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Olgu Sunumu

Nursing Care of Patient with Rectal Cancer Based on Henderson's Need Theory

Rektum Kanserli Hastanın Henderson'un İhtiyaç Teorisine Dayalı Hemşirelik Bakımı

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ABSTRACT

Objective: The objective of this study is to develop nursing care plans using Henderson's Needs Theory for patients diagnosed with colorectal cancer and to evaluate their effectiveness.
Methods: This study focuses on a male patient diagnosed with rectal cancer at the age of 57. Nursing care plans were developed based on Henderson's Needs Theory to address the patient's physiological, psychosocial, and spiritual needs. The effectiveness of nursing interventions and patient satisfaction were assessed throughout the process of achieving identified goals.
Results: Nursing interventions such as pain management, wound care, and nutritional support were successfully implemented to address the patient's physiological needs. Psychosocial support increased the patient's emotional well-being and strengthened coping skills. Henderson's Needs Theory enhanced the effectiveness of nursing care by focusing on the holistic well-being of the individual.
Conclusion: This study highlights the applicability and effectiveness of Henderson's Needs Theory in patients diagnosed with colorectal cancer. Nursing care, by addressing the physiological, psychosocial, and spiritual needs of patients holistically, has the potential to improve their quality of life. These findings may contribute to the enhancement of nursing practices for patients with colorectal cancer.
Keywords: Case Report, Nursing Care, Nursing Theories, Rectum Cancer

ÖZ

Amaç: Kolorektal kanserlerin, diğer kanser türlerine kıyasla yüksek morbidite ve mortaliteye sahip olduğu bilinmektedir. Bu çalışmanın amacı, kolorektal kanser tanısı alan hastalarda Henderson'ın İhtiyaçlar Teorisi'ni kullanarak hemşirelik bakım planlarının oluşturulması ve etkinliğinin değerlendirilmesidir.
Yöntem: Bu çalışma, 57 yaşında rektum kanseri tanısı alan bir erkek hastaya odaklanmaktadır. Henderson'ın İhtiyaçlar Teorisi'ni temel alarak, hastanın fizyolojik, psikososyal ve ruhsal ihtiyaçlarını karşılamak için hemşirelik bakım planları geliştirilmiştir. Hemşirelik müdahalelerinin etkinliği ve hasta memnuniyeti, belirlenen hedeflere ulaşma sürecinde değerlendirilmiştir.
Bulgular: Hastanın fizyolojik ihtiyaçlarına yönelik olarak ağrı yönetimi, yara bakımı ve beslenme desteği gibi hemşirelik müdahaleleri başarıyla uygulanmıştır. Psikososyal destek, hastanın duygusal iyilik halini artırmış ve baş etme becerilerini güçlendirmiştir. Henderson'ın İhtiyaçlar Teorisi'nin, bireyin bütünsel iyilik haline odaklanarak hemşirelik bakımının etkinliğini artırdığı görülmüştür.
Sonuç: Bu çalışma, kolorektal kanser tanısı alan hastalarda Henderson'ın İhtiyaçlar Teorisi'nin kullanılabilirliğini ve etkinliğini vurgulamaktadır. Hemşirelik bakımının, hastaların fizyolojik, psikososyal ve ruhsal ihtiyaçlarını bütünsel olarak ele alarak, hastaların yaşam kalitesini artırma potansiyeline sahip olduğu sonucuna varılmıştır. Bu bulgular, kolorektal kanser hastalarına yönelik hemşirelik uygulamalarının geliştirilmesine katkıda bulunabilir.
Anahtar Kelimeler: Hemşirelik Bakımı, Hemşirelik Teorileri, Olgu Sunumu, Rektum Kanseri

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INTRODUCTION

Colorectal cancer represents colon and rectal cancer. It is one of the leading causes of death and morbidity worldwide, it is the third most common cancer in men and women (Favoriti et al., 2016; World Cancer Research Fund [WCRF], 2023). According to the 2022 data of the World Health Organization International Cancer Research Center, in all cancer cases reported in 2022, 1 926 425 (9,6%) individuals were diagnosed with colorectal cancer, and in all cancer-related deaths, 904, 019 (9.3%) individuals with colorectal cancer died. Rectal cancer, one of the colorectal cancers, is the 8th most common cancer worldwide. According to the 2022 data of the World Health Organization International Cancer Research Center in Turkey, the incidence of colorectal cancer in all ages and genders is in the 3rd rank. In Turkey, reported all cancer cases reported in 2022, 21 718 (9.0%) individuals were diagnosed with colorectal cancer, and in all cancer-related deaths, 11 698 (9.0%) individuals with colorectal cancer died. The morbidity rate is the 2nd in the world and Turkey (World Health Organization International Agency for Research on Cancer [IARC], 2023).

