

Distress, Pain, and Nausea on Postoperative Days 1 and 14 in Women Recovering From Breast-Conserving Surgery: A Repeated-Measures Study

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OBJECTIVES: To determine the incidence and trajectory of distress, pain, and nausea and vomiting at postoperative day (POD) 1 and at POD 14 following breast-conserving surgery.

SAMPLE & SETTING: 75 women aged 18 years or older receiving breast-conserving surgery with sentinel lymph node biopsy for treatment of early-stage primary breast cancer at an ambulatory surgery center.

METHODS & VARIABLES: This prospective, repeated-measures study assessed distress, pain, and nausea and vomiting using the National Comprehensive Cancer Network Distress Thermometer and Problem List on POD 1 and POD 14.

RESULTS: Pain and distress scores were highest on POD 1. The number of women who reported depression increased from POD 1 to POD 14. Thematic analysis revealed that family concerns, fears and worries, and postoperative issues contributed to pain and distress.

IMPLICATIONS FOR NURSING: Women experience pain and distress during recovery at home after breast-conserving surgery. Nurses can use these results to apply evidence-based practice to reduce this symptom burden. Future nursing research should focus on targeted interventions outside of the hospital setting.

KEYWORDS breast-conserving surgery; distress; pain; nausea; recovery at home; breast cancer

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One in eight American women will experience breast cancer in their lifetime (Siegel et al., 2024). With greater occurrence of early screening and diagnosis, most women with breast cancer are diagnosed at an early stage (stage I or II), when surgery remains the primary treatment (DeSantis et al., 2019). The majority of patients with early-stage breast cancer are eligible for treatment consisting of breast-conserving surgery followed by adjuvant radiation therapy (Ji, Yuan, et al., 2022). In addition to the surgical removal of the breast tumor, these surgeries often include pathology procedures, such as sentinel lymph node biopsy (SLNB) lymph node removal, which within about a two-week time frame provide diagnostic information that guides the next treatment steps (Goetz et al., 2019; National Comprehensive Cancer Network [NCCN], 2019). Consequently, women receiving breast-conserving surgery often experience the typical symptoms of the surgical procedure, including pain and postoperative nausea and vomiting (PONV), while also awaiting results, which may compound already high levels of psychological distress related to their breast cancer diagnosis.

The NCCN (2022) Guidelines for Distress Management recommend that providers monitor, recognize, document, and treat psychological distress in all settings and related to all stages of cancer. Distress exists along a continuum, and it consists of an experience of multiple physical, social, psychological, and/or spiritual factors that are unpleasant and may interfere with coping related to the disease, symptoms, and treatment (NCCN, 2022). As more surgeries move to the outpatient setting, assessment and treatment of