telephone consultations with health status assessment, identification of needs, education about the disease and treatment, support for self-care, body image,	Results comparable to usual care, with greater participant satisfaction and no relevant differences in quality of life.	Reinforces the role of the specialist nurse in continuous follow-up.

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Author(s)/ Year of Publication/ Country	Objective	Methodology	Study population Care context	Nursing Care in Teleconsultation	Intervention Evaluation/ Main Results	Implications for practice
	life, anxiety, depression and satisfaction			sexuality, genetic risk, and family concerns.		
A7. Trisyani et al. (2025), Indonesia	To identify the effectiveness of telehealth on clinical outcomes in women with breast cancer.	Systematic review of randomised clinical trials (Cochrane)	Women with breast cancer at different stages of treatment: adjuvant therapy, post-surgery or survivors.	The interventions integrated psychoeducation and health information, psychosocial support, self-management training and clinical monitoring, symptom screening and referral when necessary.	Telephone interventions are the most common and established telehealth model. Benefits in accessibility and convenience, reduction of distress, symptoms, depression, fatigue, and improvement in self-management, coping, psychological well-being, self-esteem, social adjustment, cognitive function, and sleep quality.	Reinforces telehealth, especially in hybrid models, as a complement to face-to-face care, with nurses playing a central role in continuity of care.
A8. Yousefi et al. (2025), Iran	To evaluate the effect of tele-nursing education on quality of life and self-esteem.	Quasi-experimental study.	80 women who underwent mastectomy.	Remote educational sessions that included education about the disease and postoperative care, pain and complication management, nutrition and hydration, physical activity, emotional management and coping strategies, self-esteem promotion techniques, and guided imagery.	An increased sense of control, quality of life and self-esteem.	Challenges such as lack of digital infrastructure and shortage of specialised personnel require investment to ensure successful implementation.
A9. Xiao et al. (2022), Canada	To evaluate the safety, feasibility, and satisfaction of virtual follow-up after cancer surgery.	Systematic review.	Post-surgery cancer patients, including breast cancer.	Virtual follow-up included telephone and/or video calls, compared with face-to-face consultations in terms of satisfaction and detection/recurrence of adverse events.	Results comparable to face-to-face care. Appreciation of cost reduction and greater family participation, with barriers to digital literacy and access to technology persisting.	Telehealth is an effective and well-accepted alternative, reducing costs, time and travel without compromising the quality of care.
A10. Aref (2023), Iran	To determine the effect of education and counselling on self-care via telephone on the general health and quality of life of women with breast cancer.	Quasi-experimental study.	Women with breast cancer at different stages and phases of treatment, including surgery.	The intervention group received a digital self-care education programme with telephone follow-up, focusing on education about the disease and surveillance, body image adjustment, coping strategies, emotional management, nutrition, physical activity, sexuality and referral to specialist support.	The intervention group showed better results in specific indicators of general health and quality of life.	Supports the integration of educational self-care programmes via telephone.
A11. Santos (2023), Brazil	To evaluate the effect of educational intervention by tele-nursing in promoting postoperative self-care capacity in the treatment of breast cancer.	Randomised clinical trial.	59 women undergoing surgery for breast cancer.	Telephone contacts with guidance on self-care, surgical wounds, drains, lymphedema prevention, nutrition, physical, social and psychological rehabilitation, and medication.	Greater adherence to guidance, indicating that tele-nursing promotes self-care capacity.	Reinforces the importance of individualising educational interventions in tele-nursing, with the training of nurses in safe and specialised care supported by ICT being fundamental.

Based on the results, a conceptual map was developed (Figure 2) that integrates the five dimensions identified.