There are many risk factors such as advanced age, family history, history of polyps or inflammatory bowel diseases, obesity, smoking and alcohol use, a diet low in fiber, and radiation exposure. The risk of colorectal cancer increases with age and usually occurs in people aged 50 years or older. However, in recent years, while the frequency of diagnoses over 50 years of age has decreased, it has been observed that the incidence of colorectal cancer has increased in people aged 20-49 years. This increase is thought to be associated with dietary habits, decreased physical activity, and increased obesity (Ventura, 2019). The risk factors of the patient in this case report are advanced age, gender, and non-insulin-dependent diabetes.

The most common signs and symptoms in colorectal cancers are altered bowel habits, rectal bleeding, blood in the stool, abdominal pain, loss of appetite, lameness, indigestion, and unexplained weight loss (Karadağ & Bulut, 2021; Lemone & Burke, 2017). The patient in this case reported impaired bowel movements, rectal bleeding, blood in the stool, abdominal tenderness/pain, and indigestion. Intestinal obstruction is the most significant complication of colorectal cancer with progressive symptoms. The spread of the tumor can cause ulceration of the surrounding blood vessels and bleed. Colorectal cancer can also cause perforation, abscess, peritonitis, sepsis, and shock (Karadağ & Bulut, 2021; Ventura, 2019).

It is recommended that individuals with colorectal cancer risk have regular screening, especially sigmoidoscopy every five years, and colonoscopy every ten years recommended for every risky individual between the ages of 45-75 who has a family history of colorectal cancer. Also diagnosis; detailed anamnesis, physical examination, abdominal ultrasonography, computed tomography or magnetic resonance, biopsy colonoscopy, stool occult blood test, barium enema, proctosigmoidoscopy, total blood count, liver function test, Carcinoembryonic antigen test, and digital rectal examination (Ventura, 2019). In this case, cancer was diagnosed and staged by stool occult blood test, biopsy colonoscopy, lower abdomen and diffusion magnetic resonance and flexible sigmoidoscopy.

Although the treatment of colorectal cancer depends on the location, size, and stage of the tumor, chemotherapy, radiotherapy, immunotherapy, multimodal therapies and surgical treatment are available. Surgical resection of the tumor, adjacent colon, and regional lymph nodes is the treatment of choice for colorectal cancer. A permanent or temporary stoma is opened to patients following surgical resection (Lemone & Burke, 2017).

The effects, prognosis, treatment process and ostomy opening of colorectal cancers are very challenging for both the patient and the family members who care for the patient. This difficult process negatively affects the quality of life of the patient and family members. Therefore, while planning the care practices of patients with colorectal cancer, a holistic approach should be adopted, family members should be included in the care, and practices should be planned that will enable the patient

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to increase the quality of life and perform daily life activities with minimum energy and maximum function (Rawla et al., 2019).

Virginia Henderson saw the patient as an individual who needed help to achieve independence and integrity, or integrity of mind and body. She focuses on 14 basic needs, emphasizing the art of nursing. Henderson's Nursing Theory; While defining the missions of nurses, it also focused on independence goals and self-care concepts for patients. In this context, the use of Henderson's Nursing Theory increases the possibility of receiving care for the needs of the patients with its symptom management, self-care features, and independence goals, while also improving the patient's independent behaviors by participating in self-care (Alligood, 2014; Karadağ et al., 2017).

