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Providing quality in the management of gynecological care issues

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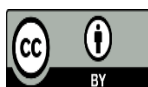
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SUMMARY: *Gynecological oncological complications are short-term or long-term and moreover, some of them are reversible and others irreversible. Health professionals it is important to inform patients about adverse effects, and their reversibility and give them instructions for their management. Psychological support for patients is very important, having an impact on the patient's health and improving survival rates. The objective of this study was to recognize and emphasize the main gynecological complications in order to manage them effectively for the benefit of the woman.*

INTRODUCTION

The female genital tract's surgical treatments are handled by the gynecological surgery service. It also performs procedures on the uterus, its appendages, the breasts, the pelvis, and the treatment of urine incontinence (1). The most frequent gynecological treatment is a hysterectomy, with incidence rates varying across countries, globally, with rates being two-fold higher in Australia and the United States compared to the Scandinavian countries. Salpingectomy,

cystectomy, tubal ligation, and curettage are further gynecological treatments (2-3).

Any unfavorable and uncontrollable result of the surgery that has an impact on the patient and would not have happened if the surgery had been performed in accordance with the relevant protocols is referred to as a complication (4-5). Due to the expense that surgical complications place on the health system, they are viewed as a pertinent issue from a clinical, legal, and public health perspective.

Gynecological oncological complications are short-term or long term and moreover, some of them are reversible and others irreversible (6). The risk of complications depends upon the extent and approach to surgery and patient characteristics (7). Health professionals it is important to inform patients about adverse effects, and their reversibility and give them instructions for their management. Psychological support for patients is very important, having an impact on the patient's health and improving survival rates.

The objective of this study was to recognize and emphasize the main gynecological complications in order to manage them effectively for the benefit of the woman.

OVERVIEW OF MOST COMMON ISSUES IN GYNECOLOGICAL ONCOLOGY

□ *Therapeutic support*

Many of the treatments available to treat gynecological cancers are aggressive and can have a serious physical, psychological, social and sexual impact on women and their families.

□ *Psychosexual issues*

Loss of fertility, the onset of menopause, rectal and bladder dysfunction, and vaginal dryness are all common problems that menopausal women experience. Changes in body image and in sexuality, as well as fertility, may require referral for special psychological or psycho-sexual support.

It's crucial to recognize the significance of fertility loss. Even if the patient had no intention of getting pregnant

or if she previously had children, the knowledge that this is no longer an option can be distressing. Concerns about sexuality may not surface for some time after treatment when women "return" to their life. Therefore, it is essential to prepare patients and their families for assessment, information, and counseling before treatment often by the midwife (8).

Patients in the post-operative phase need to be informed about what has been removed and which implications of the treatment will appear. It is useful in planning their care to determine whether they will be sexually active, whether they plan to have children or whether they will be menopausal. Appropriate monitoring and assessment by a midwife are essential to ensure that any problems do not be uncontrollable.

Other common problems include the following:

□ *Anemia*: The causes of cancer-related anemia include: infiltration of the bone marrow by malignant cells and, secondarily, reduced hemoglobin production due to chemotherapy.

□ *Uterine perforation* is a potential side effect of any intrauterine procedures that may result in damage to the surrounding blood vessels or internal organs (bladder, bowel). Additionally, undiagnosed uterine perforations and related problems can cause hemorrhage or sepsis if they are not treated at the time of the treatment (7).

□ *Prevention of deep vein thrombosis*: To prevent the development of postoperative deep vein thrombosis, preventive measures such as: compression stockings, anticoagulants and early postoperative mobilization of the patient can be applied.

□ *Postoperative urinary tract infections*: During the immediate postoperative period, nursing staff should make a strict record of fluid balance and ensure that patients are well hydrated. In patients with a bladder catheter, good care of the catheter should be ensured.

□ *Ascites*: is particularly common in ovarian cancer and can be difficult to treat.

□ *Pain*: Especially, in the perineum and pelvis is most common in advanced stages of the disease and often has neurological involvement which makes it difficult to eliminate completely.

□ *Postoperative nausea with or without vomiting* has been related to a number of factors and the most common are: analgesic and anesthetic drugs and especially general anesthesia and opioids. Patients at moderate to high risk of postoperative nausea with or without vomiting benefit from preoperative administration of a prophylactic antiemetic agent (eg, serotonin receptor antagonist, dexamethasone, anticholinergic agent) (9).

□ *Hormonal symptoms*: In the majority of cases where menopause has been induced early due to treatment (surgical excision of both ovaries or radical radiotherapy of the pelvis), it is possible to give hormonal replacement therapy (10). The exception to this rule is hormone-dependent endometrial or cervical tumors. In extensive pelvic disease, compression bandaging and skin care may be required.

