

NURSE PERFORMANCE DURING HOSPITALIZATION OF A PATIENT WITH COLORECTAL CANCER: EXPERIENCE REPORT

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Abstract: Introduction: Cancer is a term that encompasses more than 100 different types of malignant diseases that have in common the disorderly growth of cells, which can invade adjacent tissues or organs from a distance. Dividing rapidly, these cells tend to be very aggressive and uncontrollable, leading to the formation of tumors that can spread to other regions of the body. Nursing in the performance of its profession is faced with patients with the most varied types of cancer, based on this finding, the need to write this chapter arose, in order to provide better assistance to these patients, as well as to their families. **Objective:** to describe the performance of the nurse who assists the patient with colorectal cancer during hospitalization. **Methodology:** Experience report on the performance of the nurse with a patient with colorectal cancer, in a clinical inpatient unit of a university hospital, in May 2022, located in Porto Alegre. **Experience report:** Patient is hospitalized in a clinical hospitalization unit for oncological treatment, anamnesis, physical examination is carried out, the presence or absence of a support network is verified, limitations for self-care, food acceptance, the prescribed drug therapy is managed and provided. care for intercurrents and medical request if necessary. Other teams may be requested (via system consultancy), according to the nurse's assessment. **Conclusion:** The importance of the role of the nurse in the hospitalization of the patient with cancer was evidenced, through the integral vision centered on the patient in all phases of the diagnosis, curative treatment or in the control of symptoms, carrying out tests and supporting the family. Care in oncology requires nurses not only to have knowledge of the disease itself, but also to be able to deal with the feelings of patients and their own emotions when dealing with the patient, with or without the possibility of a cure, seeking care each time. more humanized.

Key words: Colorectal cancer; Patient; Assistance

INTRODUCTION

Cancer is a term that encompasses more than 100 different types of malignant diseases that have in common the disorderly growth of cells, which can invade adjacent tissues or organs from a distance. Dividing rapidly, these cells tend to be very aggressive and uncontrollable, leading to the formation of tumors that can spread to other regions of the body. The different types of cancer correspond to the various types of cells in the body. When they start in epithelial tissues, such as the skin or mucous membranes, they are called carcinomas. If the starting point is the connective tissues, such as bone, muscle or cartilage, they are called sarcomas.

For Brazil, for each year of the 2020-2022 triennium, there are an estimated 20,540 cases of colon and rectal cancer in men and 20,470 in women. These values correspond to an estimated risk of 19.64 new cases per 100,000 men and 19.03 per 100,000 women. Colorectal cancer is more prevalent in developed countries, suggesting a relationship with economic development. Its incidence is high in North America and Europe and low in South America, Africa and Asia. The United States has one of the highest rates of colorectal cancer in the world, it is higher in urban regions compared to rural regions and in whites compared to blacks. Regarding gender, cancer is more frequent in women than in men, demonstrating mortality statistics for colon carcinoma the average of 55% for females is 45% for males, taking into consideration, the region in which who inhabit. The vast majority of cases are between the 4th and 7th decade, with an average age between 50 and 60 years. The white race is much more committed than the other races.

The diagnosis of colon cancer is established

by histopathological examination of a tumor specimen obtained through colonoscopy or examination of a surgical specimen. Colonoscopy is the preferred method of diagnosis, as it allows the examination of the entire large intestine and the removal or biopsy of polyps that may be located outside the area of resection of the main lesion. Diagnosis of the disease by contrast-enhanced radiological examination of the colon (barium enema) must be reserved for when there is no access to colonoscopy or when there is a medical contraindication for this examination.

The investigation of possible intra-abdominal and pelvic metastases must alternatively be performed using computed tomography or magnetic resonance imaging. The investigation of lung metastases must be performed using chest tomography. In cases of suspected rectal cancer based on the clinical history, a proctological examination (digital rectal examination) is mandatory.

