CHAPTER 48 / Nursing Care of Women with Reproductive Disorders

Nursing Care Plan
A Woman with Cervical Cancer

Anna Eliza Gillam is a 45-year-old divorced mother of four children ranging in age from 16 to 23. She was married at age 18 and had several sexual partners prior to her marriage. She has had three sexual partners since her marriage ended. Last year she was treated with cryosurgery for venereal warts. The Pap smear taken 2 weeks ago showed atypical cells, and she has come in for a repeat test.

ASSESSMENT
Judy Davis, RN, the admitting nurse, interviews Mrs. Gillam and records the following assessment findings: BP 130/80, P 72, R 18, T 99.2°F (37.3°C). Ms. Gillam weighs 142 lb (64.5 kg), approximately 15% over her ideal body weight. Examination of the cervix reveals a large necrotic lesion at the 7 o’clock position. She has reduced her smoking to less than 10 cigarettes per day, and she does not drink alcohol.

Ms. Gillam is extremely fearful and anxious and has told no one about her abnormal Pap smear. She reveals that she has had back pain radiating down her thighs for several months and a foul vaginal discharge that increases after intercourse. Until 2 weeks ago, she had not had a Pap smear for 5 years. Ms. Davis performs the repeat Pap smear, which is positive for squamous cell carcinoma of the cervix. A CT scan and lymphangiography are scheduled. Laparoscopy shows the disease to be widespread in the pelvic cavity.

DIAGNOSES
- Decisional conflict, related to treatment options
- Chronic and acute pain, related to metastasis and surgery
- Risk for impaired skin integrity, related to radiation
- Fear, related to diagnosis of cervical cancer
- Anticipatory grieving, related to potential loss of life

EXPECTED OUTCOMES
- Gain knowledge to make informed decisions about treatment options.
- Develop strategies for pain control.
- Maintain skin and tissue integrity during radiation treatment.
- Express her feelings about the fear of cancer and death.
- Develop effective coping strategies for dealing with life-threatening illness and pain.

PLANNING AND IMPLEMENTATION
- Discuss treatment alternatives, including the prognosis with each option.
- Administer pain medications as prescribed.
- Inspect skin surfaces daily before and after radiation therapy.
- Provide information on biofeedback training and relaxation techniques for control of moderate pain.
- Refer to a local cancer support group so that she can interact with cancer survivors.
- Refer Mrs. Gillam to a social worker in preparation for her altered level of functioning.

EVALUATION
Mrs. Gillam has begun radiation therapy following pelvic exten-teration. She controls her pain with relaxation and imagery techni ques, requiring only occasional analgesics. She uses a water-based lotion to soothe the skin surface and is careful not to remove the skin markings. She seems optimistic and has quit smoking. She and her family have continued to attend the cancer support group meetings. Mrs. Gillam is planning for the future and has talked with her family about what it means to live with cancer.

Critical Thinking in the Nursing Process
1. Compare and contrast your teaching plan for health promo- tion interventions to decrease the risks of cervical cancer for a young woman of 17 and an older woman of 70. Would they differ, and if so, how?
2. Develop a teaching plan to help Mrs. Gillam cope with the effects of radiation.
3. During a home visit, Mrs. Gillam tells the nurse that she has been so tired since beginning radiation treatments that all she can do is sit in her chair. Design a plan of care for the nursing diagnosis, Fatigue.

See Evaluating Your Response in Appendix C.

Risk Factors
A significant risk factor for endometrial cancer is prolonged estrogen stimulation with hyperplasia. Other factors that increase the risk are obesity, anovulatory menstrual cycles, decreasing ovarian function (as with menopause), estrogen-secreting tu-mors, and unopposed estrogen (e.g., estrogen therapy without progesterone). Medical conditions that may alter estrogen metabolism and increase the risk of endometrial cancer are diabetes mellitus, hypertension, and polycystic ovary syndrome (Porth, 2002). Tamoxifen, a drug that blocks estrogen receptor sites and is used to treat breast cancer, has a weak estrogenic effect on the endometrium, and is also a risk factor.