

Care for larynx cancer patients under a holistic perspective: nursing approach in the inca

Santos, Maria Cristina Marques dos; Raimundo, Durval Diniz; Soares, Eenedina; Guedes, Maria Teresa dos Santos

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Santos, M. C. M. d., Raimundo, D. D., Soares, E., & Guedes, M. T. d. S. (2015). Care for larynx cancer patients under a holistic perspective: nursing approach in the inca. *Revista de Pesquisa: Cuidado é Fundamental Online*, 7(3), 2649-2658. <https://doi.org/10.9789/2175-5361.2015.v7i3.2649-2658>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online


 ISSN 2175-5361
 DOI: 10.9789/2175-5361

RESEARCH

Assistência aos portadores de câncer de laringe sob a perspectiva da integralidade: abordagem do enfermeiro no inca

Care for larynx cancer patients under a holistic perspective: nursing approach in the inca

Asistencia a los pacientes con cáncer de laringe bajo la perspectiva de integridad: enfoque de enfermeras en la inca

Maria Cristina Marques dos Santos ¹, Durval Diniz Raimundo ², Enedina Soares ³, Maria Teresa dos Santos Guedes ⁴

ABSTRACT

Objective: Demonstrate the importance of the concept of the Extended Clinic in the disease process, from the experience of professional nursing with larynx cancer patients, and surveying the nursing interventions conducted from the Holistic healthcare perspective. **Method:** Analysis of secondary data of records of laryngeal cancer patients, enrolled in the outpatient Head and Neck Section of INCA in the period from 01 March 2012 to 23 May 2013. **Results:** showed the importance of the records to prove team's work and the importance of the Extended Clinical Nursing philosophy and tool to the work processes in health turn to the production of care focused on clients and contradictions in trying to inter-relationship with health services outside the institution. **Descriptors:** Nursing, Nursing care, Oncology.

RESUMO

Objetivos: Demonstrar a importância da concepção de Clínica Ampliada no processo saúde-doença, a partir da experiência do profissional de Enfermagem com portadores de câncer de laringe; e levantar as intervenções de Enfermagem realizadas na perspectiva da integralidade do cuidado em saúde. **Método:** Análise de dados secundários dos prontuários de portadores de câncer de laringe, matriculados no ambulatório da Seção de Cirurgia de Cabeça e Pescoço do INCA no período de 01 de março de 2012 a 23 de maio de 2013. **Resultados:** Mostrou a importância dos registros para a comprovação do trabalho da equipe de Enfermagem e a importância da Clínica Ampliada como filosofia e ferramenta para que os processos de trabalho em saúde se voltem para a produção do cuidado centrado nos clientes e as contradições na tentativa de inter-relação com serviços de saúde fora da instituição. **Descritores:** Enfermagem, Cuidado de enfermagem, Oncologia.

RESUMEN

Objetivos: Demostrar la importancia del diseño del proceso de la enfermedad clínica ampliada, a partir de la experiencia de los profesionales de enfermería con los pacientes con cáncer y aumentar las intervenciones de enfermería realizadas en vista de la integridad de la atención sanitaria. **Métodos:** análisis secundario de datos de los registros de los pacientes con cáncer de laringe, se matriculó en la sección ambulatoria de Cabeza y Cuello INCA en el período comprendido entre marzo 1, 2012 hasta mayo 23, 2013. **Resultados:** muestran la importancia de los registros para demostrar el trabajo en equipo y la importancia de la Enfermería Clínica filosofía extendido y una herramienta para los procesos de trabajo en vez de la salud a la producción de la atención centrada en los clientes y contradicciones al tratar de interrelación con los servicios de salud fuera de la institución. **Descriptores:** Enfermería, Cuidados de Enfermería, Oncología.