□ *Vaginal discharge and malodor*: This can be highly embarrassing. Topical use of antibiotics may help.

□ *Alopecia*: In the case of chemotherapy, alopecia not just on the scalp but also on the loss of eyelashes, eyebrows, and nails is a frequent symptom. Although the effectiveness of cooling caps (also known as scalp hypothermia) has been suggested to prevent and minimize hair loss, their use is debatable.

□ *Intestinal obstruction*: This is a serious problem, especially when the disease is terminal.

□ *Fistulas*: Fistulae of the ureter, bladder, or both occur after radical gynecologic surgery in less than 1% of women. Most fistulas occur after hysterectomy for benign conditions, however, the risk of fistula formation is higher after radical surgery because of the scope of surgery, the presence of tumors, and in some cases, radiation-induced changes. Simple vesicovaginal fistulae can be managed by prolonged drainage to allow an opportunity for spontaneous healing (7).

□ *Bleeding*: causes problems in the advanced stages of the disease.

□ *Fatigue*: It is very common in patients who underwent chemotherapy. The main causes include anemia, sleep disorder, metabolic disorder and inflammatory reaction. Fatigue can be controlled by correcting the existing metabolic or endocrine disorders, correcting anemia, starting exercise, and with the treatment of depression.

□ *Anxiety and depression*.

Other complications, such as pulmonary embolus, myocardial infarction, pneumonia, or fluid or electrolyte imbalance are common to all surgeries (7).

Life after the diagnosis of cancer

In recent years, there have been many advances in cancer care. These include diagnosis at the early stages of the disease, early detection, and longer survival. People need to learn how to cope after the diagnosis and treatment of cancer. Cancer treatment can affect people emotionally, physically, mentally and socially.

□ *Emotional psychological sexual effect*

Patients may have feelings of anxiety and anger. These may occur at diagnosis and after the end of treatment. They may affect the person suffering from cancer, but also the family members of the person suffering. Women with cancer may have phobias relating to their personal relationships, while single women have phobias relating to their future partners. Cancer diagnosis and treatment may affect both partners. Health professionals should give women suffering from cancer the opportunity to show the subject of their concerns (11).

□ *Physical effect*

There may be symptoms of cancer such as nausea, problems with bowel function and anorexia. There is also a risk of side effects from treatment, such as a change in body image after surgery for vulvar cancer.

□ *Mental effect*

It is quite common for a woman who has been diagnosed with cancer to fear that she will die from cancer or treatment. Some women with gynecological cancer may have been diagnosed with advanced-stage disease and have been told that although cancer is manageable, it is not so curable. Some people will turn to their religious faith for support, while others may find that support in friends and family.

□ *Social impact*

Women who have been diagnosed with gynecological cancer should cope with diagnosis and treatment. Possibly, they have many other roles in their lives. They may be working and maybe they will have the need during their treatment, maybe they are mothers and partners and need to support their families and loved ones at the same time they need to support themselves. Furthermore, they may be caring for their elderly parents.

□ *General impact*

A cancer diagnosis can lead a person to change their priorities in terms of relationships, lifestyle, or career. It can enable women to choose what is most important to them. Some women with gynecological cancer may have to live with a physical disability after cancer treatment e.g. lymphedema. A cancer diagnosis may make it impossible for the patient to return to work, yet they may nonetheless feel pressured or obligated to do so (12). A woman could have to live with some level of uncertainty over the possibility of a disease return. When there is no sign of a relapse, her follow-up meetings at cancer centers may be frightful but also consoling. People may feel more connected to one another after receiving a cancer diagnosis and possessed by a desire to suffer in solidarity. It is crucial, for a woman to be encouraged to talk about her fears and concerns

SUPPORT FOR WOMEN AFFECTED BY CANCER

Women who have suffered from a gynecological malignancy and need to cope with physical changes or difficulties will be supported by health professionals.

The general practitioner responsible for the women or the midwife will be able to provide ongoing physical and psychological support (13). Most oncology centers have access to some kind of information and support service. Counseling services, support groups and therapeutic stress management sessions may be available. Services may vary slightly depending on where the person lives. People with cancer should be given the right to access these services free of charge.

CONCLUSION

In recent years, the care of hospitalized women has changed dramatically. The length of hospital stay has been reduced and the care of patients on an outpatient basis has increased, while complex procedures are performed in day-care units. This presents a challenge for health professionals caring for women in close time frames. High-quality services for women needing gynecological care are best delivered where organizations focus on patient safety, clinical effectiveness and the patient experience.

Competing Interests

The author has no relevant financial or non-financial interests to disclose.

Conflicts of Interest: The author declares no conflicts of interest regarding the publication of this paper.

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