In this case, it aimed to evaluate the importance of nursing care and the effectiveness of the patient's adaptation to the process in the surgical treatment of a patient with rectum cancer, which is one of the colorectal cancers, in line with the Henderson Nursing Theory**.**

CASE PRESENTATION

A.Y. is a 57-year-old male patient. He is 170 cm tall, weighs 85 kg, Body Mass Index: 24. 56 kg/m2 (normal) and has a healthy body appearance. The patient, who was admitted to the hospital with indigestion, recurrent pain, and discomfort in the upper abdomen, was hospitalized in a training and research hospital as a result of positive stool occult blood test and rectal bleeding. Colonoscopic polypectomy was performed on 15.09.2020. According to the endoscopic biopsy pathology report; Colon cancer, internal hemorrhoids and colon polyps were diagnosed.

The patient was referred to a university hospital on 13.10.2020. Rectoscopy has performed a diagnosis of malignant neoplasm of the rectum. Tumor Fluorodeoxy Glucose Positron Emission Tomography-Computed Tomography applied to stage adenocarcinoma on 16.10.2020. Pathological involvement was observed in the rectum and pelvic lymph nodes. The patient started chemotherapy. On 25.01.2021, Lower Abdomen and Diffusion MRI was taken to evaluate the response to neoadjuvant chemotherapy. As a result of the MRI, a left posterolateral mass encompassing a 5 cm segment, approximately 5 cm proximal to the lower rectum anal incision, was observed. As a result of flexible sigmoidoscopy performed on 05.02.2021, a scar-shaped tumor area was sighted 6-7 cm posterior from the arteries and veins. The doctor decided to apply Low Anterior Resection and Terminal Ileum Loop Ileostomy to the patient. The tumor part was cut at least 2 cm below and 10 cm above, removed with the surrounding lymph nodes, and the terminal ileum loop mouthed to the skin in the form of an ileostomy. In the last meeting with the patient on December 2, 2023, he stated that he did not have any colorectal problems.

- Patient's Family History: There is no disease history in the patient's family history.
- Patient's History: The patient was diagnosed with non-insulin-dependent DM. He does not use any medication other than Supradyn Vitamin. No previous surgery. She has no allergies.
- Habits: The patient quit smoking after being diagnosed with cancer. Previously, he had a smoking history of 1 pack/week for about 35 years. No alcohol use.
- General Situation: The patient's clothes are clean, and individual care is independent. His posture and movements are normal. The patient's pain is 1/5. Fall risk score is 0. He has little relationship with the environment and verbal communication. His skin is moist and his turgor is normal.
- Respiratory System: The patient does not have cough, dyspnea or secretions.
- Cardiovascular System: The patient's heart rate is 78/min. The patient has sinus bradycardia. His blood pressure is 120/70 mmHg.

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- Gastrointestinal System: The patient's mouth is open, and his appetite is low. There are plaques on the tongue and palate. No weight loss in the last 6 months. Regime 2 is being applied. There is stool output with ileostomy.
- Genitourinary System: The patient has no signs of infection in the perineum. The patient stated that he could urinate 3-4 times a day without pain.
- Musculoskeletal System: The patient can walk without assistance and is independent in toilet/bath needs. No loss of strength in hands and feet.
- Neurological System: The patient is conscious, cooperative and oriented, but has anxiety. No signs of hemiplegia were detected.
- Vital Signs: The patient's eight-day vital signs values are as follows. Since the patient was diagnosed with non-insulin-dependent diabetes in his last hospitalization, his blood sugar was checked regularly. The patient was operated on 10.03.2021.

Table 1. Patient's Vital Signs

Date	Pulse	Respiration	Blood Pressure	Body Temperature (°C)	Pain (0-5)	Blood Sugar
08.03.2020	78/min	22/min	120/70 mmHg	36.2	0	121 mg/dL
09.03.2020	70/min	22/min	120/80 mmHg	36.3	0	116 mg/dL
10.03.2020	74/min	22/min	140/90 mmHg	36.5	2	97 mg/dL
11.03.2020	85/min	22/min	130/80 mmHg	36.5	1	166 mg/dL
12.03.2020	82/min	24/min	150/110 mmHg	36,7	1	137 mg/dL
13.03.2020	88/min	24/min	120/80 mmHg	36.6	1	172 mg/dL
14.03.2020	78/min	22/min	120/70 mmHg	36.6	0	157 mg/dL
15.03.2020	74/min	20/min	120/80 mmHg	36.4	0	123 mg/dL

