

Postoperative cancer pain management by the nursing team*

Gerenciamento da dor no pós-operatório de pacientes com câncer pela enfermagem

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ABSTRACT

BACKGROUND AND OBJECTIVES: Cancer pain of patients submitted to surgery should be managed during their whole clinical evolution, taking into consideration their physiological and emotional needs. Based on that, a question was posed: “How is the immediate postoperative pain management of cancer patients by the Perioperative Nursing team?” This study aimed at reflecting about immediate postoperative cancer pain management by the perioperative nursing team.

CONTENTS: This was a literature research with qualitative approach, based on content analysis. Data were collected from Scielo, LILACS and Medline databases, from the Virtual Health Library platform (BIREME). The objectives of the study were complete articles online published by national and international journals in English and Portuguese, indexed from 1999 to 2011 as from Health Sciences Keywords (DECS): “*nursing care*”, “*pain*”, “*postoperative period*” and “*cancer*”, being those considered inclusion criteria.

Information was interpreted according to a hermeneutic view. After organization, the following categories were obtained: “Postoperative cancer pain management represented by (de) humanized and subjective nursing assistance”; “postoperative cancer pain management represented by scales measurements and signs and symptoms”; “Postoperative cancer pain management represented by nursing interventions”.

CONCLUSION: Care of cancer patients submitted to surgery requires the development of specific evaluation and therapeutic skills by the perioperative nursing team, who will intermediate humanized pain management.

Keywords: Cancer, Nursing care, Pain, Postoperative period.

RESUMO

JUSTIFICATIVA E OBJETIVOS: A dor do paciente com câncer que é submetido à cirurgia deve ser gerenciada durante toda a sua evolução clínica, levando em consideração suas necessidades fisiológicas e emocionais, baseando-se nisso, emergiu a indagação: “Como ocorre o gerenciamento da dor no pós-operatório imediato de pacientes com câncer pela equipe de Enfermagem Perioperatória?”. O objetivo deste estudo foi refletir sobre o gerenciamento da dor no pós-operatório imediato de pacientes com câncer pela equipe de enfermagem perioperatória.

CONTEÚDO: Foi realizada pesquisa bibliográfica com abordagem qualitativa baseada na análise de conteúdo temática. As fontes para coleta dos dados foram as bases de dados da Scielo, LILACS, e Medline, da plataforma da Biblioteca Virtual em Saúde (BIREME), os objetos de estudo foram artigos disponíveis na íntegra, on-line, publicados em periódicos nacionais e internacionais nos idiomas inglês, português indexados no período de 1999 a 2011 a partir dos Descritores em Ciências da Saúde (DECS): “*cuidado de enfermagem*”, “*dor*”, “*período pós-operatório*”; “*câncer*”; sendo estes os critérios de inclusão adotados. As informações foram interpretadas segundo a visão hermenêutica. Após organização, obtiveram-se categorias: “O gerenciamento da dor no pós-operatório de pacientes com câncer representado pela assistência de Enfermagem (dês) humanizada e subjetiva”; “O gerenciamento da dor no pós-operatório de pacientes com câncer representado pela mensuração das escalas e dos sinais e sintomas”; “O gerenciamento da dor no pós-operatório de pacientes com câncer representado pelas intervenções de Enfermagem”.

CONCLUSÃO: O cuidado destes pacientes exige o desenvolvimento de habilidades específicas de avaliação e terapia pela enfermagem perioperatória, que intermediarão o gerenciamento humanizado da dor.

Descritores: Câncer, Cuidados de enfermagem, Dor, Período pós-operatório.

INTRODUCTION

Immediate postoperative pain management involves pharmacological or non pharmacological care. In case of chronic cancer pain patients, this management receives a holistic approach, since these patients have already potentially being submitted to painful invasive procedures which, together

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with the disease, bring distress. So, a large part of patients with such diagnosis experiences pain, which makes extremely important the qualification of health professionals with regard to its management¹.

