

The Experience of Women Receiving Brachytherapy for Gynecologic Cancer

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Purpose/Objectives: To explore and document the lived experience of receiving low-dose rate brachytherapy for gynecologic cancer.

Design: Qualitative method based on phenomenology.

Setting: Radiation treatment facility in a cancer-care setting in Toronto, Ontario, Canada.

Sample: Ten women between the ages of 36 and 75 (\bar{x} = 59.2) receiving low-dose rate brachytherapy for cancer of the cervix or endometrium.

Methods: Verbatim data were analyzed manually using Giorgi's method of analyzing qualitative data.

Findings: Three themes emerged from the data: (a) women's experiences with brachytherapy were embedded within the complete context in which treatment was given, shaped by personal, environmental, and treatment-related factors, (b) the discomfort that women experienced during brachytherapy was perceived as a totality of symptoms including but not limited to pain, and (c) the brachytherapy experience was characterized by an intense focus on time and tensions embedded in issues related to time.

Conclusions: When dealing with the brachytherapy treatment, women are concerned with the context in which the treatment is provided and the care that is associated with the treatment. Different and unique strategies assist women to get through treatment. Supportive nursing interventions can be implemented easily in the nursing care plan for women undergoing brachytherapy.

Implications for Nursing Practice: The aspects of nursing care that women perceive as positive, such as competence level of the nurse, symptom management, and providing information in sensory terms, should be strengthened. Alternatively, aspects of nursing care that are perceived negatively by women should be changed. Nurses have to avoid situations that will prolong the time of brachytherapy treatment. Nurses should support women in using coping strategies that assist them in getting through the brachytherapy treatment.

The diagnosis and treatment of gynecologic cancer are viewed as devastating life events for patients (Andersen, 1993; Andersen & Lutgendorf, 1997). In addition to the emotional reaction that is associated with a cancer diagnosis, cancer in the gynecologic organs may be associated with feelings of guilt and punishment. Fear, perceived mutilation, and loss of body image is a common reaction to the diagnosis of gynecologic cancer. Uncertainty about illness and prognosis is associated with pessimism, sadness, and poor expectations in women with a diagnosis of gynecologic cancer (Mishel, Padilla, Grant, & Sorenson, 1991; Mishel & Sorenson, 1991).

Key Points . . .

- ▶ Brachytherapy is a stressful experience for women with gynecologic cancers. Limited studies have documented the experience of women receiving brachytherapy.
- ▶ The aspects of treatment context, symptomatology, and passage of time are important to address during and after brachytherapy.
- ▶ Nursing care has a significant affect in shaping women's experiences during brachytherapy.

The surgical and radiation treatment for gynecologic cancer has a significant impact on the physical and sexual functioning of women. Andersen, Woods, and Copeland (1997) reported that approximately 50% of women treated for gynecologic cancer experience negative changes in sexual function. Women who have received treatment for cervical cancer have persistent changes in their vagina that result in decreased sexual activity and distress (Bergmark, Avall-Lundqvist, Dickman, Henningsohn, & Steineck, 1999). Steginga and Dunn (1997) found that women described a range of physical and psychological difficulties in relation to their illness. These included fatigue, pain, bladder and vaginal problems, depression, fear, and anxiety. Fieler (1997) conducted a descriptive study of 18 patients receiving high-dose rate brachytherapy for gynecologic cancer to investigate the side effects and quality of life of patients before, during, and after brachytherapy treatment. Patients most frequently experienced the symptoms of fatigue, diarrhea, urinary frequency, and urinary burning. The number of patients experiencing these side effects decreased after treatment, but those who continued to have side effects reported them as quite severe.

The management of gynecologic cancer may include radical surgery and external radiation followed by internal radiation (brachytherapy). Brachytherapy is an invasive treatment that requires the placement of sealed radioactive materials inside an applicator that is placed in the vagina or uterus. The treatment can be administered by using a low-dose rate or high-dose rate

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