

EXPERIENCE REPORT OF THE DIAGNOSIS AND RESECTION OF OVARIAN TERATOMA IN A MEDICAL STUDENT

Amanda Martins Fagundes

Universidade Federal de Ciências da Saúde
de Porto Alegre - Porto Alegre (RS)
<https://orcid.org/0000-0001-9532-219X>

Rebeca Bulhões Lopes

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0002-7695-2505>

Anne Karolyne Caldeira da Silva

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0002-9247-7708>

Aline Soares de Oliveira Souza

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0001-8567-305X>

Isabella da Silva Moura Nery

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0001-9540-5227>

Maria Eduarda Ramos Cunha

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0002-1612-8602>

Luanne Bulhões Melo

Universidade Salvador - Salvador (BA)
<https://orcid.org/0000-0003-1817-1177>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Larissa Walkyria Garcia Ribeiro

Universidade Federal de Ciências da Saúde
de Porto Alegre - Porto Alegre (RS)
<https://orcid.org/0000-0002-1463-4042>

Maria Eduarda Ribeiro Vieira

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0003-3908-4996>

Uriel Pires dos Santos

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0001-6636-7153>

Kamila Miwa Okada

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0002-3056-9260>

Lorena Maria Ribeiro Magalhães

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0002-3911-5230>

Janáina Pereira Macedo

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<http://lattes.cnpq.br/8283929838645474>

Maria Clara Carvalho Martins Leal

Faculdade Pitágoras de Medicina de
Eunápolis – Eunápolis (BA)
<https://orcid.org/0000-0002-7865-7892>

Délio Guerra Drummond Júnior

Universidade Federal do Oeste da Bahia -
Barreiras (BA)
<https://orcid.org/0000-0002-2901-9763>

Pollyana Mayara Queiroz

Faculdade Alfredo Nasser - Aparecida de
Goiânia (GO)
<https://orcid.org/0000-0003-3298-7201>

Jainy Leite de Andrade Ribeiro

Faculdade Alfredo Nasser - Aparecida de
Goiânia (GO)
<https://orcid.org/0000-0003-3901-3055>

Carolina Cassiano do Rosário

Centro Universitário de Belo Horizonte -
Belo Horizonte (MG)
<https://orcid.org/0000-0002-5031-2876>

Deborah Figueiredo Costa

Centro Universitário de Belo Horizonte -
Belo Horizonte (MG)
<https://orcid.org/0000-0001-7487-6791>

Jéssica Reis Lopes

Centro Universitário Tocantinense Presidente
Antônio Carlos - Araguaína (TO)
<https://orcid.org/0000-0001-9029-6068>

Abstract: Teratoma is a benign ovarian germ cell tumor and becomes a gynecological emergency due to the high risk of torsion and ovarian loss. The laparoscopy technique is the treatment that reflects the best prognosis and faster return to routines. When experiencing diagnosis and surgery as a medical student, there was a perception of the need to be more empathetic with patients in their diagnostic experiences and in operative processes. The topic is relevant to the scientific community due to the high rates of gynecological urgency, compromising activities of daily living, involving emotional issues and decreasing fertility. Thus, welcoming and active listening to the doctor-patient relationship is essential, which led to the question: what is the experience of diagnosis and teratoma resection of a medical student patient? To answer this question, the objective was to report the experience of diagnosis and teratoma resection of a medical student patient. Through the diagnosis and information on surgical treatment, the degree of anxiety and fear increased, as well as it was possible to perceive the need for more targeted approaches in the training of physicians regarding attentive listening to the patient's desires. In addition, the support network is essential for a good recovery.

Keywords: Teratoma, gynecology, medicine, surgery, experience.

INTRODUCTION

Among the variants of ovarian germ cell tumors, teratoma is one of the most frequent, affecting, preferably, females of childbearing age. It is composed of mature cells of ectodermal, mesodermal and endodermal origin, and may present ectopic tissues such as connective, sebaceous and hairy tissue. However, even with a benign behavior, the teratoma becomes a gynecological emergency and requires surgical intervention due to the

high risk of torsion of the compromised ovary (MATEO-SÁNEZ et al., 2020)

The treatment of benign cystic teratoma is surgical from laparoscopy or laparotomy, in which the former is associated with shorter hospital stays and reduced hospital costs, with the issuance of a postoperative medical certificate of seven days on average (HOWARD, 1995). Even so, being absent from academic obligations for medical reasons reinforces anxiety symptoms among medical students, a public strongly affected by anxiety disorder, which is related to the excessive demands of the course (QUEK et al., 2019).

