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REVIEW

Client underwent to radical mastectomy and application of CIPE in a surgical oncology unit: A case study

Cliente submetida a mastectomia radical e aplicação da CIPE em uma unidade de cirurgia oncológica: Estudo de caso

Cliente sometido a una mastectomía radical y la aplicación de la CIPE en una unidad de oncología quirúrgica: Un estudio de caso

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ABSTRACT

Objectives: To describe and analyze the use of taxonomy CIPE to the nursing process based on Orem's theory to a patient who underwent a radical mastectomy. **Method:** a case study, performed with the 53 patients, female, hospitalized in an oncology unit in the city of Rio de Janeiro in April 2011. **Results:** There were identified the main nursing diagnoses according to the CIPE: skin integrity at risk, current pain in the right breast, risk to self-esteem and low self-care. Then we constructed the plan of care containing interventions and results proposed by CIPE. **Conclusion:** It was possible to combine the use of the theory of Dorothea Orem taxonomy as a tool associated with taxonomy CIPE, adapting itself to the form of planning of nursing care. **Descriptors:** Perioperative care, Nursing diagnosis, Taxonomy.

RESUMO

Objetivos: Descrever e analisar a utilização da taxonomia CIPE ao processo de enfermagem fundamentado na teoria de Orem a uma paciente submetida à Mastectomia Radical. **Método:** estudo de caso, realizado com a paciente de 53 anos, sexo feminino, internada em uma unidade oncológica do Município do Rio de Janeiro, em abril de 2011. **Resultados:** foram identificados os principais diagnósticos de enfermagem segundo a CIPE: integridade da pele em risco, dor atual em mama direita, risco para auto-estima e auto cuidado baixos. Em seguida construímos o plano de cuidados contendo as intervenções e resultados propostas pela CIPE. **Conclusão:** Foi possível associar o uso da teoria de Dorothea Orem como instrumento associado à taxonomia CIPE, adequando-se a forma de planejamento da assistência de enfermagem. **Descritores:** Cuidados perioperatórios, Diagnóstico de enfermagem, Taxonomia.

RESUMEN

Objetivos: Describir y analizar el uso de la taxonomía CIPE para el proceso de enfermería basado en la teoría de Orem a una paciente sometida a mastectomía radical. **Método:** estudio de caso, realizado con la paciente de 53 años, mujer, hospitalizada en una unidad de oncología en la ciudad de Río de Janeiro en abril de 2011. **Resultados:** Se identificaron los principales diagnósticos enfermeros según la CIPE: integridad de la piel en situación de riesgo, el dolor actual en el seno derecho, el riesgo para la autoestima y bajo auto-cuidado. Entonces construimos el plan de cuidados que contienen intervenciones y resultados propuestos por el CIPE. **Conclusión:** Fue posible combinar el uso de la teoría de Dorothea Orem como una herramienta asociada a la taxonomía CIPE, adaptar el modelo de planificación de los cuidados de enfermería. **Descriptor:** Cuidados perioperatorios, Diagnóstico de enfermería, La taxonomía.

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INTRODUCTION

This study emerged from the experience as oncology nurses from one unit, where we were with the 56 years old diagnosed with breast cancer.

Breast cancer is the second most common cancer worldwide and the most common among women. Each year, about 22% of new cancer cases in women are breast cancer.¹

Primary prevention of this malignancy is still not entirely possible due to the variation of the risk factors and genetic characteristics that are involved in its etiology. New screening feasible for countries with budget difficulties have been studied and, to date, mammography for women aged 50 to 69 years and annual clinical exam for women 40-49 years is recommended as an effective method for detecting early. For women population groups considered at high risk for breast cancer (with family history of breast cancer in first-degree relatives), we recommend the clinical breast exam and mammogram annually from 35 years.¹

Extreme changes in surgical breast cancer occurred in the last 30 years. The technique of radical en bloc removal of all breast tissue and its corresponding lymph drainage, based on the theory Halstediana dissemination², was abandoned and conservative treatments, both in the removal of breast tissue in the armpit approach, are being increasingly used.