In considering cancer patients' pain, one should take into consideration physical, emotional and social aspects involving these patients' perception of pain, aiming at implementing approaches related to the holistic management of pain in this special population².

The Perioperative Nursing (PE) is being adapted to the care of patients with disease and chronic pain pre-existing the surgical treatment, which requires specific abilities and development of skills of the professionals of this specialty.

Currently, nurses taking care of surgical patients should focus their efforts in the constant evaluation of the presence and intensity of reported postoperative pain, to adequately manage the fifth vital sign³. Its management by the PE team is fundamentally based on evaluation, starting with patient admission to the preoperative period throughout the whole surgical experience, aiming at, first, postoperative pain prevention and, second, its adequate management according to the subjectivity and previous history of disease and pain of those patients^{3,4}.

Efforts should be made to train nursing professionals in the management of painful patients⁵.

It is clear the need for further efforts of the nursing team with regard to improving the management of pain as the fifth vital sign. This is emphasized when painful patients have previous history of chronic diseases and limiting or disabling situations such as cancer⁶.

Considering the elements to be recognized by the Nursing Team to manage pain, one should stress adequate evaluation tools, interview by nurses, in addition to pharmacological and non pharmacological treatment proposals^{1,4,6-8}.

As from literature reports, a question has oriented this study: *"How is immediate postoperative cancer pain managed by the Perioperative Nursing team?"*

This study is justified by the gap in the literature with regard to managing the fifth vital sign of cancer patients submitted to surgery.

This study aimed at describing immediate postoperative cancer pain management by PE teams.

CONTENTS

This is a descriptive qualitative study. Data were collected from Scielo, LILACS and Medline databases, from the Virtual Health Library platform (BIREME).

The objectives of this study were complete articles available online, published in national and international journals in English or in Portuguese, indexed from 1999 to 2011 as from Health Sciences Keywords (HSK): *"nursing care"*, *"pain"*, *"postoperative period"*, *"cancer"*, which were the inclusion criteria.

Data were collected from October 2011 to February 2012, as from the guiding question: *"How is immediate postopera-*

tive cancer pain managed by the Perioperative Nursing team?"

After the categorization process, the following categories have emerged: "Management of postoperative cancer pain represented by the (de) humanized and subjective Nursing assistance", "Management of postoperative cancer pain represented by the measurement with scales and of signs and symptoms" and "Management of postoperative cancer pain represented by Nursing interventions".

Management of postoperative cancer pain represented by the (de) humanized and subjective Nursing assistance

Management, sensitivity and perception of the nursing team are critical for the evaluation and assistance to adequately treat painful patients.

*"As from sensitivity and perception, nurses precisely detect pain... provide closeness, interaction with patients"*⁹.

Qualified professionals to control pain have higher possibilities of assuring a more humanized assistance to patients. The holistic care involving pain management of cancer patients submitted to surgery involves the need for consideration of biological, emotional and behavioral aspects of such patients^{5,10}:

*"Pain is considered a syndrome resulting from physical and emotional aspects which have to be taken care of"*¹¹.

The consideration exposed by the authors is confirmed by the statement that the development of resilience in the abilities of being, having, being able to and wanting to, contributing for a reflection about cancer patients' assistance¹². Thus, the humanized care of cancer patients with postoperative pain goes beyond the establishment of evaluation and pharmacological treatment rules:

*"A way to evaluate pain is to trust words and behaviors... for a humanized assistance"*¹⁶.

To detect cancer patients' pain, nurses have to know how to evaluate, by means of sensitivity and perception, providing interaction between patients and caregivers⁹.

The care of cancer patients with pain in the Post-Anesthetic Care Unit (PACU) may be influenced by previous or triggering stimuli which may have consequences:

*"Pain management in an individualistic way... discarding evaluation and management protocols contributes to dehumanization"*¹⁰.

Cancer pain control should be evaluated in a unique way, being individual for each patient and with responsibility, for the assistance to be adequate.