Intrinsic to medical training is the desensitization in relation to human suffering due to the high frequency of contact with patients in different conditions, starting to see them as an object of work and disregard them as a person with history and feelings. Thus, the perception of medical students is influenced by their academic experiences. However, the experience of undergoing surgery contributes to the development of empathy with the patients themselves, in addition to impacting their view of the disease and treatment (RATO, 2017).

The topic presented is important for the scientific community because it is a pathology with a high prevalence in gynecological emergencies, which compromises the patient's quality of life because it involves emotional issues, such as fear and anxiety, and fertility. Therefore, empathetic reception and active listening are fundamental, especially when the relationship involves the doctor and medical student, since the latter obtains clarification in the health area and is more critical in the evaluation of the care received (WILLEMS, 2018).

In this way, the guiding question was "What is the experience of diagnosis and teratoma resection of a medical student patient?" With a view to answering this question, the objective

was to report the experience of diagnosis and resection of a teratoma of a medical student patient.

DEVELOPMENT

This study approaches the impressions and feelings before the diagnosis and resection of a teratoma of a medical student patient, addressing the perceptions from the initial exams, the search for advice and information from professors, the hospitalization experience and the postoperative period.

FEELINGS AND MOVEMENTS BEFORE THE DIAGNOSIS

The initial manifestation that motivated the gynecological medical investigation was the onset of constant colic pain in the hypochondrium region and right iliac fossa for 3 months. A transvaginal ultrasound was requested, in which a uniloculated image was described in a region of anechoic content with incomplete septa, without flow on Doppler measuring 4.6 x 3.7 cm, suggestive of hydrosalpinx. Faced with this, insecurity arose due to the risk of infertility.

The gynecologist professors were contacted, who advised that an MRI be performed, which showed an adnexal dermoid cyst of probable ovarian origin, composed of adipose material and finger-like structures that measured 8.9 x 6.1 x 6.0 cm. From this result, analyzing the divergences with the previous examination, as well as the volumetric evolution of the cyst, the first diagnostic hypothesis was discarded and the need for surgical intervention was suggested due to the risk of ovarian torsion.

With the awareness of the diagnosis, questions arose to resolve doubts about the surgical procedure, but a lack of empathy on the part of the professional was perceived, which weakened the doctor-patient bond, resulting in the search for another doctor. The process until the surgical performance was

troubled, due to the unavailability of schedules in the schedule of the new referenced doctor, however it was possible after detailing the situation to the auxiliary doctor.

During the consultation, there was clarification about the surgical procedure, the chances of a laparotomy, the epidemiology of the disease and the main characteristics of the pathology, which was of paramount importance to alleviate the anxieties regarding the surgery and to consolidate the bond and trust between the professional and patient.

Later came the wait for the release of the health plan, which happened 27 days after the request and the surgical procedure occurred 5 months after the onset of symptoms. As a result, in addition to the experience of a diagnosis that generates anxiety and insecurity, the delay in authorizing the procedure added anguish.

HOSPITALIZATION IMPRESSIONS

There was an expected welcome in the hospitalization processes, but the preoperative preparations, especially the attire to access the surgical center, added the feeling of being sick. Despite the communication noise between the teams, which reverberated in the delay at the beginning of the surgery, the professionals were reassured, which helped to increase even more confidence in the professionals, an aspect reflected by the stability of my vital signs, with a little of distress when realizing that intubation was close.

POSTOPERATIVE

While still in the operating room and under anesthesia, he was informed about the success of the procedure and the importance of analyzing the resected sample. However, I was not informed about the use of a urinary catheter, which may have generated anxiety and reverberated into dysuria, a problem that was resolved after walking. However,

considering that there was distance from the family due to living in another city, the main concern related to the postoperative period was dependence on some domestic activities and the return to academic activities, which occurred seven days after surgery, when there was still difficulty walking and I felt intense pain. It is noteworthy that, in this process, the support network made up of colleagues was fundamental for postoperative recovery.

EXPERIENCE ANALYSIS

This report portrays the perception of a medical student facing the diagnosis of teratoma and the perceptions about the reception by the health team, hospitalization and postoperative period. The experience was permeated by doubts and insecurities, first about the surgery and the possible removal of the ovaries, as there was a risk of infertility. In addition, another concern was the postoperative period, since this period requires a longer and more careful rest due to the healing process and the risks of complications, however, there was also the reality and urgency regarding academic demands.