Neoadjuvant chemotherapy is an alternative to the current increase rates of breast-conserving surgery in patients not candidates for the procedure regarding breast volume/size of the tumor inappropriate. Following this principle, an emerging trend in the neoadjuvant treatment is to achieve the best response before performing the surgical procedure.³

The extent of axillary dissection remains an important issue in the surgical treatment of breast cancer. Lymphadenectomy is the factor most important prognostic indicator and provides some therapeutic advantages.

The care provided to the client assisted in this case study was proposed by the application of the nursing process and to use such language diagnosis according to International classification for nursing practice CIPE.

The CIPE was developed as a system of unified nursing language and terminology combinatorics, where nurses can perform the mapping local, regional or national classification systems for the CIPE.⁴

One concern is that even with multiple terminologies in nursing, yet there is failure in the ability to compare data across different sectors that use standardized terminologies. Not surprisingly, there are different nursing vocabularies in use in the world, since it has an extensive area which includes various specialties and sub-specialties.

The new 7-axis model facilitates the process of developing catalogs, which are defined by **Focus, Trial, Customer, Action, Media, Location and Time**. Compounding nursing diagnosis and results using model 7 axes of CIPE for declarations of diagnosis and nursing interventions, the following components are recommended and should be included a term Axis Focus and Judgement may include additional terms, if necessary. And compounding the nursing interventions, the following components are recommended a term Axis Action and at least one axis of the target term.⁵

Given all these considerations, we decided to develop a study applying the nursing process based on the theory Dorothea Orem's self-care to a patient who underwent total mastectomy surgery, in order to detect the nursing diagnoses, using therefore the diagnoses nursing taxonomy proposed in

the CIPE. We also intend to establish goals and develop a plan of care in order to improve the health and well-being that this patient has to take care of herself.

Based on this discussion, we draw the following **objectives**: - Describe and analyze the use of taxonomy CIPE to a patient who underwent a radical mastectomy in a surgical oncology unit of the Municipality of Rio de Janeiro associated theory of Orem.

Literature Review

Theory of self-care deficit

According to Foster and Janssens⁶, deficit theory of self-care is the essence of Orem Theory when nursing becomes a requirement from the needs of an adult, and when it finds itself unable or limited to provide continuous and effective self-care .

Systems nursing theory

The Theory of Self-Care Deficit should be applied when the individual needs of therapeutic care and has no conditions to meet the demand with self-care. In this case, it is considered self-care deficit both the absence and the non effectiveness of care provided by the individual. At this point, it is necessary the intervention of professional nursing through the five modes described by the theory: acting or doing for another, guiding the other, support each other (physically or psychologically), provide a therapeutic environment and teach each other.

To meet the requirements of the individual's self-care, Orem identified three classifications of nursing systems which are as follows: the system fully compensatory, partially compensatory system and support system-education.

The nursing process of Orem

The nursing process proposed by OREM, comprising the following steps, according to the same authors⁴:

Step 1-diagnosis and prescription that determines whether or not the needs of nursing care. The nurse collects the data from the individual.

Step 2 - is the planning phase of the nursing systems, as well as the planning of the execution of the acts of nursing.

Step 3 - includes the production and implementation of nursing system where the nurse can assist the individual (or family) in respect of self-care, so as to achieve results identified and described health. Step 3 includes evolution and where together, patient and nurses perform the evaluation.

METHODOLOGY

The method chosen for this research was the case study, using the taxonomy CIPE the patient undergoing Radical Mastectomy, and the nursing process based on the theory Dorothea Orem's self-care.

The case study is characterized by dealing with an investigation into a single event or situation, a case seeking the depth of the data, having no concern for the frequency of its occurrence, therefore, it is a qualitative and exploratory work.⁶

Data collection was conducted through home visits by nurses committed during the month of April 2011. We used analysis of existing records in the institution for a documentary survey.