1. Master Degree (UNIRIO); Specialist in Health Administration (UERJ); Nurse in the Outpatient Clinic of Head and Neck Surgery, email: maria.cristina@inca.gov.br 2. Master Degree (UNIRIO); Nursing Specialist in Infectious and Parasitic Diseases (FIOcruz); Intensivist Nurse at the Clinic of São Vicente da Gávea-RJ, email: durvaldiniz@bol.com.br 3. PhD in Nursing from the University of Rio de Janeiro (UFRJ); retired teacher of the Federal University of Rio de Janeiro State (UNIRIO); collaborator of the Graduate Nursing Program at UNIRIO (PPgenf), email: soaresen@ig.com.br 4. Master in Nursing (UNIRIO); Specialist in Oncology (INCA/UFRJ); Nursing Coordinator of National Bank of Tumors (INCA), email: guedesmts@hotmail.com.br

INTRODUCTION

Through the professional experience in the National Cancer Institute (INCA), at the Head and Neck Surgery clinic, it is perceived that the complexity of care for people affected by neoplasm of the larynx, which can develop compromise of essential bodily functions such as breathing, swallowing and phonation. In addition, both the disease and the treatment are visible on the face and neck and, therefore, perceptible to others. Thus, an impairment to health, which now saves itself stigmas and prejudices, adds to factors that negatively affect body image, hindering social interaction of its bearers.¹

The diagnosis of a disease like cancer causes important transformations in the life of the people, with social, emotional and physical implications, as well as aggravating difficulties such as lack of resources and of family bonds, potentially generating situations of conflict. On the other hand, it lets the client and their family engage strategies to deal with the effects caused by the disease and its treatment.²

Being a disease that requires long-term treatment, the professionals at the INCA act in the identification of the conditions of life and the factors that interfere in the health-disease process. From there, mobilize the users and their families in the direction of the referencing internal resources, and sometimes outside the institution.

Larynx cancer, according to estimates, serve as the occurrence of approximately 6,110 new cases, with an estimated risk of 6 cases for each 100,000 men in Brazil.³ The epidemiological profile of cancer has aroused, globally, governmental concern. In the Brazilian context, regarding the prevention and control, the INCA is responsible for actions, campaigns and programs at the national level. In line with the National Policy of Oncology Care of the Ministry of Health (Decree GM/MS 2,439/2005).⁴ This Ordinance considers the regional diversity and recognizes the integrality as guideline for organization of line of care in oncology care, in order to ensure conditions of access to care in oncology and early diagnosis in Primary Health Care.

With the proposal to strengthen the integral health care launched in 2003, the National Policy of Humanization (NPH) sought to put the SUS principles into practice. The NPH is linked to the Department of Health Care of the Ministry of Health, Department of Programmatic and Strategic Actions (DAPES), building of shared form action plans to promote and disseminate innovations in health as the philosophy of the Expanded Clinical. This is where health care is not only a level of care in the healthcare system, but corresponds to the integral action, which have meanings and feelings toward understanding of health as a *right to be*, in the intra- and extra-institutional environment.⁵⁻⁶

In philosophy of the Extended Clinic the work object of any health professional should be the person or groups of persons, whatever the specialty it should be well defined. The Extended Clinic stimulates extending the work object so that people take responsibility for people.⁷

Considering the performance of the Nursing professional, specifically at the outpatient clinic of the Head and Neck Surgery, it is important to stress the existence of a joint work and reciprocal relationship in the multi professional healthcare team, which allows the exchange of knowledge within each sphere of action, systematizing information and actions that complement. This renders necessary assistance covering issues related to social and family problems arising from one of the main risk factors for laryngeal cancer, alcohol consumption, and the difficulty or inability of the client in verbally communicating and significant changes in body image.

Thus, a project was developed to search under the title " Assistance to patients with larynx cancer under the perspective of completeness: the interdisciplinary approach of the social worker and the nurse at INCA", approved by the Committee for Ethics in Research-INCA under no. 17952413.4.0000.5274, still in the stage of implementation. This article is an excerpt of this project, whose goals relating to the practice of nurses and his team were to demonstrate the importance of the concept of the Expanded Clinic in the health-disease process, from the experience of the Nursing professional with bearers of larynx cancer; and raise the Nursing interventions performed in the perspective of integrality of healthcare. Here are presented the results of the Nursing team's performance.

METHOD

The project was evaluated and approved by the Research Ethics Committee of INCA (CEP-INCA), with protocol number in the Brazilina Platform under CAAE No. 17952413.4.0000.5274.