FEELINGS ABOUT THE DIAGNOSIS

The discovery of a disease, with regard to the need for surgery, is always very difficult, since the hospital context makes the patient resignify their previous experiences and worry about the future consequences of the illness (GOIDANICH; GUZZO, 2012). Commonly, the patient brings to life thoughts linked to fear of what might happen in the future. Concerns about family, work, college, finances and social life usually occupy the mind right after the diagnosis, because, together with the beginning of treatment, plans and routines need to be modified and properly reorganized.

Upon receiving a diagnosis, a person working in the health area has a greater

understanding of the processes and emotions that are likely to be experienced over time, unlike a lay person, in whom fear of life itself will be the most prevalent. However, for the individual close to the health area, one of the most difficult feelings is the fact of being forced to assume the role of the patient and anticipate issues directly related to the physical (FIGHERA; VIERO, 2005).

Regardless of whether or not an individual is connected to the health area, an empathetic relationship between health professionals and their patients is essential. Empathy occurs in two steps; the first of these, empathic understanding, involves paying attention and listening in a special and genuine way. While the second consists of communicating and certifying the understanding of what was apprehended (BARROS et al., 2011).

In short, the relationship of empathy experienced together with the professionals brought a feeling of trust and a decrease in anguish. Thus, the wise maxim of Ambroise Paré, which evokes “heal occasionally, relieve often, always console” (COSTA et al., 2010) reverberates, in a tangible way, the outlines of empathy.

PERCEPTIONS OF A HOSPITALIZATION

[Oophoroplasty is the procedure of choice for the treatment of ovarian teratoma (BARACAT et al., 2019), which, despite being minimally invasive, requires an operating room, a multidisciplinary team and sedation, which is why it is important to follow the protocol of hospitalization in order to ensure the general well-being of the patient, reduce fear, anxiety, in addition to maximizing recovery (VASCONCELOS et al., 2020).

The Postoperative Recovery Optimization protocol involves pre-, intra-, and postoperative approaches. In the medical consultation, the patient is guided on hygiene

measures, fasting, bowel preparation and procedure time. In the reference unit, there is personal identification, signature of the consent form and pre-surgical preparation. Then, in the operating room, asepsis and antisepsis are started to combat infectious foci, use of analgesics, antiemetics and control of vital signs. Early ambulation, previous nutrition and analgesics in the postoperative phase are consistent with rapid clinical improvement, decreases cardiovascular risks and gastrointestinal changes, favoring early discharge and return to activities of daily living (BLUMENTHAL, 2019).

Postoperative pain is frequent and can result in unnecessary risks and suffering for patients (PIMENTA et al., 2001). Nursing follow-up during hospitalization is more focused on the occurrence of pain than on its intensity, quality or discomfort generated by the patient, demonstrating a lack of preparation to handle the patients' pain complaints (BARBOSA et al., 2011).

The medical student goes through teaching-learning processes that put him in a position to consult, to learn to accept, as well as to inform the diagnosis, which attributes a more critical-analytical look when he becomes the patient, evaluating the convergences with what determine guidelines and protocols. A German study presented a similar conclusion when comparing the difference in perception of hospital quality between employees and patients, in which professionals evaluated the performance of the unit with a significantly lower score than the scores attributed by patients to the same establishment, which highlights the heterogeneity from the professional and lay perspective (WILLEMS, 2018).

Being exposed to surgery while a medical student also allows for a more empathetic view, since there is divergence in the concept of patient-centered attitude between medical

students and patients, as evidenced in a Korean study comparing these groups. Medical students, despite discussions about the importance of giving the patient a voice, tend to prioritize the doctor's command in the doctor-patient relationship, while the other group values a horizontal bond (HUR et al., 2017). Being a medical student and being a patient allowed reflecting on the importance of a more holistic view, sensitive to the individual's ills, in the physician's approaches (AMÂNCIO et al., 2019).

POSTOPERATIVE SUPPORT NETWORK

To obtain a support network after the operation was essential for the recovery process. During this period, there is dealing with pain, care and attention to the surgical wound, as well as the resumption of self-care is fundamental (LINS et al., 2021). The absence of the family component limits the support network, but it is possible that other social agents meet the necessary demands that collaborate so that the patient can have a good recovery (GRAHAM, 2021 & LINS et al., 2021).