Table 2. Medications Used by the Patient

Drug name	Drug frequency
Ampoule containing Calciosel solution for injection 10%	1x1
Enox 4000 anti-XA IU/0.4 ML	1x1
Capril 25 mg 48 tb.	1x1
Magnesium sulfate 15% amp.	1x1
Pandev 40mg.	1x1
Parol 10 mg/ml inf.	2x1
Potassium chloride 7.5% amp.	1x6
Tilcotil 20 mg vial	2x1
Tramosel 100 mg/2ml amp.	1x1
Vomepram 10mg/22ml amp.	3x1

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Table 3. Problems Identified According to the Henderson's Nursing Model

Fundamental needs	Existing problems
Normal breathing	The patient's respiration is 22-24/min. No cough, secretion or dyspnea was observed in the patient.
Adequate nutrition	The patient's mouth is open, but his appetite has decreased. No weight loss in the last 6 months. Regime 2 is being implemented. Oral mucositis due to chemotherapy was not observed in the patient.
Excretion	The patient urinates 4-5 times a day. The patient, who has a decrease in bowel habit due to rectal cancer, is currently evacuating by ileostomy.
Movement/stance	The patient is mobile from the first postoperative day. It observed that he was independent in his own care.
Sleep and rest	The patient stated that he slept uneasy because of the ileostomy bag. He stated that he slept more comfortably after his pain decreased and he received information about stoma care.
Dressing/undressing	She was nervous when her stoma bag changed. However, this behavior has been observed to decrease as he participates in his own care. The patient was independent while dressing and undressing.
Thermoregulation	The patient dressed appropriately for the environment. The patient's body temperature was around 36.5 C.
Maintaining hygiene and skin integrity	Infection or pressure ulcer was not observed in the patient. He participated in stoma care but did not pay attention to hygiene rules.
Security	The patient has no history of falling. When the İtaki Fall risk score was evaluated, 1 point was found to be low risk.
Communication	The patient understands what is being said, is talkative and adaptable. He has no difficulty in asking questions and expressing his feelings.
Belief/values	Although the patient did not have any other disease, he said that 'This disease came from Allah, we will endure it'. But he stated that he thought it was fate, not punishment.
Sense of achievement	The patient stated that he is retired and has worked enough throughout his life.
Recreation	He stated that he loves living, traveling, and spending time with his family, especially his grandchildren. He said, he wanted to be discharged as soon as possible and return to his old life.
The personal sense of curiosity, learning, and discovery	The patient had general knowledge about his disease but lacked information about current stoma care and the progression process.

Real and potential problems were determined according to the phenomenon described above, and these problems were classified according to the Henderson Nursing Model.

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Table 4. Nursing Interventions Regarding the Problems Identified According to the Henderson's Nursing Model and Their Effects on the Patient

Fundamental needs	Etiology	Nursing diagnosis	Interventions	Evaluation
Normal breathing	The patient's respiratory sounds were normal, cough, secretion and dyspnea were not observed.	-	-	-
Adequate nutrition	The patient expresses that he has difficulty complying with the changed regime due to the stoma and that his appetite has decreased.	Impairment of the functioning of the gastrointestinal tract and absorption of nutrients, due to surgical treatment and ileostomy: **Nutritional Imbalance: Nutrition Less Than Body Requirements**	Nutrition status was monitored, and the patient was weighed daily. When bowel sounds returned, oral fluids were started. The individual was informed that he or she could tolerate a normal diet but should avoid certain foods. Painkillers were administered before the meal to reduce pain. He was encouraged to eat little and often regularly.	The patient stated that he complied with the regimen. He was fed in accordance with his daily nutritional needs. There was no weight loss in the patient.
Excretion	With the opening of ileostomy, the bowel habit changes, and the patient is in the process of adaptation**.**	Due to altered intestinal elimination: **Change in intestinal excretion**	The patient's previous bowel habits and lifestyle were evaluated. Changes that may occur in discharge due to ileostomy (constipation, diarrhea, etc.) are explained. Information was given about the amount of stool that can be during the day. Ileostomy irrigation and care were taught. He was taught to avoid gas-producing foods such as broccoli, cabbage, leek, dry beans, cauliflower and leek. Information was given about slow eating, good chewing and feeding at regular intervals. Bowel sounds have listened to every 8 hours. The patient and his family were informed about the signs and symptoms of obstruction and contraction such as decreased drainage, constipation, cramps, abdominal distension, nausea and vomiting.	He stated that the individual understood how to empty with ileostomy and participated in stoma care.
	Presence of ileostomy in the patient and feeding less than body requirement with changing regimen	Due to changes in intestinal elimination and post-operative diet: **Diarrhea/constipation risk**	The color, consistency and odor of the stool coming into the stoma bag were evaluated. Defecation times were recorded. The patient, who switched to an oral watery and soft-consistency diet, was encouraged to take plenty of fluids and its importance was explained. Foods and drugs that can cause diarrhea were identified and it was explained that they should be avoided and fed at regular intervals. The importance of food hygiene was explained.	No diarrhea/constipation development was observed in the patient.

