

## Cancer of the woman reproductive organs and nursing

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### Gynecological cancer

- Cancers can occur in any part of the female reproductive system—the vulva, vagina, cervix, uterus, fallopian tubes, or ovaries. These cancers are called gynecologic cancers.
- Gynecologic cancers can directly invade nearby tissues and organs or spread (metastasize) through the lymphatic vessels and lymph nodes (lymphatic system) or bloodstream to distant parts of the body

### Factors that cause gynecologic cancers

Medical research has discovered that some classes of genes, called oncogenes and tumor suppressor genes, promote the growth of cancer. The abnormal function of these genes can be acquired (e.g., through smoking, aging, environmental influences) or inherited. Almost all cervical cancers and some cancers of the vagina and vulva are caused by a virus known as HPV, or Human Papillomavirus

### Can gynecologic cancers be prevented?



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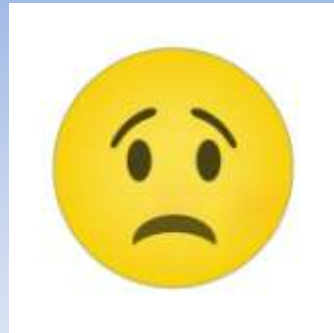
Screening and self-examinations conducted regularly can result in the detection of certain types of gynecologic cancers in their earlier stages, when treatment is more likely to be successful and a complete cure is a possibility

### Can gynecologic cancers be prevented?

Diet, exercise and lifestyle choices play a significant role in the prevention of cancer. Additionally, knowledge of family history can increase the chance of prevention or early diagnosis by determining if someone may have a gene which makes them susceptible to cancer

## Gynecologic Cancer Statistics

In 2015, it was estimated that 98,280 women would be diagnosed with a gynecologic cancer and some 30,440 will die from the disease in USA



## Statistic for USA (2015)

- Cervical cancer 12,340
- Ovarian cancer 21,290
- Uterine cancer 54,870
- Vaginal cancer 4,070
- Vulvar cancer 5,150

## How to decrease number of gynecological cancer

- Regular pelvic examinations
- Regular pap-smear test
- On time detecting precancerous changes (dysplasia)
- Regular self examination
- Regular ultrasono and mamography
- Preventing and treating on time STI

## Cancer of Vulva



## Cancer of vulva

- Slow grow up
- Slow metastasize
- It can stay for years in carcinoma forms
- Early giving the symptomatic

## Epidemiologic of the vulvar's cancer

- 3-5 % from all gynecological cancers
- More frequently seeing in 70+ years old (very seldom in younger then 40)
- If to recognize it before the invaziation, it s possible absolutely recovering

## Risk factors for vulvar cancer

- Age (60 +)
- Chronic vulva dystrophy
- STI
- Smoking
- Plenty of sexual partners
- Immunosupretion

## Preventing

- Regular pelvic examination and pap smear test
- HPV discovering
- Quitting smoking
- Self examination of vulva

## Patophysiologic of vulvar cancer

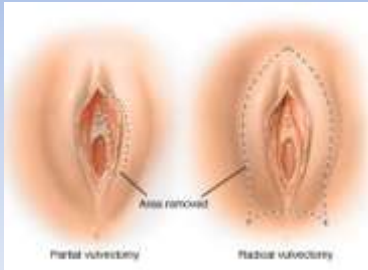
- 70 % of cancer locating in labia majora
- Because the vulva has plenty of limfatic ducts around, the metastases process coming early true this way
- Early metastases going to urethra, vagina, anus, rectum and pubic bone
- Late metastases to the lungs



## The treating of the cancer if it s stage 1 and 2 – local radical vuvectomy



If the cancer located in more whiled area  
– the radical vulvectomy can be occur  
(taking all external reproductive organs)



## Vulvar cancer

On the stage III and IV the operative treatment not always possible

- On the stage III the metastases already gone to nearest organs
- On the stage IV – to the lungs, bones, liver etc

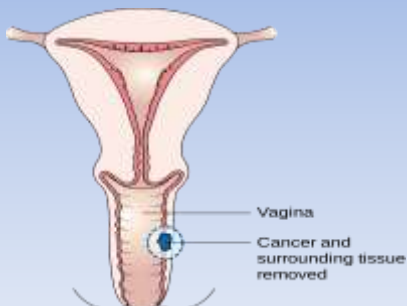
## Nursing management

- Protecting the skin from wetness
- Keep the skin dry to prevent the infection
- The nail should be short
- Educate patients with this condition to use just only cotton underwear
- Possible to make cold compress, antihistaminic pills and corticosteroid therapy

Radiotherapy and chemotherapy  
always using from beginning, to  
decrease size of cancer



## Vaginal cancer



## Vaginal Cancer

- Vaginal cancer most rare of genital cancer
- Frequency 1\1000
- Malignisation 1.5 – 3 %
- Metastases – cervix, endometrial, vulva

