

## Research Article

# Comprehensive Nursing Care for a Stage IIIA Ovarian Cancer Patient with Prior Hysterectomy Receiving Chemotherapy at Bandung Central General Hospital: A Case Study

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## I N F O

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## A B S T R A C T

Ovarian cancer is a reproductive health problem, and is one of the causes of death for women in the world. Ovarian cancer with a history of hysterectomy who will undergo chemotherapy will have an impact on basic human needs, so that comprehensive nursing care is needed to accelerate healing and prevent complications. The purpose of this case study is to apply nursing care to stage IIIA cancer patients with a history of hysterectomy who are going to undergo chemotherapy. This case study technique combines a descriptive methodology with a nursing care approach to cover the phases of assessment, diagnosis formulation, interventions, execution, and assessment. The study's findings led to the diagnosis of acute pain, exhaustion, and persistently low self-esteem among nurses. Two nursing diagnoses-acute pain and fatigue-were fully addressed following nursing interventions, but the chronic low self-esteem diagnosis was only partially resolved. It is envisioned that nurses would be able to offer more comprehensive nursing care in the form of counseling for self-paying patients.

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

**Introduction**

One issue with reproductive health is ovarian cancer. The ovaries are the major site of malignancy for ovarian cancer, which develops when body cells proliferate uncontrollably (American Cancer Society, 2018). According to the International Agency for Research on Cancer (2018), ovarian cancer is referred to as the silent killer since it is a disease that progresses slowly but is nonetheless fatal. According to the International Agency for Research on Cancer (2018), there were 18.6 million new cases of cancer globally in 2018 and 9.6 million deaths from the disease.

Ranking third behind uterine and cervical cancers, ovarian cancer is one of the most prevalent gynecological cancers (Momenimovahed et al, 2019). Furthermore, according to Arora et al. (2022), ovarian cancer is the primary cause of death for women with gynecological cancer diagnoses.

The Indonesian Ministry of Health (2018) reports that the country's cancer incidence climbed from 1.4% in 2013 to 1.8% in 2018. With 7,842 (4.4%) patients and 13,310 (7.1%) new cases, Indonesia has the largest number of ovarian cancer patients worldwide, according to data from World Cancer Research Found International (2018). pass away from this illness.

When ovarian cancer is detected in its early stages, vaginal discharge is one of the initial symptoms and is considered normal by women. In contrast, when the cancer is advanced, specifically in stages II I–IV, there will be changes in the body because it has spread to tissues outside the pelvis. (Reeder and others, 2013). The most common surgical treatment for gynecological issues, such as ovarian cancer, is a hysterectomy. This procedure can also have psychological side effects, such as altered self-esteem (Sawitri & Muhdi, 2019). The patient's alterations will impact the healing process, necessitating holistic nursing care to address fundamental human needs. The goal of the case study Nursing care will be provided to individuals who have had a hysterectomy and show signs of stage IIIA ovarian cancer. The General Hospital Bandung Center served as the research site.

### Materials and Methods

The method used in this case study is a descriptive method with a nursing care approach with stages starting with assessment to evaluation. The sample in the study was a 42-year-old woman with postoperative hysterectomy for stage IIIA ovarian cancer. Studies case This got permission from patients by obtaining prior informed consent made sample in study And patient has agreed proven with affix sign hand on informed consent sheet. The research was conducted from 24 to 26 November 2022. Data collection was carried out through anamnesis, physical examination, supporting examinations and documentation. The instruments used were assistive devices such as anamnesis and physical examination sheets and nursing care documentation sheets, Numeric Rating Scales (NRS), sphygmomanometers, stethoscopes, thermometers, penlights and pulse oximeters.

### Results

The study's findings included 42-year-old married female patients who had completed their junior high school education and were housewives. The patient complained of lower abdominal pain that spread to the back of the waist and both thighs, felt like a knife wound, increased during physical activity and decreased after resting, and was constant. The patient's pain score on the NRS (Numeric Rating Scale) was 6/10. In addition to experiencing discomfort, the patient also reports that he gets fatigued easily when walking and that it gets worse after engaging in activities like walking. He also reports feeling weak and dizzy after standing for an extended period of time.

After having his psycho-socio-spiritual and self-concept examined, the patient stated that he felt worthless and ashamed of his current condition. Although he could still interact with his family and neighbors to socialize, the patient withdrew a little from the social environment

because he felt inferior about his condition. The patient underwent a hysterectomy six months prior, and the doctor had previously instructed the patient to do chemotherapy once every 21 days throughout the recovery phase. However, the patient has not undergone chemotherapy in the last six months.

Findings from the physical assessment: general state: weak eye contact, low speech, and decreased body language. Consciousness of the mind, SpO<sub>2</sub>: 98%, temperature: 36.7 C, HR: 98 x/minute, RR: 21 x/minute, and BP: 130/100 mmHg. TB: 144 cm, BMI: 23.1, BB: 48 kg. Head: loss of hair. Face appears slack and perspiring. Conjunctiva anemic in the eyes. When S at palpated the patient's abdomen, a grimace appeared. born on the streets, no one looked back, and blood and muscular extremities were on and below 5/5. Test results from the oral laboratory: hemoglobin 9.5 g/dL. The following nursing diagnoses were derived from the data analysis results: (1) Acute pain; (2) Activity intolerance; and (3) Chronic low self-esteem (IDHS, 2016).