Analysis was performed of secondary data from the medical records of patients with cancer of the larynx, enrolled at the Section of Head and Neck Surgery of the INCA in the period march 01, 2012 to May 23, 2013. Data were included for clients older than or equal to 18 years and who received care from the nurse at the outpatient clinics in the aforementioned section. The collected variables were gender, age, nationality, color, marital status, schooling, municipality of residence, smoking, alcoholism, Classification of Malignant Tumors (TNM) according to the 7th edition of the International *Union Against Cancer-American Joint Committee on Cancer* (AJCC) in UICC-1ST medical consultation and post-registration Nursing procedures performed.⁸ We performed a descriptive statistical analysis through absolute frequency, frequency percentage (%), simple arithmetic average (Average), median (Me), standard deviation (s) and associations through the tests of Kruskal Wallis (H) and the Chi-square (X^2).

RESULTS E DISCUSSION

The period chosen for the study, they were enrolled in Head and Neck Surgery Clinic 153 clients with laryngeal tumors with histological diagnosis of epidermoid carcinoma. Of these, the majority were male (n=134, 88%) and with age ranging from 46 to 65 years (n=99, 64.7%). Most were married or stated a consensual union (n=87, 57%). White Color was recorded for 93 clients (61%). Regarding housing, little more than half live outside the city of Rio de Janeiro-Capital (n = 79, 52%). The level of education was the most frequent Elementary Education (n = 107, 70%), shown in Table 1.

Table 1. Distribution according to sociodemographic characteristics of patients with laryngeal cancer registered in the period march 01, 2012 to May 23, 2013

Sociodemographic Characteristics	N	%
Gender		
Male	134	87.58
Female	19	12.41
Age Group		
18 to 45 years	3	1.96
46 to 65 years	99	64.7
66 years or more	51	33.33
Color		
White/light skin/light	93	60.78
Brown / brown / mulatto / mestizo	42	27.45
Black / negro / African / dark color	18	11.76
City of residence		
Rio de Janeiro (RJ), Capital,	74	48.36
Cities outside of Rio de Janeiro - Capital	79	51.63
Marital status		
Married/consensual union	87	56.86
Separated/divorced	18	11.76
Single	31	20.26
Widowed	17	11.11
Schooling		
Illiterate/adult literacy	14	9.15
Complete or incomplete elementary School	107	69.93
Complete or incomplete middle school	22	14.37
Complete or incomplete higher education	10	6.53
Total	153	100

Among the study participants, smoking (94.77%) and alcohol consumption (84.31) were cited frequently. Regarding the TNM staging, the majority were classified in AC III (37.9%) AC IV (27.45%). The most common treatments were radiotherapy alone (36.6%) and combination of surgery and radiotherapy (30.72%).

Regarding the quantitative Nursing consultations, each client is consulted at least 6 times and no more than 37 times. On average 12.61 consultations (Me = 11, s = 6.12) for each client were performed, which represents 1,930 Nursing consultations.

The total number of technical actions performed was 19,455, being that were performed a minimum of 63 and a maximum of 368 nursing procedures, which resulted in an average of 127.15 (Me = 111; s = 60.83). The results showed that 60.8% of the sample (N =

93) were in a range that ranged from 101 to 368 procedures performed. The minority of clients (N = 6; 39.2%) were in a range from 0 to 100 procedures performed.

The survey of technical actions performed by the Nursing Staff identified as technical procedures more frequently those related areas of tumor exposure in the cervical region, urgent tracheostomy for bailout of airway, tracheostomy or definitive surgical wound (SW) as training for maintenance of dressing at home, trichotomy of the face and cervical region, endotracheal aspiration and oropharyngeal debridement, instrumental, removal of sutures of surgical wounds and tracheostomies. The procedures specifically related to the technique of surgical dressing were identified, counted as a unit and called "Technical Procedures Related to Dressing" (TPRD). The set of TPRD included (1) cleaning of the oral cavity, (2) cleaning of the tracheostoma and cervical region, (3) application of coverings or topical medications for the promotion of healing, (4) placement of sterile gauze over the SW; (5) exchange of endotracheal tube; (6) application and fixation of crape bandage with gentle compression, according to Table 2.