Correct identification of the lesion site and the possibility of obtaining a specimen for histopathological examination make rectosigmoidoscopy (rigid or flexible) always indicated in cases of suspected rectal cancer. In confirmed cases of the disease, the infiltration and extension of the rectal tumor must be evaluated by magnetic resonance imaging. Because of the risk of synchronous colon tumors, colonoscopy must be performed whenever possible before treating these patients. Positron emission tomography (PET-CT) is indicated in very specific situations and must not be routine. (BRASIL, 2003a; BRASIL, 2003b; BRASIL, 2014).

Bowel cancer is a treatable and often curable disease. Surgery is the initial treatment, removing the affected part of the intestine and the lymph nodes (small structures that are part of the body's defense system) inside the abdomen. Other stages of treatment include radiotherapy (use of radiation), with or

without chemotherapy (use of medication), to reduce the possibility of recurrence (return) of the tumor. Treatment mainly depends on the size, location and extent of the tumor. When the disease is widespread, with metastases to the liver, lung or other organs, the chances of cure are reduced. After treatment, it is important to carry out medical follow-up to monitor recurrences or new tumors.

The main factors related to a higher risk of developing bowel cancer are: age equal to or above 50 years, excess body weight and unhealthy diet (ie, low in fruits, vegetables and other foods that contain fiber). Consumption of processed meats (sausage, mortadella, sausage, ham, bacon, turkey blanquet, turkey breast and salami) and excessive intake of red meat (above 500 grams of cooked meat per week) also increase the risk for this condition, type of cancer. Other factors related to a greater chance of developing the disease are a family history of bowel cancer, a personal history of bowel, ovarian, uterine or breast cancer, as well as smoking and alcohol consumption.

Inflammatory bowel diseases such as chronic ulcerative colitis and Crohn's disease also increase the risk of bowel cancer, as well as inherited diseases such as familial adenomatous polyposis (FAP) and hereditary non-polyposis colorectal cancer (HNPCC). Patients with these diseases must have individualized follow-up. Occupational exposure to ionizing radiation, such as X-rays and gamma rays, may increase the risk of colon cancer. Thus, professionals in the field of radiology (industrial and medical) must be more attentive.

The World Health Organization (WHO) estimates that cancer cases will increase by about 81% in developing countries by 2040. The main cause is the lack of resources devoted to prevention. In a statement released on 02/03/2020, the UN warns that if current trends continue, the world will register a

global increase of 60% in cancer cases in the coming decades. In 2018, WHO accounted for 18.1 million new cases of the disease, and the organization estimates that this number will reach between 29 and 37 million by 2040. In developing countries, which have the highest mortality rates, they must register the largest increase: 81%, according to projections.

Nursing in the performance of its profession is faced with patients with the most varied types of cancer, based on this finding, the need to write this chapter arose, in order to provide better assistance to these patients, as well as to their families. The objective of this article is to report the experience in the performance of the nurse who assists the patient with colorectal cancer.

METHODOLOGY

According to Pereira et al (2018), one of the main characteristics of scientific knowledge is its structure, as it consists of ordered knowledge, which is built from a set of ideas. Another characteristic of scientific knowledge is that it is verifiable, that is, a certain idea must be verified and proven from the perspective of science so that it can be part of scientific knowledge.

The organization of this research took place in the following steps:

- 1) identification of the descriptors (DeCS) in the Virtual Health Library (VHL), selecting those considered relevant for the achievement of the experience report: Colorectal cancer; Patient; Assistance.
- 2) in the second stage, a bibliographic survey was carried out using these descriptors through an online search in the SCIELO database, refining the search for the period of the last 5 years.
- 3) and finally proceeded with the description of the experience report, seeking to relate the knowledge acquired with the bibliographic survey and the

practice developed in the institution and in the protocols established by it.