## Risk Factors and Etiology

- age 50-70 years
- exposed of the IUD with estrogen
- radiation of pelvic
- extra using vaginal pessaries
- HPV
- Herpex virus
- Cervical or vulvar cancer in the past

## Vaginal cancer

- Because the vulva has plenty of lymphatic ducts around, the metastases process coming early true this way
- Early metastases going to urethra, rectum and bladder
- It can make fistula with nearest organs

If the vaginal cancer in on the top part of the vagina, it s possible to delete just only vagina. If the cancer is on the down part of the vagina – radical vulvectomy, vaginaectomy and nodular will be down



**If the vaginal cancer on the stage I or II, the plastic of the vagina can be done**



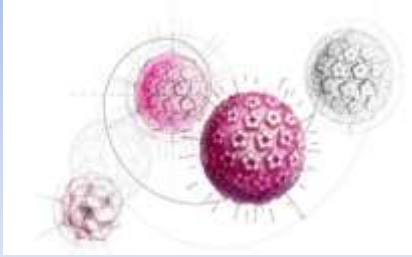
## Nursing managment

- Taking of the patient's anxiety from the disease and from the chemotherapy
- Control dehidratation level
- Controlling that the woman will drink enough fluid
- Control the number of stool
- Propose to the woman to use food high with fibre
- Educate the patients to live the active life

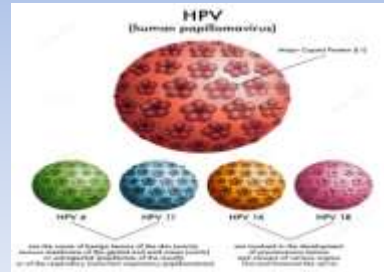
## Cervical Cancer



## The most frequent etiology for cervical cancer is HPV



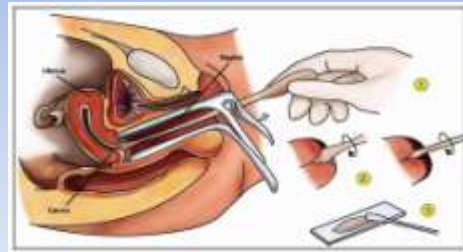
HPV is a DNA tumor virus, which pathophysiology goes to destroyed the cervix mucous epithelium cells



HPV More common in the young age (30 – 35 years)



Screening diagnostic with a pap smear should be down min 1 in a year in a woman up to 30 years old



## Factor of risk for the cervix cancer

- Low level of economy, bad hygiene
- Starting the sexual life from early years
- Plenty of sexual partners
- Smoking
- Poor nutritiouns
- Plenty of pregnancy

Cervical cancer can develop during the 10 – 15 years. That's way regular screening will help to prevent this condition



## Nursing management

- To teach use the condom like the contraceptive method
- Explain to start the sexual life not in early years
- Less smoke and using alcohol
- Use vit A,C and folic acid
- Teach about the right vulva hygiene
- Frequently pap smear test

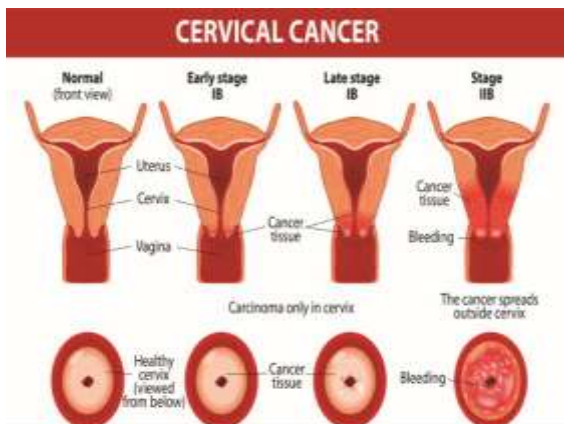
## The vaccination against HPV

- HPV vaccination – vaccine with the alive virus
- During 6 month 3 doze should be done
- Vaccination effective against all 4 types of the virus
- Vaccination suitable to the young girls from 9 years old

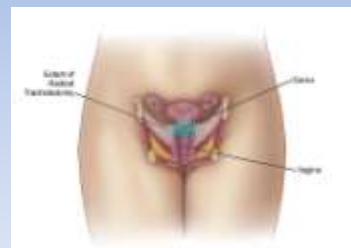
## Nowadays for man have not been create no vaccinations



80 – 90 % of the cervical tumors is squamous cells, 11- 20 % adenocarcinoma



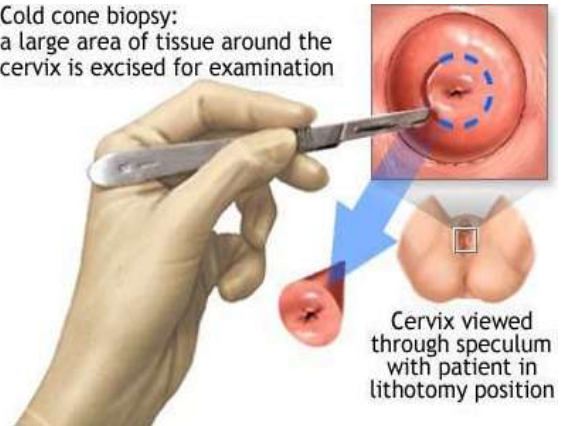
During the unpenetrating stage if the therapy will started to use it s possible to absolutely recover



