

The Experience of Patients With Cancer Who Develop Venous Thromboembolism: An Exploratory Study

Alison Mockler, N, MSc(A), Brigit O'Brien, N, MSc(A), Jessica Emed, N, MSc(A), and Gina Ciccotosto, N, MSc(A)

Venous thromboembolism (VTE) encompasses both deep vein thrombosis (DVT) and pulmonary embolism (PE) and affects as many as 60,000 Canadians and 1 in 1,000 Americans per year (Heit, Cohen, & Anderson, 2005). DVT occurs when a blood clot forms in the deep veins, most often in the lower limbs, whereas PE is the result of a DVT migrating to the lungs, which can be fatal. DVT also can lead to post-thrombotic syndrome (PTS) in about 50% of patients (Kahn & Ginsberg, 2002). PTS is characterized by chronic burdensome symptoms, including leg swelling and pain, and can lead to venous ulceration in severe cases (Kahn & Ginsberg, 2002).

VTE is one of the most common and costly complications of cancer (Geerts et al., 2008) and patients with cancer are at a four- to sixfold increased risk of developing VTE when compared to age- and sex-matched controls without cancer (Cunningham, White, & O'Donnell, 2006). As many as 50% of all patients with cancer with extensive disease will have VTE (symptomatic or not) observed by imaging procedures (Johnson, Walker, Sproule, & Conkie, 1999). In addition, the diagnosis of VTE in patients with cancer is associated with poor outcomes (Geerts et al., 2008). PE remains a leading cause of death in patients with cancer, and the probability of death for those who develop thromboembolic complications is twice as great as patients with other afflictions (Dolan & Fitch, 2007). Despite the serious nature of the medical threat posed by VTE on this population, until now, no published qualitative research has addressed patients' experiences of VTE while coping with cancer.

Purpose/Objectives: To better understand the experience of venous thromboembolism (VTE) from the points of view of patients with cancer during various stages of the cancer experience.

Research Approach: Qualitative, descriptive.

Setting: Various inpatient and outpatient units of a large urban university-affiliated hospital in Montreal, Quebec, Canada.

Participants: Purposive sample of 10 participants who were anticipating, had recently undergone, or were currently undergoing cancer treatment and who had received a VTE diagnosis within the past year.

Methodologic Approach: Semistructured interviews were transcribed verbatim. Thematic analysis of data revealed themes contributing to understanding the lived experience of VTE during cancer care.

Main Research Variables: The experience of patients with cancer who develop VTE.

Findings: Patients' initial reaction to VTE included VTE as a life-threat, past experience with VTE, and VTE as the "cherry on the sundae" in light of other cancer-related health issues. Patients' coping with VTE also included three themes: VTE being overshadowed by unresolved cancer-related concerns, VTE as a setback in cancer care, and attitudes about VTE treatment.

Conclusions: This study contributes new insight into the experience of patients with cancer who develop VTE. The most salient finding was that patients having no prior VTE knowledge experienced VTE as more challenging. Future studies comparing experiences with VTE across the various stages of cancer care are needed.

Interpretation: Study findings suggest that patient education about VTE would be useful for the initial reaction and subsequent coping phases of VTE, thus representing an important target area for nursing intervention.