



Acute pain problems post surgery carcinoma mammary : a case study

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ABSTRACT

Carcinoma mammae or breast cancer is a disorder in irregular cell growth that becomes a lump that grows in the duct that connects the lobulus to the nipple. The purpose of the case study was to do Nursing Care for Mrs. "E" with acute pain problems post surgery carcinoma mammae in the Marwah Room of Siti Khadijah Islamic Hospital Palembang. The research method used was descriptive with a narrative case study model on April 28 – May 1, 2023. The study results with Mrs. E were patients who said pain in postoperative wounds in the upper breast and extra pain like in stabbing with a pain scale of 4 from a scale of 1-10. Physical examination blood pressure: 120/70 mmHg, pulse rate: 80 x/m, respiration rate: 20 x/m, Temperature: 36.0°C. Mrs.E.'s nursing diagnosis was acute pain associated with physical injury agents (surgical procedures). The interventions were vital sign monitors, location identification, characteristics, duration, frequency, quality, pain intensity, and pain scale identification. At this stage of nursing, implementation was by the nursing plan. At the evaluation stage, after nursing actions for 4x24 hours, acute pain problems were resolved, and patients are allowed to go home by doctors. Suggestions: It was hoped that this research can be used as one of the additional information for health workers and add insight into the field of nursing science and technology.

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1. Introduction

Carcinoma mammae or breast cancer is a malignancy in cells found in breast tissue (Irianto, 2015). It can come from glandular components (epithelial ducts and lobules) or components other than glands, such as fat tissue, blood vessels, and innervation of breast tissue (Lusbiyanti Utami et al., 2010). Nursing care for mammary carcinoma includes a comprehensive assessment of perceived pain and using non-pharmacological precautions Carcinoma mammary (Risqi Nur Azkiah, 2021). can occur due to several risk factors, such as fundamental changes in lifestyle, sociocultural context, and environment, that significantly impact the prevalence of breast cancer risk factors in many countries with low and medium HDI (Human et al.). These risk factors include delayed childbirth, fewer children, and higher levels of overweight and physical activity (World Health Organization, 2020).

Female breast cancer is the most common cancer worldwide (11.7% of total new cases), followed by lung cancer (11.4%), colorectal cancer (10.0%), prostate cancer (7.3%), and stomach cancer (5.6%).

Female breast cancer has surpassed lung cancer as the most commonly diagnosed cancer worldwide. An estimated 2.3 million new cases indicate that one out of every eight cancers diagnosed in 2020 was breast cancer. The disease is the fifth leading cause of cancer worldwide, with 685,000 deaths in 2020. In women, breast cancer accounts for one in 4 cancer cases and one in 6 cancer deaths, and the disease ranks first in incidence and death in most countries worldwide (World Health Organization, 2020).

According to data from the Global Cancer Observatory, in 2020, the number of new breast cancer cases reached 68,858 (16.6%) from 396,914 new cancer cases in Indonesia. Meanwhile, the number of deaths reached more than 22 thousand cases. About 43% of cancer deaths can be defeated when patients routinely do early detection and avoid cancer-causing risk factors. High-risk factors for breast cancer include gender, age, family history, genetics, menstrual cycle, childbirth, and previous cancer history (Kemenkes RI, 2022). Based on data from the South Sumatra Provincial Health Office, as many as 12% of women aged 30-50 years have undergone early detection of cervical and breast cancer. The districts/cities in South Sumatra with the highest early detection coverage are Prabumulih at 98.3%, followed by PALI at 48.7%, and Banyuasin at 48.3%. At the same time, the district/city with the lowest early detection coverage is East OKU Regency 0.1% (Field P2P Health Office Sumatra Province South, 2022). Most women of childbearing age have an age of > 30 years which is the dominant factor in the occurrence of Ca Mammae, less than half of women couples of childbearing age who have a history of offspring and a small percentage of women couples of childbearing age who have a history of hormonal contraception which is a factor in the occurrence of Ca mammae (Ayudia et al., 2018)

Based on patient visit data with the ten most significant diseases in the Marwah Room of Siti Khadijah Islamic Hospital Palembang, in 2021, there were 30 patients with mammary carcinoma disease from a total of 446 patients while in 2022, there were 35 patients with mammary carcinoma disease from a total of 917 patients. Based on nursing problems that can arise in Postoperative Carcinoma Mammae patients, according to (Doenges & Marilyn, 2018) and (Aprisunadi, 2017) namely acute pain associated with physical injury agents (e.g., abscesses, amputations, burning, cuts, heavy lifting, surgical procedures, trauma, excessive physical exercise) evidenced by patients appearing to grimace, restless, increased pulse frequency, difficulty sleeping and patients appear to be protective such as being alert and positioned to avoid pain. [Click or tap here to enter text.](#)