Prior to collection, was required to sign a letter of consent to the patient, thus obeying the ethical and legal guidelines of Resolution 196/96. The study was submitted to the Ethics Committee in Research of the National Cancer Institute and approved under III records 133/365 on 14/11/2012-CAAE: 07210812.5.000.5274.

We chose to describe all phases of surgery, since each perioperative nursing diagnosis and nursing care differ.

RESULTS AND DISCUSSION

Case Study

The subject of this case study was one female patient, with a diagnosis of breast cancer with malignant indication for Radical Mastectomy left breast, admitted to a unit of breast cancer surgery in a hospital in the State of Rio de Janeiro. MAPC, female, married, 53 years, retired 2nd grade full, natural state of Bahia. It was admitted on 20/04/2011, coming from the home; and reported the discovery of tumor eight months (July, 2010), during breast self-examination. Sought outpatient treatment and after ultrasound breast nodule was identified 23/08/2010 cm 3, CAT 5, being referred to the referral hospital for cancer treatment initiation on 20/09/2011, with the Diagnostic: Left breast neoplasm. Where did treat neo-adjuvant chemotherapy, beginning on 26/11 - 1st cycle (FAC, 3X) in 04/02- 2nd cycle (Taxoter 9TXT) and 23/03 did the 3rd cycle Taxoter (TXT). After 10 days from the last cycle of chemotherapy, the patient progressed with febrile neutropenia ($216/\text{mm}^3$), was hospitalized in clinical oncology ward. Was discharged from the oncology clinic on 12/04/2011, which was proposed patient surgery Radical Mastectomy left breast to be held on 21/04/2011.

Physical examination: Gesta III, Para II, having normal deliveries at term. Do not know about common childhood illnesses. It denies allergies and smoking. A social drinker: only during weekends (maximum 1 beer/day). Informes Hypothyroidism in continuous use PuranT4 50 morning. It denies previous surgeries. Physical examination is presented in good condition, lucid and oriented, and mucosal integrity and normal colored skin, cardiac auscultation in 2Q BNF, eupneic, with breath sounds without adventitious sounds. Thickening in the right upper quadrant of the left breast, with the presence of axillary lymph node. An absence of edema in upper and lower limbs. Patterns of sleep, rest and normal locomotion. Eliminations absent for three days, and the last evacuation day 17/04. It shows excited by the proximity of the surgery, maintains self-esteem and self-care preserved.

Nursing diagnosis according to CIPE

At this time, there is a catalog CIPE in surgical oncology inpatient unit, which allows a record of information of all nursing phenomena, in order to establish a common language that will improve communication between nurses and other staff members in an attempt to identify possible errors in the passage of information.

Orem offers care planning based on three steps: 1) Initial contact with the patient, where through the evidence of need of professional to perform self-care, the nurse will identify the requirements, nursing systems involved, diagnoses and nursing prescriptions: 2) Creating a system that addresses customer needs and ways to help you through the evaluation of the potential of the patient and family, ensuring continuity of care, 3) Preparation of the patient, family or responsible for self-care to become independent of the performance of enfermeiro.7 (table 1)

	Action	Client	Focus	Trial	Local	Ways	Time
Nursingdiagnosis		Individual	- Skinintegrity - anxiety - constipation	Risk Actual Actual			
Nursing intervention	- Trace -Promote -reassure -Identifyr	Individual	- care plan - Self-higiene -fear -Pattern of elimination		-breast -infirmary		
Result of nursing			Anxiety constipation	Diminished Diminished			

Table 1- Pre-operative phase. 2011

One of the interventions performed by nurses in client intake is preparing the care plan involving the need for customer orientation and self-care of the breasts, as soon as patients are admitted to the surgical clinic, they are advised to carry out hygiene including the breast skin with chlorhexidinedegermante at the time of admission and 1 hour before surgery.

