

PSYCHOSOCIAL CONCERNS IN THE POSTOPERATIVE ONCOLOGY PATIENT

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OBJECTIVES: *To describe psychosocial concerns associated with the postoperative cancer patient and to discuss current psychosocial evidence-based approaches to manage these psychosocial concerns.*

DATA SOURCES: *Published peer-reviewed literature.*

CONCLUSION: *The postoperative phase of cancer care may be associated with a range of overlapping acute and chronic psychosocial concerns related to the surgery itself, the cancer diagnosis, and the need for ongoing cancer treatments. The postoperative period of cancer care represents an essential time to detect unmet psychosocial concerns and begin timely interventions for these concerns.*

IMPLICATIONS FOR NURSING PRACTICE: *Nurses are in a key position to detect, triage, refer, or manage psychosocial concerns in the postoperative patient with cancer. Current psychosocial evidence-based approaches may be used by surgical oncology nurses or other nurses who care for cancer patients during postoperative recovery.*

KEY WORDS: *unmet psychosocial needs, psychosocial distress screening, evidence-based psychosocial care, postoperative, oncology.*

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Unmet psychosocial needs are well-documented in the cancer experience. It is estimated that the prevalence rate of unmet psychosocial needs is 22% to 58% in patients with cancer.¹ These unmet psychosocial needs have been studied across cancers, by their stage, and by sociodemographic characteristics, including age, gender, and race. Other clinical characteristics such as symptom burden and previous psychiatric history influence the degree and type of psychosocial responses. Patients with

advanced-stage cancers that carry a poor prognosis (lung, colorectal, ovarian, and brain) and tumors associated with fatigue and pain are at greater risk for unmet psychosocial needs.² Research studies also describe how unmet psychosocial needs and distress correlate with key events in the cancer experience.^{3,4} The patient's distress is increased with the diagnosis of cancer, the initiation of chemotherapy, disease recurrence, and the completion of cancer treatment.⁵

The majority of studies on psychosocial distress are conducted with cancer patients in the ambulatory setting. Therefore, there has been less research describing patients' psychosocial needs associated with cancer surgery.^{6,7} There is also minimal research about psychosocial interventions to treat maladaptive psychosocial responses during the postoperative phase.^{8,9} Untreated psychosocial needs of patients may contribute to an increase in pain and other symptoms, a decrease in functional capacity, hospital readmissions, and other negative after-effects.¹⁰ This article will explore theoretical and empirical explanations of patients' psychosocial concerns that have the potential to accompany cancer surgery, and propose the application of psychosocial evidence-based interventions to the postsurgical cancer patient.

PHYSICAL AND FUNCTIONAL POSTOPERATIVE CARE

Postsurgical oncology care occurs along a continuum. In the beginning of the continuum, the acute phase, physiological variability may occur in all body systems. This instability is short-term.¹¹ Within weeks to a month, acute alterations typically subside, but may be replaced by longer-term physical and functional complications associated with the surgery, which are viewed as chronic and define this period. These alterations are a direct or indirect result of the surgical intervention or cancer.¹²

Acute Phase

Although there have been major advances in the treatment of cancer, the majority of patients diagnosed with localized solid tumors are hospitalized to undergo surgical removal of the tumor. Surgery represents a major physiological interruption resulting in a series of normal physiologic responses to correct this interruption. However, if these physi-

ologic processes are not managed properly there is the potential for instability. Thus, the goal of the immediate postoperative period is to stabilize the patient's physiological responses to restore homeostasis and lessen the potential for complications.¹³ Reduced functional capacity or the diminished ability to perform essential activities of daily living are also associated with the acute postoperative phase. Early hospital discharge may also prolong physical and functional instability. Once home, patients and their caregivers need to execute simple and more complex care strategies to address physiologic alterations and functional impairments. If patients or caregivers are not prepared to meet these demands, physical decline or deterioration may ensue. McCorkle et al.¹⁴ suggest that during the early or acute postoperative period (approximately 1 month), patients most immediate concerns are physiological and functional. Clinicians, therefore logically and pragmatically, focus more on diagnosing and treating physical and functional alterations. If psychosocial concerns are assessed, the clinician may rank them as low priority. Patients and their caregivers may also tend to under-report their psychosocial concerns because of the overwhelming experience of managing physical needs.

Chronic Phase

Physical and functional postsurgical recovery theoretically should improve over time, but in all likelihood, certain patient clinical characteristics impact whether postsurgical effects linger and remain permanent. The cancer type, cancer stage, the patients' general health, and timing of adjuvant cancer therapies will influence the course of postoperative recovery. For example, individuals with advanced cancer usually face more extensive surgery because of the progressive nature of their disease. Often, adjuvant therapies may be used before surgery or immediately after surgery to gain optimal control of the cancer. These treatment decisions may exacerbate postoperative recovery and prolong surgical-related effects. Although acute complications or medical events are no longer a threat to patients during this phase, chronic physical and functional effects may endure. Common chronic effects such as pain, fatigue, stoma, and lymphedema will potentially define this period and influence the emotional health of the patient.^{15,16} Table 1 outlines the major physical and functional postoperative care requirements of patients during the acute and chronic postoperative phases.

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