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Table 4. Nursing Interventions Regarding The Problems Identified According to the Henderson's Nursing Model and Their Effects on the Patient (Continued)

Movement/stance	The patient was willing to act. He was independent in activities of daily living.	-	-	-
Sleep and rest	The patient states that he sleeps uneasy because of the ileostomy bag and that he is afraid of the bag coming out.	Fear of stoma leakage due to fear of damaging the stoma: **Sleep pattern disturbance**	Stoma care was performed before the patient went to sleep. It was explained to the patient that the stoma would not be damaged while sleeping. He was told to stay away from foods and drinks containing caffeine. The general sleep habits of the patient were maintained.	The patient stated that his anxiety about stoma decreased, he was able to sleep and had adequate rest.
	The patient states that he or she has pain	Due to surgical intervention, changing bowel habits and presence of ileostomy: **Pain**	The location and severity of the patient's pain were determined. Demanded analgesics were administered to prevent postoperative pain. Hourly deep breathing/coughing exercises were done. Ambulation was provided approximately one hour out of bed during the day and the patient was encouraged. The patient was provided with a position that would relieve his pain in accordance with his current situation. Conditions that may cause tension in the ostomy region were evaluated.	The patient's saturation was around 97% without Oxygen. The patient stated that his pain decreased.
Dressing/undressing	It has been observed that during the stoma bag change, she gets nervous and wants to change clothes, but this behavior decreases as she participates in her own care. The patient was independent while dressing and undressing.	-	-	-
Thermoregulation	It was observed that the patient was dressed appropriately for the environment. The patient's body temperature is around 36.5 **°C**.	-	-	-
Maintaining hygiene and skin integrity	Contact between the intestinal contents and the skin around the stoma	Due to epidural catheter, IV interventions, drain and colostomy: **Skin integrity risk of deterioration**	Postoperatively, the area around the stoma was evaluated for erythema, inflammation, pain, burning, itching, inadequate skin care, and misplacement of the colostomy bag. The skin was examined for integrity during a bag change. The patient was taught to clean the ileostomy area with mild soapy water. A protective barrier was applied to the skin and patient participation was encouraged. The patient and his family were taught proper stoma care.	The patients and their relatives stated that they learned about stoma care and possible abnormal findings.

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Table 4. Nursing Interventions Regarding the Problems Identified According to the Henderson's Nursing Model and Their Effects on the Patient (Continued)

Maintaining hygiene and skin integrity (Continued)	Presence of epidural catheter, drain and ileostomy in the patient, risk of failure to fulfill the hygiene rules during stoma care	Due to epidural catheter, incision site, IV interventions, drain and colostomy: **Infection risk**	Infection signs and symptoms were monitored and taught to the patient. Laboratory test results were monitored. Local infection signs and symptoms were followed up at the invasive intervention sites. Detection of drainage tubes was made. The liquid was observed. Aseptic rules were followed in the general and stoma care of the patient. Epidural catheter was observed and signs and symptoms of infection were observed. Infection findings such as redness and temperature increase in the stoma were followed up.	No signs and symptoms of infection were observed in the patient. It was observed that the patient and his family complied with the hygiene rules in stoma care.
Security	The patient has no history of falling. When the İtaki Fall risk score is evaluated One point calculated as low risk for patient.	-	-	-
Communication	The patient understands what is being said, is talkative and adaptable. He has no difficulty in asking questions and expressing his feelings.	-	-	-
Belief/values	Although the patient did not have any other disease, he said that 'This disease came from Allah, we will endure it'. But he stated that he thought it was fate, not punishment.	-	-	-
Sense of achievement	Presence of stoma, lack of control in intestinal elimination, altered body structure	Opening an ileostomy is due to disruption of normal body integrity and alteration of the normal physiological process of defecation: **Risk of distortion in body image**	He was allowed to express his feelings about powerlessness, anxiety, hopelessness, self-esteem, addiction, being a burden and fears. Effective coping methods were evaluated. The patient was encouraged to express his loss, feelings such as grief and anger. Effective communication was established with the patient. The meaning of the main cause of body image deterioration for the patient, the individual's coping mechanisms and social support were evaluated. The patient was given the opportunity to deal with the ileostomy by participating in self-care.	He stated that the patient's self-esteem increased. Attended stoma care.