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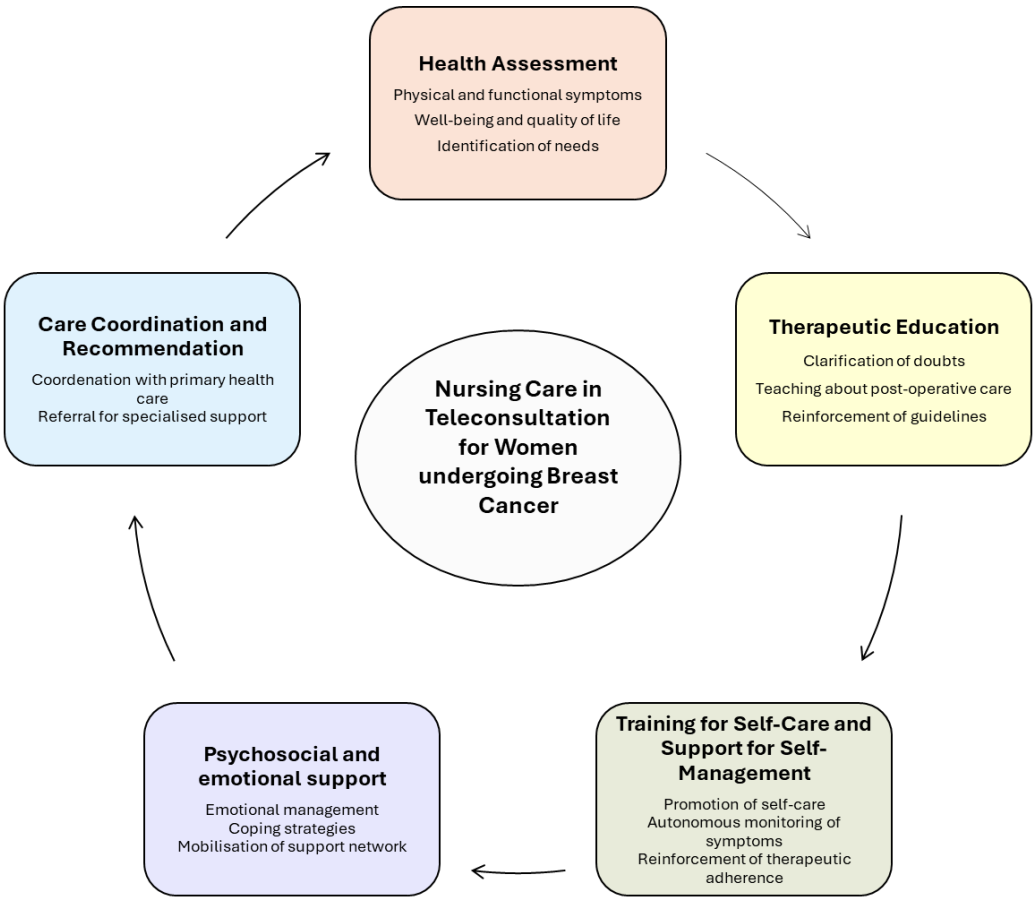


Figure 2 – Conceptual Map of Results

4. DISCUSSION

The transition from hospital discharge to home following breast cancer surgery is a complex transition (involving both health/illness and organisational aspects), characterised by high vulnerability, a change in role, and the need to redefine identities and routines (Meleis, 2010). In this context, nursing teleconsultation is not merely a technological channel of communication but establishes itself as a nursing intervention that facilitates the transition process. It acts directly on the characteristics of the transition, promoting awareness, engagement and adherence to stages of recovery, reducing instability and empowering women to achieve mastery in self-care and self-management at home.

This scoping review has demonstrated that teleconsultation, predominantly by telephone, constitutes a structured continuity-of-care intervention, integrating health assessment, therapeutic education, training in self-care and support for self-management, emotional support, and the coordination and referral of care. These dimensions reflect an integrated approach, centred on women's needs throughout their post-operative recovery.

The impact of this intervention depends on its organisation, the frequency and duration of contacts, the assessment tools used, and the level of integration with face-to-face care (Brown et al., 2021; Carrillo et al., 2021; Mattson et al., 2023; Warren, 2022; Xiao et al., 2022).