	Action	Client	Focus	Trial	Local	Ways	Time
Nursingdiagnosis		individual	PainWound Surgical Surgical wound Secretion	actual actual normal	breastL breast L axillary region L	dreno	
Nursing intervention	-Managmen -Inspect - Monitor - trace	individual	Painkiller surgical wound secretion		breast L	Drain Careplan	
Resultofnursin		Individual	- pain - Secretion	better diminished			

Table 2- immediate post-operative phase (POI)-2011

Once the patient returns from the operating room is performed inspection of the wound and held care plan prioritizing patient needs, related to the appearance of normality related to the elimination of the drain. It is considered the industry a value not exceeding 100 ml in the last 12h.

According to Orem necessary care that cannot be performed by the customer says that self-care is fully compensatory.

Was the term used by normal secretion drainage in the left axilla, due to the proximity of the reality of nursing staff in the language CIPE.

	Action	Client	Focus	Trial	Local	Ways	Time
Nursing diagnosis		Individual	- Painsurgical wound - Secretion normal -Self-esteem - Self-care	Better Normal Risk/ low Risk/ low	Leftbreast Axillaryregion L	Drain	
Nursing intervention	- Prevention of contamination - Evaluate -Motivate -Motivate -Train	Individual Caregiver	surgical wound surgical wound self-esteem self-care		Breast L Breast L Axillary region L	Wounddressing	
Result of nursing			-Pain - Attitude about home care - Self-esteem - self-care	Better Independent Better Better	Axillary region L	Drain	

Table 3- phase of the first post-operative-2011

During the approach to the patient can be observed for the risk of self-care deficit due to the complexity of the surgery associated with restriction of certain activities that previously could be performed by the patient, such as raising your arms, comb your hair, go to shopping market, among other things, the time for which these other activities cannot be performed by the patient due to risk of lymphedema and other complications.

According to Orem's self-care deficit theory should be applied when the individual needs of therapeutic care and has no conditions to meet the demand with self-care. In this case, it is considered self-care deficit both the absence and the non effectiveness of care provided by the individual. At this point, it is necessary the intervention of professional nursing through the five modes described by the theory: acting or doing for another, guiding the other, support each other (physically or psychologically), provide a therapeutic environment and teach another⁸.

Another concern of the nursing staff was related to self-esteem, which were oriented to the changes in their body image cited in Table 3.

It was possible to combine the use of the theory of Dorothea Orem taxonomy as a tool associated with CIPE, favoring a more objective communication between researcher and researched patient, adapting to the way the planning of nursing care, the problems this patient underwent radical mastectomy.

With regard to taxonomy CIPE, there was a limitation of the nurses to find some terms that could really express what the patient needed in view of the team, as the formation of some phrases, eg risk for low self care by CIPE taxonomy, but in fact could be decreased risk for self-care and self-care for low risk, where the risk actually decreased self care. The focus normal trial, CIPE is used in very generic, since each has a different perception of normality.

The phrase Training caregiver for the dressing of the wound in left axillary region was chosen because there the industry group of high daily by a team of nurses, which is made the guidance and training of family caregivers for these patients. A word that is not found in the language CIPE, but that is common in our day to day is the word "guide", was replaced by the word training focused action, the proximity of the actions taken to this caregiver.

The use of taxonomies in the practice of nursing enabled the construction of nursing care plans, facilitating the recording of actions taken, in addition to reinforcing the importance of actions actually performed in daily nurse and her team.⁹

CONCLUSION

With this research we found that it is possible to perform a nursing care in the language of CIPE, providing clarity and consistency in communication with the professional team, culminating in a highly effective care for the client.

The choice for taxonomy CIPE has enabled us to guidance of actions throughout the perioperative period, contributing to a language more applicable by the nursing staff to be closer to our reality, thereby enabling greater clarity on team communication.

The theory presented by Auto Care Orem proved fully applicable to the case studied, with emphasis on actions related to the teaching-support system, both for the patient, who needed to develop new practices in their day-to-day, and for their family caregivers in the first weeks since the surgery. Through the guidance of the staff, it was possible to reduce the fears of patients and their families, making the experience less traumatic for both segments.

It is important to note that at all times the client should be heard and co-responsible for the planning of your self-care.¹⁰

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