Sensory Perceptions of Patients With Cancer Undergoing Surgical Insertion of a Totally Implantable Venous Access Device: A Qualitative, Exploratory Study

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Many patients with cancer require prolonged treatment with IV chemotherapeutic drugs. Repeated access to peripheral veins becomes increasingly difficult over the course of treatment and can become a challenge to doctors, nurses, and patients (Borst, de Kruif, van Dam, & de Graaf, 1992). Patent and safe venous access is essential for IV treatments because venous integrity may be compromised by cytostatic agents that are toxic to peripheral veins (Chen et al., 2007; Dede, Akman, Yıldırım, Sanverdi, & Sayın, 2008; Wolosker et al., 2004).

A totally implantable venous access device (TIVAD) can offer a safe alternative for long-term administration of chemotherapy, blood transfusion, blood sampling, hydration, pain therapy, and other supportive care. Experience has shown that the catheters are safe and reliable (Wolosker et al., 2004). A TIVAD consists of a silicone septum mounted above a chamber that is inserted subcutaneously on the anterior chest wall. The chamber is connected to a catheter whose distal extremity is positioned at the junction of the superior vena cava and the right atrium (Caers et al., 2005; Kreis et al., 2007; Rodger, Liddle, Nixon, Innes, & Greening, 1998; Schütz et al., 2004; Wolosker et al., 2004). Surgical insertion usually is performed in an operating room as a day-case surgical procedure and under local anesthesia by a team specialized in venous access insertion (Maurer, Beck, Hamm, & Gebauer, 2009; Rodgers et al., 1998).

Preoperative education is a common feature in preparing patients for many surgical procedures. Patients can be informed through an information pamphlet, audiovisual presentations, training, or a combination thereof (Hodgkinson, Evans, & O’Neill, 2000). The aim of preparing patients is to help them to be ready mentally for the invasive procedure. Self-regulation theory indicates that preparatory information enables patients to construct mental representations of the procedure (Nerenz & Leventhal, 1983). During the procedure, patients use the mental schemas to predict what they might experience.