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**Implementation of Nursing Care for Mrs. K with Stage IIC Ovarian Cancer Post Hysterectomy Bilateral Salpingo Oophorectomy (HTSOB) in Fulfilling the Need for Pain Comfort with Distraction Techniques in the Treatment Room on the Second Floor of the Iman Sudjudi Pavilion, Gatot Soebroto Army Hospital, Jakarta**

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**Abstract**

Ovarian cancer is a malignant tumor that develops from the ovaries and is often found in women aged 50 to 70 years. The prevalence of ovarian cancer in the world in 2020 was 313,959 cases while in Indonesia it was 14,896 cases. Patients treated in the treatment room on the 2nd floor of the Iman Sudjudi pavilion, Gatot Soebroto Army Hospital from February to April were 290 people, 60 of whom had ovarian cancer (21%). The purpose of writing this Scientific Paper is to determine the results of the implementation of nursing care for Mrs. K post Bilateral Hysterectomy Salpingo Oophorectomy (HTSOB) with acute pain nursing problems by taking non-pharmacological actions to fulfill the need for comfort with distraction techniques. This research method is a descriptive method using a case study approach method in patients with stage IIC ovarian cancer post Bilateral Hysterectomy Salpingo Oophorectomy (HTSOB) in the treatment room on the 2nd floor of the dr. Iman Sudjudi Pavilion, Gatot Soebroto Army Hospital. The results of the case study showed that the management of nursing care in post-Hysterectomy Salpingo Oophorectomy Bilateral (HTSOB) patients with acute pain who underwent distraction techniques within a period of 3x24 hours obtained results in a decrease in the intensity of the pain scale before the pain scale was 6 and after it became a pain scale of 2. The resulting nursing evaluation was that the goal was achieved, some problems had not been resolved

**Keywords:** Ovarian Cancer, Hysterectomy, Distraction Technique, Pain Comfort

**Introduction**

Cancer is the development of malignant tissue consisting of epithelial cells that have a tendency to invade surrounding tissue and spread. Ovarian cancer is a malignant tumor that develops from the ovaries. It can affect people of all ages and has various histological types. The incidence of

ovarian cancer, which is ranked third among the top 10 cancers affecting women, is estimated to be 30% higher in the female genital system. Ovarian Cancer is also a deadly disease in women, because it is known as a disease that grows silently but is deadly (silent killer), in the early stages this disease does not show specific clinical

symptoms (International Agency for Research on Cancer, 2018).

According to WHO and SEARO based on data from the Global Cancer Incidence, Mortality and Prevalence (Globocan) in 2020, ovarian cancer in the world was 313,959 cases (1.6%) with 207,252 deaths (2.1%). Ovarian cancer in Southeast Asia was 72,951 (3.2%) with 49,865 deaths (3.5%). Ovarian cancer is the 3rd most common cancer in Indonesian women, with an incidence rate reaching 14,896 cases (3.8%) and a death rate reaching 9,581 cases. (4.1%) (IARC, 2020)

Based on recording and reporting on the 2nd Floor of the dr. Pavilion. Iman Sudjudi RSPAD Gatot Soebroto Jakarta, more precisely on the 2nd Floor of the dr. Iman Sudjudi Pavilion in December 2022 to May 2023 has the second highest case of Ovarian Cancer after Cervical Cancer. The presentation of ovarian cancer patients was 28.2%, namely 130 patients out of 460 patients treated during that period.

The impact of ovarian cancer in the early stages does not experience changes in the body that are not so noticeable in women because the initial changes in the body experience vaginal discharge which is considered normal by women. Patients will experience changes in the body because cancer cells have metastasized to tissues outside the pelvis such as liver, gastrointestinal, and lung tissue so that it will cause anemia, ascites, pleural effusion, heartburn and anorexia. (Rahayu, 2020)

Postoperative pain is defined as pain experienced after surgical intervention. This pain is classified as acute nociceptive pain. Postoperative pain problems are a common everyday experience, but only 30 to 50% of cases receive effective treatment by causing respiratory, excretory, circulatory, and other systemic complications. As a

result, some patients die, quality of life and patient satisfaction decrease, length of hospital stay increases, and treatment costs increase. (Hidayatulloh et al., 2020)

According to (Rampengan et al., 2014), distraction, which involves focusing the patient's attention on something other than pain, can be a very successful strategy and may be the mechanism responsible for other effective cognitive techniques. The effectiveness of distraction depends on the patient's ability to receive and generate sensory input other than pain.

The role of nurses in managing pain by establishing a process for screening, assessing, and providing services to manage pain includes: identifying patients for pain during initial assessment and reassessment; informing patients that pain can be caused by actions or examinations; implementing services to manage pain regardless of where the pain originates; communicating and educating patients and families regarding services to manage pain according to the patient's religious, cultural, and family backgrounds. (Hidayatulloh et al., 2020).