## Therapy of the cervical cancer

- Pap smear, coloscopy and biopsy are the methods of diagnostic of cervical cancer
- Cryosurgery, laser surgery or electrocoagulator surgery
- Cone biopsy and hysterectomy another choice of treatment

Cold cone biopsy:  
a large area of tissue around the  
cervix is excised for examination



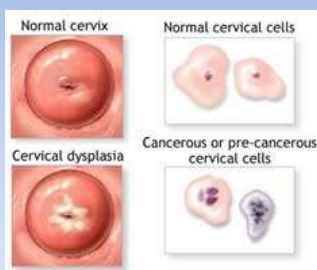
## Cryosurgery

- Working with before frozen the cervix
- Procedure can be done in polyclinic
- 2 -4 weeks the woman can has some watery discharge

## Role of the nurse after surgery

- Take off the anxiety
- Shower, Tampons and sexual intercourses should be avoid during 2-4 weeks
- The woman after operation first year every 3 month should come to control
- after every 6 month
- After surgery 1-2 weeks can be some discharge
- Promote the healthy life style

## Invasive cervical cancer (cervical carcinoma)



## Symptoms of the invasive carcinoma

- Bleeding during the coitus and pelvic examination
- Metrorahy (intramenstrual bleeding)
- Menorahy (heavy bleeding)
- Postmenopause bleeding
- Heavy smelling discharge



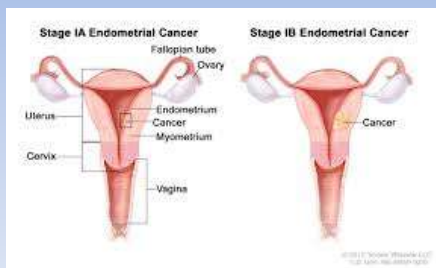
## Diagnostic

Under the general anesthesia doing clinical examination, biopsy of the cervix, endocervical curettage, cystoscopy and proctosigmoidoscopy, breast mamography, pyelography, blood test

## After treatment period

- Woman should turn to her normal life style
- Pelvic examination, pap smear test during the first year doing every 2 month, on the third year – once in 4 month, 4 year evry 6 month
- Every 6 month should be done x-ray of the cheast
- First two years every 6 month should be done control test for the kidney

## Endometrial cancer



## Endometrial cancer

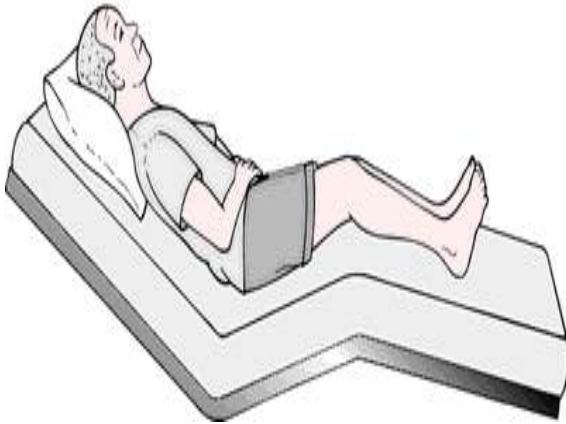
- It s the most common gynecology cancer after the cervix one
- Mortality on the third place after the cervix and the ovarium
- Slowly growing and late giving the metastasis
- More early starting of the treatment giving more

## Risk factors

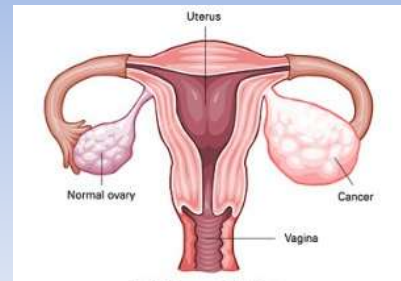
- Postmenopausal period 60 – 70 years
- Infertility, polycystic syndrome
- Late menopause (more than 52)
- Obesity, diabet
- Family history
- Pelvic radiation

## Nursing management after operations

- Normalize fluid electrolyte balance
- Blood pressure control
- Diet
- Control the complications (bleeding)
- Changing the drenaj every 1-2 hours
- Give oral laxative to normalize the working of stomach
- Woman should take semi fowler position



## Ovarium cancer



## Ovarium cancer

- The most high level of mortality
- Every woman from 70 will get the ovary cancer
- 3 from 4 woman will not recognize the ovary cancer
- genetic factor important
- risk group (family history of this pathology, ovulations more than 40 years, endometriosis, PID and extra kahve taking )

The therapy for ovary cancer the most hard one, because this type of cancer not giving the some symptoms from beginning, when the deal coming till the operation it s already stage III

## Therapy definitely surgical



Thank you for your attention