The triple negative subtype of breast cancer, which has the worst prognosis of all subtypes, one of the subtypes that is often examined. In Carcinoma Mammary patients if left untreated, there is an increased chance that the cancer will develop into nearby tissues (invasive) and can spread (metastatic) throughout the body. Management that can be given to patients postoperative Carcinoma Mammae is one of them with mastectomy. Mastectomy is an operation that removes the breast thoroughly both tissue and putting. As for postoperatively, this will certainly cause acute pain associated with physical injury agents. This discomfort must certainly be overcome, one of which is with non-pharmacological nursing measures. The action that can be done is with deep breath relaxation techniques. Deep breath relaxation is a form of nursing care in which the nurse teaches the client how to do deep breathing that the client is encouraged to focus on looking at one object or close his eyes and inhalation slowly through the nose with a count of one to four and then exhale through the mouth slowly by counting one to four (in the heart). (Kusumadjayanti et al., 2015)(Brunner & Suddart, 2013)(Zakiah & Ana, 2015).

Pain is a subjective phenomenon, which can be felt by breast cancer patients. Pain is felt when cancer cells have enlarged, wounds arise, or when they have metastasized to the bone. Pain impacts the bio-psycho-socio-cultural and spiritual aspects of a person. It is necessary to carry out pain management both pharmacologically and nonpharmacologically. (Siti Wigita, n.d.) Pain is a common issue that postoperative patients face, and it can have an impact on how they are feeling overall. (Ismar Agustin et al., 2022) Based on the description above, the author is interested in making a Scientific Paper entitled Nursing Care for Mrs. E with Acute Pain Problems Post Surgery Carcinoma Mammae in the Marwah Room of Siti Khadijah Islamic Hospital Palembang.

2. Research Methods

The design of this case study uses a descriptive method. In this case study, the subjects were one patient, Mrs. E with Acute Pain Problems Post Surgery Carcinoma Mammae in the Marwah Room of Siti Khadijah Islamic Hospital Palembang. The author uses data collection techniques using interviews, observations, physical examinations, documentation, and literature studies.

3. Results and Analysis

Based on the management of cases that have been carried out from assessment to evaluation, the author explained the results that had been found related to nursing care for Mrs. E with Acute Pain Problems Post Surgery Carcinoma Mammae in the Marwah Room of Siti Khadijah Islamic Hospital Palembang conducted from April 28, 2023 – May 1, 2023.

Rating

According to the assessment Wijaya P, (2015) of *postoperative carcinoma mammary patients consists of: Biodata / identity of the client and the identity of the person in charge of the client, the main complaints felt or experienced in patients with postoperative cases of carcinoma mammary are pain in the breast after surgery, history of current disease (PQRST) P (Provocative / Palliative) in postoperative patients with carcinoma mammary will complain of pain in the breast caused by surgery, Q (Quality / Quantity) pain felt in patients with postoperative carcinoma mammary was pain like being stabbed in the surgical wound, R (Regio / Radiation) pain felt in patients with postoperative carcinoma mammae focused on one point and not spread, S (Saverity /Severity/Scale) pain scale that was felt ranges from 4-6 (moderate) or even 7-10 (severe), T (Time) pain felt in patients with postoperative carcinoma mamme disappear arising according to the activity of the patient's body movements.*

What the researcher obtained in conducting a postoperative study of carcinoma mammary on Mrs.E on April 28, 2023, at 09.15 WIB, with the results of the patient saying pain in the postoperative wound in the breast was extra upper. It did not spread to the back, and pain like in stabbing with a pain scale of 4 (moderate pain) from a scale of 1-10 was felt to disappear. When the patient moves, patient had a little difficulty sleeping due to pain and uncomfortable body position; The patient appears to grimace, restless, and protective by continuing to say caution when researchers want to see the condition / measure the incision wound from surgery. Mrs. E also felt the loss of one part of her limbs, namely part of her right breast. The patient was afraid and could not have another child because she had lost one breast on her right, a change that was felt after falling ill. Mrs. E said she lacked confidence and had experienced stress about her current condition.

