**Case Study**

# Nursing Care of Stage IIIA Ovarian Cancer Patient With a History of Hysterectomy Undergoing Chemotherapy in Bandung Central General Hospital

<u>Cici Siti Widya Astuti</u>[1], <u>Sukmawati</u>[2]

[1,2]Nurse Professional Program, Faculty of Nursing, Padjadjaran University, Jatinangor.

## I N F O

**Corresponding Author:**
Cici Siti Widya Astuti, Faculty of Nursing, Padjadjaran University, Jatinangor.
**E-mail Id:**
cicisitiwidya99@gmail.com

## A B S T R A C T

Ovarian cancer is a reproductive health problem and is one of the causes of death among women in the world. Women with ovarian cancer and a history of hysterectomy who undergo chemotherapy experience an impact on basic human needs, hence comprehensive nursing care is needed to accelerate healing and prevent complications. A 42-year-old post-hysterectomy female with stage IIIA ovarian cancer presented with stabbing pain. She was undergoing chemotherapy. This case study uses a nursing care approach through the stages of assessment, formulation of nursing diagnoses, interventions, implementation and evaluation. The results of the study obtained the following nursing diagnoses: acute pain, fatigue, and chronic low self-esteem. After carrying out nursing interventions, two nursing diagnoses were resolved, namely acute pain and fatigue, while chronic low self-esteem was only partially resolved.

**Keywords:** Nursing Care, Ovarian Cancer, Chemotherapy, Hysterectomy

## Introduction

Ovarian cancer is a reproductive health problem. It is a primary malignancy process that occurs in the ovaries, starting when cells in the body grow out of control.[1] It grows silently but is deadly and is called the silent killer.[2] In 2018, there were 18.6 million new cases of cancer worldwide and 9.6 million people died due to it.[2] It is one of the most common gynaecological cancers, ranking third after the cervix and uterus.[3] In addition, it is the leading cause of death in women diagnosed with gynaecological cancer.[4]

According to the Indonesian Ministry of Health, the incidence of cancer in 2013 in Indonesia was recorded at 1.4% which increased to 1.8% in 2018.[5] According to the data from World Cancer Research Fund International, the country with the highest number of ovarian cancer cases is Indonesia, with 13,310 (7.1%) new cases and 7,842 (4.4%) patients dying due to this disease.[6]

Ovarian cancer at an early stage does not have a major visible impact on the body because one of the initial symptoms is experiencing vaginal discharge which is considered normal by women, while at an advanced stage, namely stages III and IV, the changes in the body are pronounced because it has metastasized to tissues outside the pelvis.[7] Hysterectomy is the most common surgery for gynaecological problems including cancer of the ovaries. This procedure can also cause psychological changes, one of which is experiencing changes in self-esteem.[8] The changes experienced by the patient will affect the healing process and holistic nursing care is needed to meet basic human needs. This case study

27

*Astuti CSW & Sukmawati*
*Int. J. Nurs. Midwif. Res. 2023; 10(4)*

shows nursing care applied to a stage IIIA ovarian cancer post-hysterectomy patient.

## Case Presentation

A 42-year-old post-hysterectomy female with stage IIIA ovarian cancer and complaints of stabbing pain, presented at the Bandung Central General Hospital. The pain increased while doing activities such as walking and decreased after resting. The lower abdominal pain radiated to the back of the waist and both thighs. The patient's pain score as per the Numeric Rating Scale (NRS) was 6/10 and pain was felt continuously. Apart from feeling pain, the patient also complained that she often felt tired while walking and felt dizzy and weak on standing for too long. Fatigue did not decrease on rest and increased after doing activities such as walking.

When examined psychologically and socially, the patient said that she felt ashamed of her current condition and it made her feel worthless. She could still interact with her neighbours and family but withdrew a little from the social environment because she felt inferior about her condition. The patient had a hysterectomy 6 months ago. Previously during the postoperative period, the doctor had advised the patient to undergo chemotherapy once every 21 days, but for the past 6 months, the patient had not had chemotherapy.

Her general condition showed feeble voice, poor eye contact, and compos mentis awareness. The vital parameters were as follows: blood pressure (BP): 130/100 mmHg, heart rate (HR): 98 /minute, respiratory rate (RR): 21 /minute, temperature: 36.7°, $SpO_2$: 98%, and BMI: 23.1. She was experiencing hair loss and her face looked limp and sweaty, with eyes exhibiting pallor. Her haemoglobin value was 9.5 g/dL. These led to the following three nursing diagnoses: (1) acute pain, (2) activity intolerance, and (3) chronic low self-esteem.[9]

## Management

Nursing interventions were carried out according to SIKI for 3 days.[10] The results found were:

1. **Acute pain related to physical injury:** interventions were carried out with the aim of decreasing pain levels. The interventions carried out were monitoring TTV and identifying the characteristics of pain. The patient was advised to do deep breathing exercises and listen to murottal to reduce pain. Murottal by Surah Ar-Rahman was recommended to be listened to twice a day for 15 minutes.