RESULTS AND DISCUSSION

The nurse is the professional responsible for assisting cancer patients and her role is part of the care process for people with a chronic disease, such as colorectal cancer, playing an active and participatory role in their rehabilitation, in the care process, participating in the entire process. of rehabilitation, which must occur with dynamism in order to face the problems of acceptance, adaptation and especially in carrying out self-care at home, according to Valle, Turrini and Poveda (2017).

At the time of hospitalization of the patient in a clinical hospitalization unit for oncological treatment, the nurse is responsible for:

- coordinate the hospitalization, introducing himself to the patient and family in a cordial and kind way;
- situate the patient in the hospitalization unit, providing main routines;
- perform anamnesis, physical examination;
- check the presence or absence of a support network;
- check limitations for self-care;
- check food acceptance and release the prescribed diet;
- managing the prescribed drug therapy;
- provide care for intercurrents and request a doctor if necessary, other teams may be requested (via system consultancy), according to the nurse's evaluation;
- keep the patient comfortable and advise him to call if necessary.

The patient with colon cancer needs the assistance of many professionals. It is essential that all team members perform coordinated and harmonious teamwork. The nurse plays an important role with the patient, helping him to understand the implications of the diagnosis and treatment, through the collaboration of the multidisciplinary team

Education, emotional support, information about the patient's disease and its treatment, carrying out procedures, Knowledge of medications and side effects are some of the responsibilities of nurses working in oncology.

The Systematization of Nursing Care becomes an important instrument, which, if followed with care and responsibility, it is possible to provide quality care, mainly targeting the patient as a whole, and not just the disease he has, not just focusing on the techniques, but also the guidelines and follow-up.

Pay attention to all stages of systematization and prepare this patient from the discovery of the disease, the preoperative period, to hospital discharge and going home, always encouraging self-care.

CONCLUSION

The importance of the role of the nurse in the hospitalization of the patient with cancer was evidenced, through the integral vision centered on the patient in all phases of the diagnosis, curative treatment or in the control of symptoms, carrying out tests and supporting the family. Care in oncology requires nurses not only to have knowledge of the disease itself, but also to be able to deal with the feelings of patients and their own emotions when dealing with the patient, with or without the possibility of a cure, seeking care each time. more humanized.

REFERENCES

- BRASIL. Ministério da Saúde. Instituto Nacional de Câncer. **Prevenção do câncer do intestino**. RBC, 2003. Acesso em: 03 fev. 2020. Disponível em: http://www.inca.gov.br/rbc/n_49/v04/pdf/norma5.pdf (a)
- BRASIL. Ministério da Saúde. Secretaria de Assistência à Saúde. **Instituto Nacional de Câncer. Falando sobre câncer do intestino**. Rio de Janeiro: INCA, 2003. Acesso em: 03 fev. 2020. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/Falando_sobre_Cancer_de_Intestino.pdf (b)
- BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. **Protocolos clínicos e diretrizes terapêuticas em Oncologia**. Brasília : Ministério da Saúde, 2014. Acesso em: 03 fev. 2020. Disponível em: <http://portalarquivos.saude.gov.br/images/pdf/2016/outubro/19/livro-pcdt...>
- PEREIRA, Adriana Soares et al. **Metodologia da pesquisa científica**. Santa Maria, RS: UFSM, NTE, 2018. Acesso em 03 fev. 2020. Disponível em: https://www.ufsm.br/app/uploads/sites/358/2019/02/Metodologia-da-Pesquisa-Cientifica_final.pdf
- VALLE, Tháina Dalla; TURRINI, Ruth Natalia Teresa; POVEDA, Vanessa de Brito. Fatores intervenientes para o início do tratamento de pacientes com câncer de estômago e colorretal. **Revista Latino-Americana de Enfermagem**, n.25, 2017. Acesso em: 03 fev. 2020. Disponível em: <https://www.scielo.br/j/rlae/a/VqbXv3GwM4WJS6qtj9wVKKd/?lang=pt&format=pdf>