Nursing diagnoses were made, nursing interventions were performed for three days in accordance with SIKI (2016), and The following were the findings: (1) Acute pain associated with physical harm agents; interventions were conducted to try and reduce the amount of pain. Interventions that have been implemented include tracking TTV, defining pain characteristics, recommending deep breathing exercises, and counseling patients to listen to music to alleviate pain. The suggested music to listen to is Surah Ar-Rahman for fifteen minutes, twice a day.

(2) Anemia, a physiological disorder related to fatigue, is treated by improving the objective exhaustion level. Interventions that have been implemented include tracking TTV, advocating reflexology and progressive muscle relaxation exercises, encouraging patients to execute activities progressively according to their abilities, encouraging patients to perform right and left obliques, and monitoring TTV.

(3) Persistently Low Self-Esteem, with the intention of raising self-worth. The interventions that have been implemented include building trust with BHSP through introductions, goals and objectives clarifications, and the creation of a time contract; talking about the patient's feelings regarding his current state of health; talking about the patient's accomplishments; talking about the positive aspects of the patient's experience and how they can boost their self-esteem; talking about patient expectations; praising patients for their accomplishments thus far; encouraging patients to think positively and optimistically at all times; and offering social, emotional, and supportive services to patients by praising them for their accomplishments. So far, it's performing admirably.

The third day saw the completion of the nursing evaluation. For the first diagnostic, the patient provided subjective information stating that the pain was lessened by taking deep, slow breaths and listening to music; additionally, the patient said that the pain was rarely felt, did not interfere with daily activities, and was rated at a 3 out of 10. The patient appeared normal based on objective measurements, including temperature (36.6 C), SpO2 (98%), HR (84 times/minute), RR (20 times/minute), and BP (120/80 mmHg). (2) Fatigue: According to the patient's subjective data, following a soothing massage and progressive muscle exercise, his body felt more refreshed rather than exhausted. Objective data: SpO2: 98%, temperature 36.6 C, HR: 84 x/minute, RR: 20 x/minute, TTV BP: 120/80 mmHg, and the patient's face does not appear weak or sweating. Chronic low self-esteem: based on subjective data, the patient lists his positive traits, such as his enthusiasm for cooking and his ability to think positively and optimistically because he has hope for a recovery. The patient also mentions his positive abilities, such as her husband and family's support. However, patients claim that despite their current condition, they still feel useless and embarrassed.

## Discussion

Both pharmaceutical and non-pharmacological methods can be used to control pain. For example, deep breathing, relaxation therapy, or slow deep breathing can be used to lower pain levels. According to research by Ristiyanto et al. (2015), slow deep breathing involves inhaling, closing your eyes, and exhaling slowly. This method can increase lung ventilation, which improves blood oxygen levels, lower tension in the muscles, and widen blood vessels, which allows blood to flow into tense positions or potentially reduce painful ischemia (Jafari et al., 2020). Furthermore, Surah Ar-Rahman is recommended to be listened to twice a day for fifteen minutes as part of the murottal therapy offered to patients. (Rahayu and Suwardi, 2019). Surah Ar-Rahman has 78 verses, each of which is a brief verse with the character \_ according to Wirakhmi and Hikmanti (2016). There are 31 alternative repetitions of the verse, which emphasizes being strong and confident, to help you relax. Repetition of the text that describes God's grace and how meditation can help people relax and/or find inner peace can lessen suffering (Taqiyah, Rahmayanti, & Nature, 2021). Research by Suwardi and Rahayu (2019) also demonstrates the efficacy of this murottal therapy. This demonstrates that gift treatment had an impact on cancer patients' painful decline at the Sultan Agung Semarang Home Islamic Hospital, with a p value of 0.000 (p-value <0.05). This is also backed by study by Sukron (2018), which claims that patients might feel better at ease by listening to murottal.

Anemia, or exhaustion associated with physiological problems, is the following nursing diagnosis. The most prevalent complaint among cancer patients is fatigue. 65% of cancer patients experience cancer-related fatigue (CRF), 40% of which manifests at the time of cancer diagnosis, and 80–90% of which happens during chemotherapy, according to Fabi et al. (2020). Drawing on the nursing diagnosis, the patient has implemented therapies such as bed rest and mica mici, as well as staged activities according to the patient's capacity. Reflexology and progressive muscular relaxation exercises were also given as therapies. Dikmen and Terzioglu's (2019) investigation showed a substantial decrease in pain and exhaustion.

Cancer sufferers will experience psychological issues in addition to physical ones. In this instance, the patient feels useless and humiliated of his illness; research by Boshire et al. (2020) found that poor self-esteem affected 63.1% of cancer patients. Support and motivation are given to patients who have been diagnosed with chronic low self-esteem by nurses. This support takes the shape of social, emotional, and appreciation support. Mahdalena and Aiyub's (2017) research provides evidence for this, indicating a noteworthy correlation between social support, emotional support, and esteem support and self-esteem in cancer patients.

## Conclusion

Three nursing diagnoses—acute pain, fatigue, and chronic low self-esteem—are included in this case study. Evidence-based practice supports the therapies that have been provided, which are connected to energy management, pain management, and promoting self-esteem. Two nursing diagnoses—acute pain and fatigue—were cured once the nursing treatments were implemented, but the chronic low self-esteem diagnosis was only partially treated.

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