Table 2. Distribution of technical procedures performed.

Discrimination	Average	Me	s	Minimum	Maximum	Total
Training for dressings	2.31	2	0.59	2	4	354
Trichotomy	6.14	5.0	3.62	1	19	939
Endotracheal and oropharynx Aspiration	2.82	2	1.65	1	11	431
Instrumental debridement	1.67	1	0.84	1	4	50
Removal of sutures	2.1	2	0.32	2	4	321
TPRD	113.47	99	55.1	54	333	17,360
Total procedures Techniques performed						19,455

The total nursing technique actions (n = 19,455) was compared in relation to the attribute variables, which in this study were gender, age, tumor stage and irradiation before surgery. The Kruskal-Wallis non-parametric test (H) was applied to assess their significance. It was found that it was significant in relation to age and preoperative irradiation, as shown in the results table 3.

Table 3. Comparison of total technical procedures (n = 19,455) in relation to gender, age, tumor stage and pre-operative irradiation.

Attribute Variables	H	p	Level of Evidence
Gender	0.04	0.837	Not significant
Age Group	16.34	0.000	1
Tumor Stage	0.34	0.560	Not significant
Preoperative Irradiation	23.25	0.000	1

Kruskal Wallis Test (H)

Yet, to check whether a relationship between the variables of attribute and the technical procedures, was applied the chi-square test (X^2), whose results were again significant for age and preoperative irradiation, as shown in table 4.

Table 4. Relationship between the total number of procedures and the variables gender, age, tumor stage and pre-operative irradiation.

Technical Procedures X attribute variables	X^2	p	Level of Evidence
Gender	0.94	0.333	Not significant
Age Group	12.39	0.000	1
Tumor Stage	0.03	0.874	Not significant
Preoperative Irradiation	5.21	0.022	5

Chi-square Test (X^2)

Educational activities identified were related to the tracheostomy, nasogastric tube, oral hygiene and the dressing. They represented 2,221 practical trainings and an average of 14.52 made by the client. They were provided a minimum of 6 and a maximum of 37 educational trainings, which results in an average of 13 ($S = 5.93$). The results are shown in table 5.

Table 5. Distribution of educational activities.

discrimination	average	Me	s	minimum	maximum	Total
Education related to tracheostomy	5,50	5	3,07	1	19	841
Related to curative education	5,46	5	2,80	1	19	835
Education related gavage	2,01	2	0,87	1	5	308
Education related to oral hygiene	1,55	1	0,98	1	5	237
Total educational actions performed						2.221

The total number of educational actions developed by nursing ($n = 2,221$) was, also, compared in relation to the attribute variables by the Kruskal-Wallis test. We found that it was significant in relation to age and preoperative irradiation. Tumor Stage and gender did not significantly affect the educational actions developed. The results are shown in Table 6 this kind of nursing action, it was found that the group of older individuals and irradiated before surgery requires more attention and care.

Table 6. Comparison of the total educational activities (n = 2221) in relation to sex, age, tumor stage and preoperative irradiation.

Attribute variables	H	p	Level of significance
sex	1,76	0,183	not significant
age	13,23	0,000	1
tumor stage	1,77	0,182	not significant
Preoperative irradiation	17,12	0,000	1
<i>Kruskal Wallis test (H)</i>			

In this interdisciplinary work highlighted the social worker with 29.82% of the referrals, psychologist and physiotherapist with 24.12% to 21.05%. As for clients referred to the surgeon, were compiled only referrals made for unscheduled consultations (extra consultations) with this professional (20.18%), these queries that related to infectious complications in the late postoperative period.

In relation to gender, we observed that the male sex was more frequent than the female as found in different epidemiological studies. The age range is also in line with the profile of the larynx cancer bearer. Smoking and alcohol intake are the most important risk factors for larynx cancer and the exposure to these factors seem to have a synergistic effect. As in other studies, the white color was assigned the majority of the clients^{9,11}.

