

# Interventions to Prevent Postoperative Complications in Women With Ovarian Cancer

Margaret Kendrick, MSN, RN, Elizabeth Ercolano, DNSc, RN, AOCNS®, and Ruth McCorkle, PhD, FAAN

Women with ovarian cancer often undergo multimodal treatment, which may cause physical complications and decrease quality of life. As a result, this article describes postoperative complications in women with suspected primary ovarian cancer, explains factors related to developing postoperative complications, and discusses the clinical implications of postoperative complication management. The researchers used self-report questionnaires completed by women who were within one month after surgery for suspected ovarian cancer (N = 142) to identify postoperative complications. Demographic characteristics also were examined to determine factors that may predict postoperative complications. The most common complications reported were wound infection, fever, and sepsis, followed by ileus, nausea, and vomiting. Women diagnosed with new or late-stage cancer were equally likely to develop a postoperative complication. Healthcare providers should carefully assess women diagnosed with ovarian cancer before surgery to determine their individual risk of developing postoperative complications. All women should be monitored for complications; however, women who are at higher risk because of multiple modalities, late-stage cancer, or the presence of comorbidities warrant particular attention after surgery and discharge.

**S**urgery is a mainstay of modern cancer treatment and has value in the diagnosis and treatment of most cancers. Surgical interventions for cancer treatment may be used for tumor resection, cytoreductive surgery, palliation of symptoms, and reconstruction. The goals of surgery differ depending on the type of cancer as well as the patient's presentation. Resection of the primary cancer focuses on the removal of the tumor and sufficient surrounding normal tissue (Rosenburg, 2008). If the patient is not cured with resection, adjuvant chemotherapy may be needed to prevent or delay recurrence. Cytoreductive surgery is performed when the tumor cannot be completely resected because of extensive local spread (Rosenburg, 2008). This surgery debulks the cancer before the use of chemotherapy or radiation to manage residual disease. Palliative surgery may relieve pain or restore function but is not curative (Rosenburg, 2008). Finally, reconstruction is used after definitive surgery to provide better function and cosmetic improvement postoperatively (Rosenburg, 2008).

## At a Glance

- ◆ Ovarian cancer treatment involves combinations of modalities, including surgery, chemotherapy, and radiation therapy.
- ◆ Women with primary ovarian cancer are more likely to have longer hospital stays because chemotherapy often is initiated while they are still inpatients; therefore, more aggressive infection prevention is warranted.
- ◆ Discharge instructions and follow-up should be provided to patients as well as their caregivers.

As with all treatments, the benefits of surgery must outweigh the risks. The complications of surgery vary based on the anatomic location of the tumor. Abdominal surgeries are associated with high rates of complications because of the anatomic structures located within the abdominal cavity. The most common

Margaret Kendrick, MSN, RN, is a nurse practitioner at the Seattle Cancer Care Alliance in Washington; and Elizabeth Ercolano, DNSc, RN, AOCNS®, is an associate research scientist and Ruth McCorkle, PhD, FAAN, is the Florence Wald Professor of Nursing, both in the School of Nursing at Yale University in New Haven, CT. This work was partially funded by the National Institutes of Health, National Institute for Nursing Research (1R01 NR07778), and Trustees of the Swebelius Fund for Pilot Studies (R. McCorkle, principal investigator). The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. (Submitted July 2010. Revision submitted September 2010. Accepted for publication September 4, 2010.)

Digital Object Identifier: 10.1188/11.CJON.195-202