

# MANAGING SYMPTOMS: ENHANCING PATIENTS SELF- MANAGEMENT KNOWLEDGE AND SKILLS FOR SURGICAL RECOVERY

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**OBJECTIVES:** *To review postoperative symptoms experienced by patients following surgery for cancer and discuss focused, evidenced-based methods to teach the patient acute pain and symptom management to include both pharmacological and non-pharmacological strategies.*

**DATA SOURCES:** *Peer reviewed articles and national guidelines.*

**CONCLUSION:** *Although significant advances have been made in providing effective acute pain control, pain remains a serious consequence after cancer surgery. Most patients go home after surgery (often the day of their surgery) not taking their pain medications or with inadequate pain medication. Postoperative symptoms such as nausea, constipation, and fatigue, and complications such as blood clots and infection, may present barriers to post-surgical recovery that can affect initiation of adjuvant therapy.*

**IMPLICATIONS FOR NURSING PRACTICE:** *Nurses who are equipped with successful strategies to support self-management of postoperative symptoms will ensure that patients have a positive surgical experience.*

**KEY WORDS:** *postoperative, symptom management, patient teaching strategies.*

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0749-2081

<http://dx.doi.org/10.1016/j.soncn.2016.11.005>

Surgery is an important treatment strategy for oncology patients – either alone as the sole treatment or in combination with chemotherapy and/or radiation therapy.<sup>1</sup> Surgical procedures, even when successful, may have negative symptoms that accompany postoperative recovery.<sup>1</sup>

When patients were asked to rank postoperative symptoms they wanted to prevent, pain, nausea, and vomiting were among the top four responses.<sup>2</sup> In addition, other symptoms that frequently occur are postoperative constipation, fatigue, and potential complications such as infections and blood clots that produce other symptoms. These are all symptoms that patients with cancer may experience even without surgery, so they are even more burdensome following surgery. Unfortunately, there is often a cascade effect as very few patients experience just one symptom. For example, a patient with postoperative pain requiring opioids frequently experiences postoperative nausea and vomiting (PONV),<sup>3,4</sup> and constipation is a common side effect of opioids.<sup>5</sup> Following surgery, patients frequently “live with the pain” to prevent nausea and vomiting, but then may experience pain levels too high and are unable to participate in postoperative physical therapy to increase mobility and prevent other postoperative complications such as blood clots or, in the case of women following breast cancer surgery, lymphedema.<sup>6</sup> At 1 year postoperatively, reduced arm mobility is known to be associated with decreased quality of life scores and limits a survivor’s ability to participate in valued activities.<sup>7</sup> Thus, how a patient self-manages symptoms following surgery may have negative consequences long after the acute pain has been relieved. These complex and co-occurring symptoms require nurses to be prepared with evidence-based strategies to support the patient with cancer through the surgical recovery period.<sup>8</sup> Table 1 lists common postoperative symptoms and risk factors experienced by patients following surgery for cancer.

## REVIEW OF SYMPTOMS

### Pain

Pain is the most significant problem for patients with cancer, with unsatisfactory management in about 50% of patients.<sup>9</sup> Because surgery is usually the initial treatment for many patients with cancer, most patients will experience postoperative pain and adequate postoperative pain relief continues to be

**TABLE 1.**  
**Common Postoperative Symptoms and Risk Factors**  
**Experienced by Patients Following Cancer Surgery**

Symptoms	Risk Factors
Pain	Scope of surgery Older age Female gender Communication and cultural barriers Societal attitudes toward addiction
Nausea and vomiting	Female gender Non-smoking status Positive history of previous PONV or motion sickness Use of opioids for postoperative pain
Constipation	Opioids for pain Immobility Inadequate fluid intake Lack of privacy Age
Blood clots	Increased anesthesia time Age Immobility Infection Obesity Decreased Karnofsky performance status
Infections	Ethnicity Age Obesity Immobility Complex surgical procedures Diabetes
Fatigue	Preoperative anxiety and distress Postoperative gastrointestinal symptoms

Abbreviation: PONV, postoperative nausea and vomiting.

a major challenge.<sup>10</sup> Some patients are at risk for untreated pain as a result of communication, cultural barriers, and societal attitudes toward addiction.<sup>11</sup> There is also evidence that older age, female gender, and lower socioeconomic status may contribute to inadequate pain management.<sup>12</sup> Patients who are unable to achieve postoperative pain relief are at risk for delayed surgical recovery, unanticipated admissions following same-day surgery, decreased patient satisfaction, and persistent chronic pain problems, including post mastectomy syndrome and post thoracotomy syndrome.<sup>13,14</sup> Pain is clearly multifactorial, with varied influences contributing to how it is experienced. Pain has historically been linked to nausea and vomiting, with one study of surgical outpatients (cholecystectomy, breast surgery, gynecologic, hernia, orthopedic, or ear, nose and throat repairs)

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