2. **Activity intolerance:** interventions were done to improve the fatigue level. Interventions that were carried out were monitoring TTV, advising the patient to rest in bed, doing right and left obliques, doing activities gradually according to her ability and recommending reflexology and progressive muscle relaxation exercises.

3. **Chronic low self-esteem:** interventions were carried out with the aim of increasing self-esteem. The interventions carried out were establishing trust with BHSP (introducing yourself, explaining aims and objectives, etc.), discussing what the patient felt about her current condition, what she had done, experiences that could increase self-esteem, expectations, praising her for what she had done so far, encouraging her to always think positively and optimistically, and providing her with social and emotional support.

The nursing evaluation was carried out on the third day. Regarding the first diagnosis (acute pain), the pain was reported to have reduced after relaxing deep breaths and listening to murottal. It was rarely felt, did not interfere with activities, and the pain scale was 3/10. Objective data showed that the patient did not look grimacing. The vital parameters were found to be as follows: BP: 120/80 mmHg, HR: 84 /minute, RR: 20 /minute, temperature: 36.6° and $SpO_2$: 98%. Regarding the second diagnosis (fatigue), the patient's subjective data showed that she felt fresher and not tired after relaxing massage and progressive muscle training. The objective data revealed the following findings: BP: 120/80 mmHg, HR: 84 /minute, RR: 20 / minute, temperature: 36.6° and $SpO_2$: 98%. The patient's face did not look weak and sweaty and there was no pallor. Regarding the third diagnosis, (chronic low self-esteem), subjective data revealed the positive aspects of the patient, namely she had enthusiasm thanks to the support from her husband and family and her positive abilities, namely cooking. The patient was also able to think positively and be optimistic because she had a hope that she would get well. However, she said she still felt ashamed and worthless due to her current condition.

## Discussion

Pain control can be carried out pharmacologically and non-pharmacologically. The patients are generally provided pharmacological therapy to reduce pain levels with deep breathing relaxation therapy or slow deep breathing.[11] Inhaling, closing the eyes, and exhaling slowly (slow deep breathing) increases pulmonary ventilation causing an increase in blood oxygen levels and decreases muscular tension. It also widens the blood vessels leading to an increased blood flow.[12] In addition, patients are also given murottal therapy by listening to Surah Ar-Rahman and it is recommended to listen to it twice a day for 15 minutes.[13] According to Wirakhmi and Hikmanti, Surah Ar-Rahman consists of 78 verses with character-short verses, which provide comfort and relaxation.[14,15] The effectiveness of this murottal therapy is also supported by the research

*Astuti CSW & Sukmawati*
*Int. J. Nurs. Midwif. Res. 2023; 10(4)*

**28**

conducted by Suwardi and Rahayu at the Islamic Hospital of Sultan Agung Semarang, which proves the efficacy of this therapy in decreasing the level of pain among cancer patients with a p value of 0.000 (p value < 0.05).[13] This is also supported by Sucron's research which states that listening to murottal can make patients feel more comfortable.[16]

The next nursing diagnosis is fatigue related to physiological conditions (anaemia). Fatigue is the most common complaint of someone who has cancer. According to Fabi et al., 65% of cancer patients experience cancer-related fatigue (CRF); 40% of fatigue appears at the stage of cancer diagnosis, and 80%–90% occurs during chemotherapy.[17] The patients are advised bed rest and carrying out activities in stages according to their abilities. Other interventions provided are reflexology and progressive muscle relaxation exercises, which in a study by Dikmen and Terzioglu, caused a significant reduction in pain and fatigue levels.[18]

Apart from physical problems, psychological problems also arise in cancer patients. In such a case, the patient may feel worthless and ashamed of his condition. This is also supported by Bosire et al.'s research, which stated that 63.1% of cancer patients experience low self-esteem.[19] Interventions suggested to patients to increase self-esteem provide support and motivation to patients; the support provided is in the form of social and emotional support. This theory is in concordance with Mahdalena and Aiyub's research, which states that there is a significant relationship between social support and emotional support with self-esteem in cancer patients.[20] This is because someone who has high social support will experience his life as something more positive and will have an optimistic outlook as compared to someone who has low social support.[20]

## Conclusion

In this case study, there were 3 nursing diagnoses namely acute pain, fatigue, and chronic low self-esteem. The interventions that were given were related to pain management, energy management and promotion of self-esteem which is supported by evidence-based practice. After the nursing interventions were carried out, two nursing diagnoses were resolved, namely acute pain and fatigue, while chronic low self-esteem was only partially resolved.