When dealing with aspects involving pain management teaching as the fifth vital sign, the qualification of professors and students about the subject significantly contributes for pain management⁵.

So, in this category, it has been observed that nursing care with regard to pain involves the consideration of the subjectivity of pain perception by cancer patients. In addition to other signs and symptoms, expressions, means of communication and also verbal and non verbal reports of patients in the postoperative period should also be taken into consideration.

Management of postoperative cancer pain represented by the measurement with scales and of signs and symptoms

In this category, it is noticed that all nurses need to be familiar with tools used to measure pain intensity, which requires competence and skills for the assistance of symptoms to relieve pain.

“To measure PO pain intensity, scales and specific treatment evaluation tools are recommended”⁸.

Among procedures involving cancer pain management, one should stress the evaluation and attention given to the fifth vital sign, since PACU admission to discharge.

“Clients should be asked whether they have pain from the admission to discharge [...]”⁴.

In case of cancer pain, the more effective is pain evaluation, the better will be the establishment of the analgesic therapy, thus also decreasing admission costs^{13,14}. Considering that each patient experiences pain in a different way, nurses should manage pain in a comprehensive way, taking into consideration all economic, biological and emotional factors^{2,13,15}.

Postoperative pain may be further worsened by assistance complexity demands, such as physical structure, equipment noise and people moving around¹⁶. In such cases, the knowledge of Oncologic Nursing may help qualifying nurses and may contribute for adequate assistance^{12,16}.

There is the urgent need to include the teaching of pain in the curricula of health area graduation courses, aiming at and assuring that future professionals know how to take care of chronic pain patients, using all tools to evaluate possible signs and symptoms⁵.

So, this category points to the need for the development of nursing skills in the use of postoperative cancer pain evaluation tools, and for the insertion of pain in their qualification curriculum.

Management of postoperative cancer pain represented by Nursing interventions

In this category, it is noticed that knowing how to use different intervention tools, both pharmacological and non pharmacological, helps Nurses to identify the need of each patient with postoperative pain.

Pain may limit patients' daily activities, such as appetite and sleep, thus leading to feelings of abandon, depression and anxiety. Pain management should be a priority to relieve distress and decrease pain¹⁷⁻¹⁹.

“When evaluating PO pain, one should pay attention to emotional aspects, anxiety, daily and social activities, and sleep”²⁰.

Since pain management involves pharmacological interventions, the perioperative nursing team has to be prepared to handle opioids and other pain relief drugs, that is, the team has to know how to manage such materials. This is paramount for cancer pain management and may imply shorter admission periods with consequent lower costs^{14,16}.

In addition to what has already been said, it is also important to stress the relationship among nurses, patients and their families for a better adhesion to the proposed treat-

ment. The holistic care involving pain management should be judicious, always aiming at patients' quality of life^{21,22}.

In patients with leukemia, a study has shown that the nursing team has a very important role in the care to overcome painful therapies patients have undergone and will still undergo¹⁸.

In addition to pharmacological measures, nurses use additional measures, such as physical and emotional comfort of such patients, change in position in case of bedridden patients, care with operative wound dressing, therapeutic listening and humanized care⁵.

Pain management and interventions used were considered in this category. Pharmacological and non pharmacological methods represent a support for the treatment of such patients and it is up to nurses to use techniques to assist acute PO pain of cancer patients.

CONCLUSION

This study aimed at describing immediate postoperative pain management of cancer patients by the Perioperative Nursing team, as from a literature review and approach based on hermeneutic view. As from this analysis the following categories have emerged: “Management of postoperative cancer pain represented by the (de) humanized and subjective Nursing assistance”, “Management of postoperative cancer pain represented by the measurement with scales and of signs and symptoms” and “Management of postoperative cancer pain represented by Nursing interventions”.

It is noticed that the nursing team should be prepared to manage postoperative pain of cancer patients, using available tools and identifying pharmacological and non pharmacological interventions needed for each patient.

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