

## A Woman with Breast Cancer



Rachel Clemments is a 42-year-old mother of two, Sarah, age 12, and Jennifer, age 18. Because of a family history of breast cancer, she has been closely monitored (annual mammograms and clinical breast examination, monthly BSE, a needle aspiration biopsy with negative findings) for 4 years prior to her diagnosis. Mrs. Clemments discovers a lump in her left breast during her monthly BSE. An incisional biopsy reveals invasive lobular carcinoma in the left breast. Mrs. Clemments is debating whether to have reconstructive breast surgery. Her oncologist has recommended a 6-month course of adjuvant chemotherapy, and she is concerned about side effects. One of her greatest concerns is how her illness will affect her ability to support and care for her daughters. She is afraid that recovering from the mastectomy and completing the chemotherapy regimen will limit her ability to keep her part-time job, complete her academic work, and continue to meet the needs of her daughters. Also, this breast cancer diagnosis seems part of the family legacy. She wonders, “When will it happen to Jennifer? To Sarah?”

### ASSESSMENT

During the history, Laura Nelson, RN, the nurse admitting Mrs. Clemments, learns that her mother, two of her aunts, and one sister had been diagnosed with breast cancer. Her mother and one of the aunts died before age 45. Physical assessment findings include T 98.5°F (37.0°C), BP 110/62, P 65, R 14. Her weight is 120 lb (54 kg); she is 66 inches (168 cm) tall. Modified radical mastectomy is performed; histologic examination shows a 3 cm tumor; axillary node dissection shows that 4 of 16 lymph nodes are positive.

### DIAGNOSES

- *Risk for infection*, related to surgical incision
- *Ineffective tissue perfusion*, related to edema
- *Acute pain*, related to surgery
- *Disturbed body image*, related to loss of breast

- *Decisional conflict* about treatment, related to concerns about risks and benefits
- *Interrupted family processes*, related to effect of surgery and therapy on family roles and relationships
- *Fear*, related to disease process/prognosis

### EXPECTED OUTCOMES

- Remain free of infection.
- Maintain adequate tissue perfusion.
- Experience minimal pain or discomfort during her recovery.
- Maintain a positive body image, regardless of her decision about reconstruction.
- Evaluate the treatment options in relation to personal values and decide on a course of action.
- Together with her daughters, acknowledge the need for a change in family roles during her illness and identify new coping patterns.
- Identify the sources of her fear and demonstrate behaviors that may reduce fears.

### PLANNING AND IMPLEMENTATION

- Teach her about handwashing and wound care.
- Discuss the postoperative drainage device and its management after she goes home.
- Assess her pain tolerance and administer analgesics as prescribed.
- Teach her to use caution when moving the arm on the operated side, to avoid lifting heavy objects, and to wear gloves when gardening.
- Encourage her to discuss her thoughts and feelings about her body changes.
- Suggest that she talk with a Reach to Recovery volunteer about her thoughts and feelings.

(continued)



## Nursing Care Plan

### A Woman with Breast Cancer (*continued*)

- Assess her interest in spiritual/religious support and refer if appropriate.
- Discuss medication and dietary changes that will minimize the effects of chemotherapy; request a consultation with the dietitian.
- Provide a list of educational resources about chemotherapy and breast reconstruction.
- Discuss the use of a temporary prosthesis and later the fitting of a permanent prosthesis (6 to 8 weeks after surgery), the need to be fitted by an experienced person, and insurance reimbursement for the prosthesis.
- Discuss the possibility of attending a breast cancer support group where she can draw on the experiences of other women who have undergone mastectomy, chemotherapy, or radiation.
- Refer her and her daughters to social services for a consultation about the changed family roles during her recovery and treatment.
- Encourage her to verbalize her fears about her own prognosis and about her daughters' future risk of breast cancer; assess the need/interest for referral to psychologic counseling.
- Teach her about dietary and lifestyle changes that can help reduce the risk of breast cancer for her daughters (low-fat, high-fiber diet; regular exercise; avoidance of obesity, alcohol, and oral contraceptives).

#### EVALUATION

At discharge, Mrs. Clemments has no signs of physical complications and is looking forward to being at home with her daughters

as temporary caregivers. Together they decide to try a vegetarian diet and buy a new vegetarian cookbook. Mrs. Clemments met with a Reach to Recovery volunteer, who brought her a temporary prosthesis and booklets about postmastectomy exercises, chemotherapy, and breast reconstruction. The volunteer also referred her to a local breast cancer support group. Mrs. Clemments has talked about her concerns related to breast reconstruction, which center on the possible health risks of silicone. "I want to wait and talk with women who have had reconstruction before I decide," she said. "I want to avoid anything that would increase the risk of complications. The possibility of recurrence and my fear for my daughters' future health are more than enough to worry about."

#### Critical Thinking in the Nursing Process

1. What role could genetic counseling play in helping Mrs. Clemments and her daughters better understand the daughters' risk of breast cancer?
2. Describe the types of mastectomies and their implications for nursing care.
3. What medications might help minimize the side effects of chemotherapy?
4. Develop a plan of care for Mrs. Clemments for the nursing diagnosis, *Sleep pattern disturbance*.

See Evaluating Your Response in Appendix C.