Based on the background above, the author wants to know how the Implementation of Nursing Care for Mrs. K With Stage IIC Ovarian Cancer Post Bilateral Hysterectomy Salphingo Oophorectomy (HTSOB) In Fulfilling the Need for Comfort: Pain With Distraction Techniques In The Treatment Room On The Second Floor Of The Dr. Iman Sudjudi Pavilion, Gatot Soebroto Army Hospital "Basic Concepts of Ovarian Cancer Theory.

## Method

The design of this study is descriptive research. According to

(Ramdhan, 2021), descriptive research is research with a method to describe the results of a study. The research design was carried out on a case, namely nursing care for Mrs. K with stage IIc ovarian cancer post Bilateral Hysterectomy Salphingo Oophorectomy (HTSOB) in fulfilling the need for comfort pain with distraction techniques in the treatment room on the second floor of the Dr. Iman Sudjudi Pavilion, Gatot Soebroto Army Hospital.

## Result and Discussion

### 1. Focus Data

#### a. Subjective Data

The patient said the pain in the post-operative wound in the abdomen felt like being stabbed with a scale of 6 and came suddenly, the patient said she could not move for fear of something happening to the wound, the patient said she still felt bloated in her stomach, the patient said all activities were assisted by her husband, the patient said after the operation she had not taken a shower in the bathroom but took a shower on the bed, had brushed her teeth, changed

clothes and combed her hair with the help of her husband.

#### b. Objective data

The patient appeared weak, composmentis consciousness with GCS 15, the patient appeared to be grimacing, blood pressure 143/106 mmHg, pulse rate 101x/minute, temperature 36.30c, SPO 99%, SN 5, the patient appeared to be lying on the bed, the patient appeared to have difficulty moving, the wound appeared to be wrapped in gauze and bandage on the abdomen (the wound appeared clean, no fluid came out, no edema, no redness), the patient received IVFD NaCl 0.9% 500ml 20 tpm infusion therapy, Ketorolac analgesic injection therapy 3x1 gr, Kaltropen 3x1 gr, Tramadol tab 3x1 orally and Ampicillin sulbactam antibiotic injection 4x1.5 gr, Cefixime tab 2x1 orally. The patient routinely consumes Amlodipine 1x5 mg. The patient's stomach appeared soft, abdominal circumference 85 cm. The patient had a dower catheter (100 cc of urine, bright yellow color, distinctive urine odor)

### 2. Data Analysis

Focus Data	Diagnosis	Etiology
DS: the patient said the pain in the post-operative wound in the abdomen felt like being stabbed with a scale of 6 and came suddenly. DO: the patient looked weak, composmentis consciousness with GCS 15, the patient looked grimacing, blood pressure 143/106 mmHg, pulse rate 101x/minute, temperature 36.30c, SPO 99%, SN 5, the wound appeared to be wrapped in gauze and a bandage on the abdomen (the wound looked clean, no fluid came out, no edema, no redness), the patient received IVFD NaCl 0.9% 500ml 20 tpm infusion therapy, Ketorolac analgesic injection therapy 3x1 gr, Kaltropen 3x1 gr, and Tramadol tab oral therapy 3x50 mg.	Acute Pain	Physical Injury Agents (Hysterectomy Salphingo Oophorectomy Bilateral (HTSOB))
DS: the patient said she could not move for fear of something happening to her wound, the patient said she still felt bloated in her stomach, the patient said all activities were assisted by her husband, the patient said that after the operation she had not taken a shower in the bathroom but had taken a shower on the bed, had brushed her teeth, changed clothes and combed her hair with the help of her husband. DO: the patient appeared weak, composmentis consciousness with GCS 15, blood pressure 143/106 mmHg, pulse rate 101x/minute, temperature 36.30c, SPO 99%, SN 5, the patient appeared to be lying on the bed, the patient appeared to have difficulty moving, the	Self-Care Deficit	Inability to Perform Independent Personal Hygiene

Focus Data	Diagnosis	Etiology
patient had a dower catheter installed (100 cc of urine, bright yellow color, distinctive urine odor), the patient appeared to be assisted in bathing, dressing, and grooming by her husband on the bed.		
DS: - DO: the wound is seen wrapped in gauze and bandage on the abdomen (the wound looks clean, no fluid comes out, no edema, no redness), the patient received IVFD NaCl 0.9% 500ml 20 tpm infusion therapy, Ampicillin sulbactam antibiotic injection 4x1.5 gr, Cefixime tab 2x1 orally.	Risk for Infection	Effects of Invasive Procedures

Table 1 Data Analysis

### 3. Nursing Diagnosis

- Acute pain related to physical injury agents (Hysterectomy Salphingo Oophorectomy Bilateral (HTSOB))
- Self-care deficit related to inability to perform personal hygiene independently
- Risk of infection related to the effects of invasive procedures

### 4. Intervention Nursing

Interventions in this case study focused on the nursing diagnosis of acute pain with the aim that after nursing actions for 3x24 hours, pain control is expected to increase with the criteria for the results of decreased pain complaints, decreased grimacing, increased ability to complete activities, increased ability to use non-pharmacological techniques, improved vital signs, improved urinary function, and improved sleep patterns.