The support network is also important in the management of postoperative pain, which is directly associated with preoperative anxiety (PERIAÑEZ et al., 2020). It is known that medical students have high rates of anxiety and depression compared to the general population and that social support has an impact on reducing these disorders (SUN et al., 2021), which were exacerbated with all the reported experience. In this way, the help of friends in the postoperative period minimized the anxiety felt in the postoperative period, which helped a lot to deal with the pain and optimize the recovery process.

CONCLUSION

Upon receiving the diagnosis of teratoma

and the need for surgery, feelings of anxiety, fear, concern and insecurity were involved, as well as the importance of emphasizing discussions during graduation about the need for a more holistic medical approach. In addition, even though she was a medical student and knew a little about the procedure and the possible risks, she did not minimize the negative feelings during the pre- and post-operative periods. However, despite the difficulties throughout the process, from discovery to surgery, the support network in the postoperative period was important, as it helped to reduce anxiety and contributed to an early return to academic activities.

ACKNOWLEDGMENTS AND CONFLICTS OF INTEREST

The authors state that there was no conflict of interest.

FINANCING SOURCE

The authors state that there was no source of funding.

REFERENCES

1. Amâncio LC, et al. Olhar holístico em formação: experiência acadêmica conduzida pelo método clínico centrado na pessoa. Anais Colóquio Estadual de Pesquisa Multidisciplinar & Congresso Nacional de Pesquisa Multidisciplinar & Congresso Nacional de Pesquisa Multidisciplinar. 2019.
2. Baracat CM, Abdalla-Ribeiro HS, Araujo RS, Bernardo WM, Ribeiro PA. The Impact on Ovarian Reserve of Different Hemostasis Methods in Laparoscopic Cystectomy: A Systematic Review and Meta-analysis. *Revista Brasileira de Ginecologia e Obstetrícia / RBGO Gynecology and Obstetrics* [Internet]. Jun 2019 [citado 9 jun 2022];41(06):400-8. Disponível em: <https://doi.org/10.1055/s-0039-1692697>.
3. Barbosa TP, Beccaria LM, Pereira RA. Avaliação da experiência de dor pós-operatória em pacientes de unidade de terapia intensiva. *Revista Brasileira de Terapia Intensiva* [Internet]. Dez 2011 [citado 9 jun 2022];23(4):470-7. Disponível em: <https://doi.org/10.1590/s0103-507x2011000400012>.
4. Barros PS, et al. Avaliação da empatia médica na percepção de médicos e pacientes em contextos público e privado de saúde. *Arq Ciênc Saúde* [Internet]. 2011 jan-mar [cited 2022 May 5];18:36-43. Available from: https://repositorio-racs.famerp.br/racs_ol/vol-18-1/IDS%205%20-%20jan-mar%202011.pdf
5. Blumenthal MD. ERAS: Roteiro para uma jornada segura no perioperatório. Anesthesia Patient Safety Foundation [Internet]. 2019 Jun. [cited 2022 Apr 21];2 Available from: <https://www.apsf.org/pt-br/article/eras-roteiro-para-uma-jornada-segura-no-perioperatorio/>.
6. Costa FD, et al. Empatia, Relação Médico-paciente e Formação em Medicina: um Olhar Qualitativo. *REVISTA BRASILEIRA DE EDUCAÇÃO MÉDICA* [Internet]. 2010 Jun. [cited 2022 May 5];262-269. DOI <https://doi.org/10.1590/S0100-5502201000020001>. Available from: <https://www.scielo.br/j/rbem/a/DXLM4sxwdBNtjGcvBCSjrSj/?format=pdf&lang=pt>.
7. Fighera Jossiele, Viero Eliani Venturini. Vivências do paciente com relação ao procedimento cirúrgico: fantasias e sentimentos mais presentes. *Rev. SBPH* [Internet]. 2005 Dez [citado 2022 Mai 05]; 8(2): 51-63. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582005000200005&lng=pt.
8. Goidanich Marcia, Guzzo Fabíola. Concepções de vida e sentimentos vivenciados por pacientes frente ao processo de Hospitalização: O Paciente Cirúrgico. *Rev. SBPH* [Internet]. 2012 Jun [citado 2022 Jun 09]; 15(1): 232-248. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582012000100013&lng=pt.