Nursing Diagnosis

According to and nursing diagnoses that can arise in patients with postoperative cases of carcinoma mammary are as follows: Acute pain associated with physical injury agents (e.g., abscesses, amputations, burns, cuts, heavy lifting, surgical procedures, trauma, excessive physical exercise), skin/tissue integrity disorders related to mechanical factors (e.g., surgical removal of skin or tissue, emphasis on bone protrusions, friction), low situational self-esteem associated with changes in body image (e.g., changes in body structure or contour due to surgery), body image disturbances associated with the effects of action/treatment (e.g., surgery, chemotherapy, radiation therapy), impaired physical mobility associated with pain, discomfort; Reluctance to move, a deficit of knowledge about the condition, prognosis, therapy, self-care and need for discharge are associated with poor memory, mistaken following recommendations.(Doenges & Marilyn, 2018)(Aprisunadi , 2017)

The nursing diagnosis found by researchers based on the results of an assessment of the postoperative case of carcinoma mammary found in Mrs. E was acute pain and body image disorders. However, the main priority of nursing diagnosis that appeared in Mrs. E was acute pain associated with physical injury agents (surgical procedures), evidenced by the patient appearing to grimace, restless, increased pulse frequency, and difficulty sleeping; The patient seemed protective.

Nursing Intervention

Nursing interventions prepared by researchers based on the Indonesian Nursing Intervention Standard for the diagnosis of acute pain nursing are related to physical injury agents (surgical procedures), namely vital sign monitors, location identification, characteristics, duration, frequency, quality, pain intensity, pain scale identification, identification of non-verbal pain responses, identification of factors that aggravate and relieve pain, facilitate rest and sleep, explain the causes, periods, and triggers of pain, explain pain relief strategies, teach nonpharmacological techniques to reduce pain, collaborate on analgetic administration. Based on the study from one nursing intervention that can be done as an anxiety management was with Spiritual Guided Imagery (SGI) and SGI can overcome moderate anxiety in breast cancer patients. SGI can be done as one of the independent nursing interventions in reducing anxiety symptoms felt by cancer patients, especially those who are undergoing chemotherapy treatment (Sulistyarini et al., n.d.).

Nursing Implementation

The implementation of nursing that has been carried out by researchers for the diagnosis of acute pain nursing related to physical injury agents (surgical procedures) in Mrs. E was measuring vital signs, asking the location, characteristics, duration, frequency, quality, intensity of pain, asking the scale of pain felt by patients, recognizing non-verbal pain responses, asking factors that aggravate and relieve pain, explaining the causes, periods, and triggers of pain, explain pain relief strategies, teach nonpharmacological techniques to reduce pain with the practice of deep breath relaxation techniques, encourage patients to get adequate rest, collaborate with the medical team in drug administration.

Nursing Evaluation

At the final evaluation, the fourth day within 4x24 hours with nursing problems, acute pain was associated with physical injury agents (surgical procedures). With the results that the problem was resolved with a pain scale of 4 to 3 (mild pain) and one blood of blood type A + has entered overnight, on objective data, the patient's general condition was good, TTV: Blood pressure = 120/80 mmHg, pulse = 80 x / minute, breathing = 22 x / minute, temperature: 36°C, it appears that the wound bandage has been replaced, hemoglobin lab results in 12.2 g / dl (Normal: 12.0-16.0 g / dl), the intervention is dismissed, and the patient was planned to go home at 16.30 WIB.

4. Conclusion

Based on the results of the study of Mrs. E, the patient found that the pain in the postoperative wound in the breast was extra upper and did not spread to the back, Pain like in a stab with a pain scale of 4 (moderate pain) from a scale of 1-10, pain was felt to disappear arising, and when the patient moves, the patient also says a little difficulty when sleeping due to pain and uncomfortable body position and the patient felt the loss of one part of his limbs, namely his right breast. The nursing diagnosis found in Mrs. E's postoperative case of carcinoma mammary first diagnosis was acute pain related to physical injury agents (surgical procedures), and the second diagnosis was body image disorders related to the effects of surgery. The nursing care plan for Mrs. E with postoperative cases of carcinoma mammae was to monitor vital signs, identify location, characteristics, duration, frequency, quality, and intensity of pain, and identify pain scales. The implementation of nursing in Mrs. E postoperative cases of carcinoma mammary was by the nursing plan, namely monitoring vital signs, identifying locations, characteristics, duration, frequency, quality, and intensity of pain, and identifying pain scales. Nursing evaluation on Mrs. E with a postoperative case of carcinoma mammary after nursing action for 4x24 hours acute pain problems resolved, and the patient was allowed to go home by the doctor. It is suggested for further researchers recommended to use 2 research samples to determine the results of nursing care provided.

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