Comparative studies suggest overall outcomes similar to those of face-to-face follow-up, associated with high acceptance and logistical advantages (reduced travel, lower costs and easier family involvement), whilst barriers relating to digital literacy and access to technology remain (Xiao et al., 2022). The diversity of follow-up formats – ranging from structured telephone contacts in the first few weeks after discharge to extended follow-up and integrated digital solutions – reinforces the need for adaptation to different organisational contexts (Carrillo et al., 2021; Mattson et al., 2023; Trisyani et al., 2025; Warren, 2022), justifying the analysis of results by dimensions of care.

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4.1. Health Status Assessment

Health status assessment emerges as a structuring axis of teleconsultation, with a systematic and longitudinal character in identifying emerging needs and supporting decision-making after discharge (Brown et al., 2021; Carrillo et al., 2021; Schuster-Bruce et al., 2021; Warren, 2022).

The evidence describes a multidimensional approach, integrating the monitoring of physical symptoms (pain, fatigue, treatment side effects), functional impact, self-care capacity, emotional dimensions, well-being, and indicators of perceived quality of life (Aref, 2023; Santos, 2023; Schuster-Bruce et al., 2021; Warren, 2022; Yousefi et al., 2025).

In several studies, this assessment was supported by conceptual models and structured instruments, including the Te Whare Tapa Whā model (Warren, 2022), the Macmillan Recovery Package Holistic Needs Assessment (Schuster-Bruce et al., 2021), and quality of life scales (EORTC QLQ-BR23), self-esteem (Rosenberg), general health questionnaires (GHQ-12), symptom assessment scales, and self-care capacity assessment instruments (Aref, 2023; Mattson et al., 2023; Santos, 2023; Yousefi et al., 2025).

Although statistically significant differences in overall quality of life indicators are not always found when compared to face-to-face care, structured assessment in teleconsultation is consistently associated with high levels of satisfaction, resolution of concerns and a greater sense of security (Brown et al., 2021; Schuster-Bruce et al., 2021; Warren, 2022; Xiao et al., 2022).

4.2 Therapeutic education

Therapeutic education in post-operative teleconsultation is not restricted to the transmission of information, but rather constitutes a structured process of operationalising knowledge into safe practices at home, with clarification of doubts, reinforcement of guidelines and adaptation of teaching to identified needs (Carrillo et al., 2021; Santos, 2023; Warren, 2022).

The educational content focuses on monitoring the surgical wound, pain management, drain care, protection of the ipsilateral limb and prevention of lymphedema, as well as the administration of therapy, nutrition, hydration and promotion of adapted physical activity (Aref, 2023; Carrillo et al., 2021; Santos, 2023; Warren, 2022; Yousefi et al., 2025), highlighting the breadth of the nurse's educational role.

The analysis allows us to distinguish two main modes of operationalisation: a reactive model, adjusted to the needs identified in each contact, as in the weekly telephone follow-up described by Carrillo et al. (2021), and a programme-based model, in which education is structured into sequential sessions, with pre- and post-intervention assessments, and is associated with an improved quality of life, self-esteem and self-care skills (Aref, 2023; Santos, 2023; Yousefi et al., 2025).

These findings suggest that the effects of therapeutic education depend not only on the content conveyed, but above all on the intensity, continuity, and integration into a structured follow-up plan.

4.3 Training for self-care and support for self-management

Teleconsultation has been used as a strategy for training in self-care and promoting self-management in the post-operative period. The supported self-management model described by Warren (2022) organises telephone follow-up as a progressive process of supporting autonomy, integrating symptom monitoring, reinforcement of decision-making and gradual transition from follow-up to primary health care.

The interventions described include the development of symptom monitoring and self-management skills, therapeutic adherence and the promotion of healthy lifestyles, clinical surveillance and ongoing support in the post-treatment period (Aref, 2023; Ream et al., 2020; Santos, 2023; Trisyani et al., 2025; Warren, 2022; Yousefi et al., 2025), highlighting an approach focused on empowering and promoting women's autonomy.

