Patterns of Symptoms in Women After Gynecologic Surgery

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Patients with cancer experience a variety of symptoms as a result of their disease and treatment. Management of multiple symptoms has been a priority of symptom research for a number of years and remains an important topic (Oncology Nursing Society, 2005). Studies about multiple symptoms in women with gynecologic cancers are limited compared to common cancers such as breast or lung (Ahlberg, Ekman, & Gaston-Johansson, 2005; Donovan & Ward, 2005). Importantly, most women with ovarian or uterine cancers experience severe symptoms because of advanced disease and aggressive treatment (Rubin, 2001); therefore, a need exists to study symptoms in women with gynecologic cancers.

Background and Significance

Gynecologic cancers include several types. Ovarian cancer, the ninth most common cancer in women, is the fifth leading cause of gynecologic cancer deaths in women in the United States (American Cancer Society, 2009). Women with ovarian cancer experience severe symptoms over time because of the advanced stage of disease at diagnosis and treatments. Treatment of ovarian cancer involves radical abdominal and pelvic surgery and debulking, typically followed by combination treatment with chemotherapy drugs for five to six months that can cause neuropathy and other unpleasant and debilitating symptoms (Martin, 2007). Despite treatment, women with ovarian cancer often decline and suffer physically. Psychological-related symptoms also occur because of an uncertain prognosis and decreased quality of life (QOL) (Rubin, 2001; Salzberg et al., 2005). For uterine cancer, adjuvant pelvic radiotherapy after radical surgery causes various side effects (mainly gastrointestinal), including fatigue, nausea, vomiting, and lack of appetite (Caffo et al., 2003). Available descriptions of symptom experiences are limited in women with uterine cancer and other gynecologic cancers after surgery (Ahlberg et al., 2005; Donovan & Ward, 2005). Symptoms after surgery in women with gynecologic cancers, particularly ovarian cancer, are poorly understood.

Purpose/Objectives: To explore patterns of symptoms over time and the relationships between selected demographic and clinical characteristics.

Design: Secondary analysis of longitudinal data.

Setting: A hospital and comprehensive cancer center in the northeastern United States.

Sample: 66 women with gynecologic cancers, postsurgical, and scheduled to receive chemotherapy.

Methods: A secondary analysis using descriptive and general estimating equation statistical procedures was conducted on symptom and disease data in a subset of a larger nursing intervention study.

Main Research Variables: Demographic and clinical variables including cancer site, new diagnosis or recurrence, stage, treatment, comorbidities, emotional distress, use of a symptom management tool kit, and 10 symptoms over time.

Findings: Two patterns of symptoms were identified. The first pattern (pain, bowel dysfunction, disturbed sleep, depression, nausea, and lack of appetite) decreased, and the second pattern (fatigue, anxiety, hair loss, and numbness) remained constant over time. The total number of symptoms decreased over time. Factors associated with symptoms, such as the use of a tool kit and emotional distress, were identified.

Conclusions: Tool kit use by women who experienced fatigue, bowel dysfunction, and anxiety suggests its usefulness as a self-care guide. Explanations for the two patterns of symptoms are discussed.

Implications for Nursing: Postsurgical management should include management and monitoring of symptoms associated with treatment. Screening for emotional distress is recommended in this population. Use of the tool kit could be an effective postsurgical management strategy for women with gynecologic cancers.