As staging according to the TNM system, we observed that the majority of clients enrolled already had advanced disease, in stage III and IV, implying in combined treatments, higher cost, such as the surgery after radiotherapy or palliative. This can be explained by the low coverage of medical and dental care in the entire state and the difficulty of access to specialized treatments such as radiotherapy and head and neck surgery.¹¹⁻¹²

The high average of technical actions performed by each client (average = 127.15) demonstrates that this clientele demands intensive care from the nursing team. We found the pre-operative irradiation and advanced age as factors that increase the demand for care in this clientele, which probably influenced in this average of actions and on quantity of nursing consultations. The number of consultations/client, whose average was 12.61, varied according to the clinical picture presented by the client, the client's readiness and a companion for the coming up to the hospital, the existence of a family member or caregiver for the home care and the learning capacity of clients in relation to the care taught by Nursing staff.

Pre-operative Radiotherapy and advanced age as most significant factors for an increase in the quantity of care were also found in other studies. The delayed wound healing caused by these two factors is due to the fact of radiotherapy treatment be an antigenic and that causes damage to the epithelial and endothelial cells and age is an adverse factor for healing. Because the higher lower collagen production, in addition to the physiological response in all the phases of the healing process being more delayed, thus requiring a longer time for healing.¹³⁻¹⁴ This was evidenced by the distribution of technical procedures performed whose largest number of actions (n = 17,360) was for procedures

relating to dressing during the consultations and educational actions for dressing at home (n = 835) and care with the tracheostomy (n = 841).

CONCLUSION

According to the statistical analysis, the variables age and pre-operative radiotherapy were factors that interfere adversely the healing and have resulted in intensive care on the part of the Nursing team, both in relation to the quantitative technical procedures, such as in educational and interdisciplinary actions. In the sample studied, the gender and tumor stage did not interfere in the recovery process and in the demand for nursing care.

Describing the situations experienced in professional practice and the actions of care developed by Nursing outpatient clinic with the clientele from the records, has led us to the understanding that it is within this space that nursing coexists a greater period of time with the larynx cancer patient and their family members. Therefore, having the opportunity to intervene in problems that will follow during the oncologic treatment. The nurse and the nursing technician from the clinic represented an important link in the interface of client care, because it served as reference and support in the search for information, answer their basic needs such as safety, comfort, hygiene, physical care and technical procedures inherent in Nursing.

The empathetic care, planned and coordinated in order to recovery and adaptation of the client proved to be indispensable and resulted in a plan of care flexible developed for each person, containing educational measures and therapeutic Nursing, and forwarding of interdisciplinary issues, respecting the individuality and prioritizing their problems. The client required a multidisciplinary team composed by surgeon and clinical, nursing staff, nutritionist, psychologist, speech therapist, social worker, been treated by a dentist and physiotherapist.

This study allowed us to reflect on the importance of the Expanded Clinic as philosophy and tool for which the work processes in health care if you come back to the production of care centered on clients. Aiming to optimize the recovery of health and/or relief from suffering and prevent new injuries, while respecting the autonomy of individuals to deal with their problems and concrete conditions of life. It was noticed that certain existing contradictions in that mode of work, mainly in an attempt to inter-relationship with health services outside the institution.

Although the results of this study have been favored, explanation-nursing care dispensed to these clients because it shows the importance of the records to prove the work of the nursing team. However, they should be considered with the necessary care because it concerns secondary data analysis, and are not the result of a retrospective study, but are actual quantitative results for the group studied. Therefore, we suggest the development of

a new research, which raises the repercussions of nursing care for patients with larynx cancer.