In post-discharge telephone follow-up, support is provided through systematic assessment of needs and continuous readjustment of support, highlighting the dynamic nature of care requirements in the areas of instrumental care, anticipation of complications, emotional management, and coordination with the support network (Carrillo et al., 2021). Structured interventions are associated with greater self-care capacity, a greater sense of control, and a better quality of life (Aref, 2023; Santos, 2023; Yousefi et al., 2025).

4.4 Psychosocial and emotional support

Psychosocial and emotional support emerges as a dimension valued by women, facilitating the expression of concerns related to well-being, emotional experience, and personal and family issues, as well as the mobilisation of the support network (Carrillo et al., 2021; Schuster-Bruce et al., 2021; Warren, 2022). Interventions aimed at managing anxiety, depression, fatigue, and emotional distress have also been described (Ream et al., 2020), as well as structured components of psychosocial support including relaxation techniques, guided imagery, and coping strategies (Aref, 2023; Trisyani et al., 2025; Yousefi et al., 2025).

Although the results are heterogeneous and dependent on the design and intensity of the interventions (Ream et al., 2020; Trisyani et al., 2025), there is a consistent association with high levels of satisfaction and perceived support (Brown et al., 2021; Schuster-Bruce et al., 2021; Warren, 2022). The impact of emotional support depends heavily on the nurse's communication skills, the intentionality of the intervention model, and the time available for building relationships. This may explain the high acceptance of

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teleconsultation, coexisting with varying preferences for face-to-face follow-up or integrating digital solutions in certain subgroups (Mattson et al., 2023; Schuster-Bruce et al., 2021).

4.5 Care coordination and recommendation

Care coordination emerges as an organisational contribution, reinforcing the central role of nurses in integrating follow-up between different care settings (Carrillo et al., 2021; Warren, 2022).

Studies describe interventions aimed at coordination with other health professionals to support therapeutic prescription, clinical monitoring, and referral of situations identified during teleconsultation (Schuster-Bruce et al., 2021; Warren, 2022). Referrals to specific support services and support in managing administrative aspects of care have also been described (Aref, 2023; Carrillo et al., 2021; Trisyani et al., 2025; Warren, 2022).

The model described by Warren (2022), which integrates structured communication with the family doctor after each contact, highlights teleconsultation as an active mechanism for continuity of care, allowing for the integration of the assessment performed, the referrals made, and the confirmation of surveillance tests, contributing to greater consistency in follow-up and perceived safety for women.

CONCLUSION

This scoping review has enabled us to map the nursing care provided via teleconsultation to women who have undergone surgery for breast cancer, categorising it into the five key dimensions identified. Notwithstanding this mapping, the variability observed in teleconsultation models, in the duration and frequency of follow-up, as well as the diversity of indicators and tools used, makes it difficult to compare studies directly and to systematise the results in a uniform manner. Challenges also remain regarding the organisational framework, specialised training, nurses' communication skills, and barriers to digital literacy and access to technology, which constrain their implementation in daily practice.

It is precisely in the face of this complexity that the systematisation of nursing care within the proposed conceptual map represents the main added value of this review, by filling a gap in the theoretical and practical framework of post-operative teleconsultation in oncology. By clarifying the dynamic interplay between the five dimensions of care, this study helps to consolidate teleconsultation as a specialised nursing intervention, supporting evidence-based practice, enhancing professional training, and setting out clear directions for future research in this field.

AUTHORS' CONTRIBUTION

Conceptualisation, M.R. and S.P.; data processing, M.R. and S.P.; formal analysis, M.R. and S.P.; research, MR., A.R. and S.P.; methodology, M.R. and S.P.; project administration, S.P.; resources, M.R. and S.P.; programmes, M.R. and S.P.; supervision, A.R. and S.P.; validation, A.R. and S.P.; visualisation, A.R. and S.P.; writing – preparation of the original draft, M.R., S.P.; writing – revision and editing, M.R., A.R. and S.P.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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