**Conflict of Interes**t: None

## References

1. American Cancer Society [Internet]. About ovarian cancer; 2018 [cited 2023 May 10]. Available from: https://www.cancer.org/content/dam/CRC/PDF/Public/8773.00.pdf

2. World Health Organization [Internet]. International Agency for Research on Cancer. Latest global cancer data: cancer burden rises to 18.1 million new cases and 9.6 million cancer deaths in 2018; 2018 [cited 2023 May 3]. Available from: https://www.iarc.who.int/featured-news/latest-global-cancer-data-cancer-burden-rises-to-18-1-million-new-cases-and-9-6-million-cancer-deaths-in-2018/

3. Momenimovahed Z, Tiznobaik A, Taheri S, Salehiniya H. Ovarian cancer in the world: epidemiology and risk factors. Int J Womens Health. 2019 Apr 30:287-99. [PubMed] [Google Scholar]

4. Arora T, Mullangi S, Lekkala MR [Internet]. Ovarian cancer. StatPearls; 2022 [cited 2023 May 26]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK567760/ [PubMed] [Google Scholar]

5. Indonesian Ministry of Health. Indonesia's healthy portrait from Riskesdas 2018. Jakarta: RI Ministry of Health. 2018.

6. World Cancer Research Fund. Ovarian Cancer Statistics. 2018.

7. Reeder SJ, Martin LL, Koniak-Griffin D. Maternity nursing: Family, newborn, and women's health care. 18th ed. Jakarta: EGC; 1997. [Google Scholar]

8. Sawitri B, Muhdi N. Sexuality in women after hysterectomy. J Psychiatr Surabaya. 2019;8(2).

9. Working Group Team. Indonesian Nursing Diagnosis Standards (IDHS). Jakarta: Indonesian Nurses Association. 2016.

10. SIKI DPP PPNI Working Group Team. Indonesian Nursing Intervention Standards (SIKI). Jakarta: Indonesian Nurses Association. 2016.

11. Ristiyanto E, Hartoyo M, Wulandari. The effectiveness of slow deep breathing (SDB) relaxation therapy on reducing pain intensity in cancer patients at Tugurejo Hospital Semarang. J Nurs Midw. 2016.

12. Jafari H, Gholamrezaei A, Franssen M, Van Oudenhove L, Aziz Q, Van den Bergh O, Van Diest I. Can slow deep breathing reduce pain? An experimental study exploring mechanisms. J Pain. 2020;21(9-10):1018-30. [PubMed] [Google Scholar]

13. Suwardi AR, Rahayu DA. The effectiveness of murottal therapy on reducing pain levels in cancer patients. J Mental Nurs. 2019;7(1):27-32.

14. Wirakhmi IN, Hikmanti A. Effect of Ar-Rahman murottal therapy on post caesarean section patients at RSUD Dr R Goeteng Tarunadibrata Purbalingga. AIPKEMA National Working Meeting; 2016.

15. Rahmayanti D, Taqiyah Y, Alam RI. The effect of Surah Ar-Rahman Murottal therapy on the rate of dysmenorrhea in adolescents. Wind Nurs J. 2021;2(10):209-19.

16. Sucron. Differences in the effectiveness of classical

**29**

*Astuti CSW & Sukmawati*
*Int. J. Nurs. Midwif. Res. 2023; 10(4)*

music therapy and murottal therapy on the anxiety level of patients pre major surgery. Sci J Health Multi Sci. 2018.

17. Fabi A, Bhargava R, Fatigoni S, Guglielmo M, Horneber M, Roila F, Weis J, Jordan K, Ripamonti CI; ESMO Guidelines Committee. Cancer-related fatigue: ESMO Clinical Practice Guidelines for diagnosis and treatment. Ann Oncol. 2020 Jun 1;31(6):713-23. [PubMed] [Google Scholar]

18. Dikmen HA, Terzioglu F. Effect of reflexology and progressive muscle relaxation on pain, fatigue, and quality of life during chemotherapy in gynecologic cancer patients. Pain Manag Nurs. 2018;20(1):47-53. [PubMed] [Google Scholar]

19. Bosire A, Mageto I, Kimani S. Psychological effects of chemotherapy experienced by patients diagnosed with breast and cervical cancer attending Kenyatta National Hospital Cancer Treatment Centre. Int J Health Sci Res. 2020;10(1):166-74. [Google Scholar]

20. Mahdalena, Aiyub. The relationship between social support and self-esteem in cancer patients. Psychiatric Nursing Science Section, Syiah Kuala University, Banda Aceh. 2017.