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Table 4. Nursing Interventions Regarding the Problems Identified According to the Henderson's Nursing Model and Their Effects on the Patient (Continued)

Recreation	The patient states that he likes to live, travel and spend time with his family, especially his grandchildren. He said that he wanted to be discharged as soon as possible and return to his old life.	-	-	-
The personal sense of curiosity, learning, and discovery	The patient statement that he does not have enough knowledge about stoma care, that he does not know what to do if there is a leak, and that he will have difficulty in his care after discharge.	Related to the patient's age and concerns about the stoma: **Lack of information**	Stoma care for the patient, how to replace and care products; explained with visual and written materials. Possible stoma complications, signs and symptoms were explained. They were taught that when any of these signs and symptoms develop, they should immediately apply to the hospital. The patient and his family were encouraged to ask questions. The patient was allowed to express his feelings and thoughts. Encouraged and applied the patient's stoma care to his practice. Suggestions were made to minimize gas formation. The importance of choosing the hours when the stoma is least active for taking a bath and the ability to take a shower with or without a bag were taught.	He stated that he understood the patient's stoma care and he did the stoma care himself. He described the signs and symptoms of possible complications.

Nursing interventions and patient results regarding the problems determined according to the Henderson Nursing Model are given in Table 4.

The patient was hospitalized again on 06.05.2021 due to the closure of the ileostomy when two months after he was discharged with a temporary ileostomy. No anastomotic leakage was observed in the patient, he was kept under observation for 4 days after the temporary ileostomy was closed. The patient, whose vital signs were stable, was discharged on 10.05.2021.

DISCUSSION

Colorectal cancers are that affects individuals psychologically and physiologically due to the poor prognosis of colorectal cancers, the difficulty of the treatment process, and the fact that it causes an intestinal ostomy that requires lifelong adaptation, physical, cognitive and financial resources with the surgical treatment applied. The main treatment for colorectal cancers is surgery and stoma is usually open after surgery (Akçal & Ertürk, 2010; Kuzu & Aşlar, 2010).

Each individual is affected differently by the opening of a stoma, and those effects are generally associated with changes in lifestyle and body image perception (Danielsen et al., 2013). In this direction, especially in cancer patients, it has been shown that the holistic care given to the patient both meets the expectations of the patients and increases the effectiveness of the treatment, with the help of the patients' lack of knowledge about prognosis, treatment process, side effects of the treatment, ensuring their participation in their self-care, the continuity of social support, the positive attitude and professional approach of the nurses seen (Tuominen et al., 2020).

As in this case, patients diagnosed with rectal cancer should be evaluated as a whole, and continuity in care should be ensured. In this context, the use of the Henderson Nursing Model improves the patient's independent behavior by

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participating in self-care, while increasing the possibility of receiving care following the needs of the patients with its symptom management, self-care features and independence goals (Karadağ et al., 2017; Kuzu & Aşlar, 2010).

As a result, it is thought that this model, which provides individualized care for the patient's symptoms and aims to provide the patient with self-care and independence, can be used in the care of other cancer patients its use recommended. However, the high patient load, long working hours, and institutional incompetence and colleague support make it impossible to provide individualized care and plan care by a model. In this direction, providing the necessary support for nurses to plan care is essential for both nurses to achieve professional satisfaction and for patients to receive holistic care.

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