9. Graham LA, et al. Determinantes psicossociais da reinternação após a cirurgia. Cuidados com a saúde [Internet]. 2021 Out. [cited 2022 Apr 25]; DOI 10.1097/MLR.00000000001600. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8425630/>.
10. HOWARD, Fm. Surgical management of benign cystic teratoma. Laparoscopy vs. laparotomy. The Journal Of Reproductive Medicine, [s. l], v. 40, n. 7, p. 495-499, jul. 1995. Howard FM. Manejo cirúrgico de teratoma cístico benigno. Laparoscopia vs. laparotomia. J Reprod Med [Internet]. 1995 jul. [cited 2022 Apr 28];40:495-499. Available from: <https://pubmed.ncbi.nlm.nih.gov/7473436/>.
11. Hur Y, et al. Percepções de estudantes de medicina e pacientes sobre atitude centrada no paciente. Korean journal of medical education [Internet]. 2017 Feb 28 [cited 2022 Apr 21];29:33-39. DOI <https://doi.org/10.3946/kjme.2017.51>. Available from: <https://www.kjme.kr/journal/view.php?doi=10.3946/kjme.2017.51>.
12. Lins Maria Laura Rodrigues, Evangelista Carla Braz, Gomes Gabriela Lisieux Lima, Macedo Jaqueline Queiroz de. Home self-care after gynecological surgeries: elaboration and validation of educational material. Acta paul. enferm. [Internet]. 2021 [citado 2022 Abr. 25]; 34: eAPE03154. Disponible en: http://old.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002021000100301&lng=es. Epub 26-Nov-2021. <https://doi.org/10.37689/acta-ape/2021ao03154>.
13. Mateo-Sánchez HA, Mateo-Madrigal D, Dávalos-Álvarez A, Domínguez-Dorame F, Ku-González J. Preservación de la fertilidad en una paciente con teratoma bilateral. Reporte de un caso y revisión de la literatura. Cirugía y Cirujanos [Internet]. 11 nov 2020 [citado 9 jun 2022];88(92). Disponible em: <https://doi.org/10.24875/ciru.20000480>
14. Periañez Carlos Alberto Henao, Diaz Marcio Alexander Castillo, Bonisson Priscila Lara Vieira, Simino Giovana Paula Rezende, Barbosa Maria Helena, Mattia Ana Lúcia De. RELATIONSHIP OF ANXIETY AND PREOPERATIVE DEPRESSION WITH POST-OPERATIVE PAIN. Texto contexto - enferm. [Internet]. 2020 [cited 2022 June 09]; 29: e20180499. Available from: http://old.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072020000100321&lng=en. Epub Feb 17, 2020. <https://doi.org/10.1590/1980-265x-tce-2018-0499>.
15. Pimenta CA, Santos EM, Chaves LD, Martins LM, Gutierrez BA. Controle da dor no pós-operatório. Revista da Escola de Enfermagem da USP [Internet]. Jun 2001 [citado 9 jun 2022];35(2):180-3. Disponível em: <https://doi.org/10.1590/s0080-62342001000200013>.
16. Quek TT, et al. A Prevalência Global de Ansiedade entre Estudantes de Medicina: Uma Meta-Análise. Int J Environ Res Saúde Pública [Internet]. 2019 Jul 31 [cited 2022 Apr 28];16(31ª) DOI 10.3390/ijerph16152735. Available from: <https://pubmed.ncbi.nlm.nih.gov/31370266/>.
17. Rato ML. Underneath the academic curiosity. Med Teach [Internet]. 2017 Out. [cited 2022 Apr 28]; DOI 10.1080/0142159X.2017.1301660. Available from: <https://pubmed.ncbi.nlm.nih.gov/28332411/>.
18. SUN L, et al. Correlations between Psychological Symptoms and Social Relationships among Medical Undergraduates in Anhui Province of China. SAGE journals. 2021 Nov 21:29 - 27.
19. Vasconcelos IH, Andrade RN, Rodrigues BA, Assis BL, Santos LD, Alves LL, Rosa MJ, Carvalho MA, Freire RC, Scanagatta. Benefícios relacionados à cirurgia minimamente invasiva na ginecologia. Revista Científica Multidisciplinar Núcleo do Conhecimento [Internet]. 26 dez 2020 [citado 9 jun 2022]:28-54. Disponível em: <https://doi.org/10.32749/nucleodoconhecimento.com.br/saude/invasiva-na-ginecologia>.
20. Willems J. A diferença de percepção de qualidade entre funcionários e pacientes em hospitais. Cuidados de saúde gerenciam rev [Internet]. 2018 Abr/Jun [cited 2022 Apr 21];43:157-167. DOI 10.1097/HMR.000000000000137. Available from: <https://pubmed.ncbi.nlm.nih.gov/27984405/>.