The planned interventions are identification of the location, characteristics, frequency, quality, and intensity of pain, identification of the pain scale, providing non-pharmacological techniques to reduce pain, namely distraction techniques, identification of factors that cause pain, encouraging taking a comfortable position, demonstrating and practicing distraction techniques, and collaboration in providing analgesics Ketorolac 1 gr, Kaltropen 1 gr, and Tramadol tab 50 mg. Based on the interventions that have been prepared both independently and collaboratively, where independent

interventions for nursing diagnoses of acute pain are carried out using distraction techniques, while collaborative interventions are carried out by providing analgesics. This is supported by research conducted by (Koniyo et al., 2021) which shows the effect of distraction techniques on reducing pain intensity in postoperative patients.

The intervention carried out for a nursing diagnosis of self-care deficit is to help patients meet their needs. As written by (Erlando, 2019), self-care deficit according to Orem is a person's inability to carry out adequate self-care so that several systems are needed to help clients meet their needs. In this case, Orem identified five methods that can solve the problem of self-care deficit, namely acting for others, as a guide to others, providing support, improving environmental development, and teaching others.

The intervention carried out to prevent the risk of infection is surgical wound care as explained by (Risal Wintoko, 2020) that optimal wound care has an important role in the wound healing process so that it can take place properly and in a short time so as not to reduce productivity and increase wound care costs.

### 5. Implementation

The implementation carried out on Mrs. K with stage IIc ovarian cancer post hysterectomy bilateral salpingo

oophorectomy in meeting the need for comfort: pre-planned pain has the conclusion that Mrs. K is able to perform distraction techniques independently and the results obtained from distraction therapy can reduce pain intensity from a scale of 6 to a scale of 2. The statement above is proven by research after distraction intervention was given to the level of postoperative pain.

The results of research from (Rampengan et al., 2014) that distraction can overcome pain based on the Gate Control theory, that pain impulses can be regulated or inhibited by defense mechanisms throughout the central nervous system. This theory states that pain impulses are transmitted when a defense is opened and impulses are inhibited when a defense is closed.

One way to close this defense mechanism is to stimulate the secretion of endorphins which will inhibit the release of substance P. Distraction techniques, especially auditory distraction, can stimulate an increase in the hormone endorphin which is a morphine-like substance supplied by the body. Individuals with lots of endorphins feel less pain and individuals with few endorphins feel more pain. This is what causes the difference in pain intensity before and after the distraction technique is performed.

The implementation carried out to overcome the nursing diagnosis of self-care deficit in the case is to help the patient perform self-care, as written in (Erlando, 2019) that to meet self-care needs, assistance from nursing staff is needed after the client's abilities have been identified, health workers, especially nurses, need to evaluate these abilities, if they are good, then continue if they are still not enough to take care of themselves, then help is given.

The implementation carried out by the author for the nursing diagnosis of

infection risk is that wound care has the conclusion that the wound has no signs of infection such as redness or discharge from the wound, but wound care still needs to be carried out later to prevent infection in the future. This is in accordance with research conducted by (Rahman et al., 2018), that there is a relationship between wound care procedures and accelerating the wound healing process in postoperative patients.

## 6. Evaluation

In carrying out the evaluation, the author did not experience any obstacles. The results of the evaluation of the nursing diagnosis of impaired comfort: acute pain related to physical injury agents (bilateral hysterectomy salpingo oophorectomy surgery) which had been implemented for three days were evaluated on May 5, 2023 with the results that the pain had begun to decrease, could rest well, currently the pain feels like being pressed with the little finger, calmer, pain scale 2, able to perform distraction techniques, BP 130/87 mmHg, pulse 98x/minute, temperature 36.6oC, RR 20x/minute, SPO 100%.

So the intervention can be maintained and continued according to the patient's condition. This shows that by carrying out nursing actions using distraction techniques, it can reduce the intensity of the patient's pain from a scale of 6 to a scale of 2. This is in accordance with research conducted by (Budyanto et al., 2015) that the pain scale before being given distraction techniques was 6 and after the action was 2.

## Conclusion

The conclusion obtained from this case study is the management of nursing care for client Mrs. K with stage IIc

ovarian cancer post hysterectomy bilateral salpingo oophorectomy in overcoming pain in surgical wounds using pain management strategies using pharmacological and non-pharmacological methods is very effective in reducing the pain scale.

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