REFERENCES

1. Guedes MTS. Tecnologia do cuidado de enfermagem: uma intervenção resolutiva para o portador de fístula faringocutânea [dissertação]. Rio de Janeiro (RJ): Universidade Federal do Estado do Rio de Janeiro; 2004.
2. Pusch R. Humanização e integralidade. Rev SBPH. 2010; 13(2): 210-16.
3. Ministério da Saúde (Brasil), Instituto Nacional de Câncer [Internet]. Estimativa 2012: incidência do câncer no Brasil. Rio de Janeiro: MS-INCA; 2011. 122p. [acesso 2013 Abr 02]. Available at: <<http://www.inca.gov.br/estimativa/2012/index.asp?ID=5>>.
4. Brazil. Ministério da Saúde. Portaria GM/MS No. 2.439, de 8 dezembro 2005. Institui a Política Nacional de Atenção Oncológica: promoção, prevenção, diagnóstico, tratamento, reabilitação e cuidados paliativos, a ser implantada em todas as unidades federadas, respeitadas as competências das três esferas de gestão [Internet]. Brasília, DF; 2005. [acesso 2013 ago 09]. Available at: <http://www.saude.mg.gov.br/atos_normativos/legislacao-sanitaria/estabelecimentos-de-saude/oncologia/Portaria2439.pdf>.
5. Brazil. Ministério da Saúde. Secretaria de Atenção à Saúde. Programa Nacional de Humanização da Assistência Hospitalar [Internet]. Brasília: DF; 2001. [acesso 2013 abr 22]. Available at: <<http://bvsmms.saude.gov.br/bvs/publicacoes/pnhah01.pdf>>.
6. Pinheiro R. Cuidado em Saúde. Dicionário da Educação Profissional em Saúde. 2 ed. Rio de Janeiro: Fundação Oswaldo Cruz. Escola Politécnica de Saúde Joaquim Venâncio. 2009. [acesso 2013 Abr 02]. Disponível em <<http://www.epsjv.fiocruz.br/dicionario/verbetes/cuisau.html>>.
7. Ministério da Saúde (Brasil), Secretaria de Atenção à Saúde. Política Nacional de Humanização da Atenção e Gestão do SUS. Clínica ampliada e compartilhada. Brasília: Ministério da Saúde, 2009. 64 p.: il. color. - (Série B. Textos Básicos de Saúde). ISBN 978-85-334-1582-9.
8. Ministério da Saúde (Brasil). Instituto Nacional de Câncer. Coordenação-Geral de Prevenção e Vigilância. TNM: Classificação de Tumores Malignos. 7 ed. Rio de Janeiro: INCA. 2012. 325p.
9. Sartor SG, Eluf-Neto J, Travier N, Wünsch Filho V, Arcuri ASA, Kowalski LP, et al. Riscos ocupacionais para o câncer de laringe: um estudo caso-controle. Cad Saúde Pública. 2007; 23(6): 1473-81.
10. Colombo J, Rahal P. Alterações genéticas em câncer de cabeça e pescoço. Revista Brasileira de Cancerologia. 2009; 55 (2):165-174.
11. Alvarenga LM, Ruiz MT, Pavarino-Bertelli EC, Ruback JC, Maniglia JV, Goloni-Bertollo EM. Avaliação epidemiológica de pacientes com câncer de cabeça e pescoço em um hospital universitário do noroeste do estado de São Paulo. Rev Bras Otorrinolaringol. 2008; 74(1): 68-73.
12. Migowski A, Coeli C M. Diferenças regionais da taxa de mortalidade por câncer de boca e faringe no estado do Rio de Janeiro, Brasil, 1997-2004. Cad Saúde Colet (Rio J.). 2009; 17(2): 346-56.

13. Criado PR, Moure ERD, Sanches Junior JA, Brandt HRC, Pereira GLS. Reações tegumentares adversas relacionadas aos agentes antineoplásicos: parte II. *An Bras Dermatol*. 2010; 85(5): 591-608.
14. Mohile SG, Xian Y, Dale W, Fisher SG, Rodin M, Morrow GR, et al. Association of a cancer diagnosis with vulnerability and frailty in older medicare beneficiaries. *J Nat Cancer Inst*. 2009; 101(17):1206-15.



Received on: 26/03/2014
Required for review: 13/01/2015
Approved on: 25/02/2015
Published on: 01/07/2015

Contact of the corresponding author:
Maria Cristina Marques dos Santos
End.: Praça da Cruz Vermelha, nº 23, Rio de Janeiro
Tel: 2595-7671 / 99517-2323. Email: maria.cristina@inca.gov.br