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The lived experience of the early postoperative period after colorectal cancer surgery

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Abstract

Colorectal cancer is one of the most common cancer diagnoses and undergoing colorectal cancer surgery is reported to be associated with physical symptoms and psychological reactions. Social support is described as important during the postoperative period. The purpose of this paper was to describe how patients experience the early postoperative period after colorectal cancer surgery.

Interviews according a phenomenological approach were performed with 13 adult participants, within one week after discharge from hospital. Data were collected from August 2006 to February 2007. Analysis of the interview transcripts was conducted according to Giorgi.

The essence of the phenomenon was to regain control over ones body in the early postoperative period after colorectal cancer surgery. Lack of control, fear of wound and anastomosis rupture, insecurity according to complications was prominent findings.

When caring for these patients it is a challenge to be sensitive, encourage and promote patients to express their feelings and needs. One possibility to empower the patients and give support could be a follow up phone call within a week after discharge.

Keywords: Nursing care, colorectal cancer, postoperative period, experience, phenomenology

Introduction

Patients undergoing colorectal cancer (CRC) surgery are in a vulnerable period of their lives (Moene et al 2006). Reactions and symptoms after CRC surgery are multidimensional (Lenz et al. 1997). The postoperative period after CRC surgery is influenced by the patients` preoperative health and psychological status (Elkins et al. 2004, Weitz et al. 2005).

Every year approximately 5000 people are diagnosed CRC and it is one of the most common cancer diagnoses in Sweden (Socialstyrelsen 2007). According to Olsson et al. (2002) a cancer diagnosis was combined with feelings of anxiety, fear and thoughts about death. Feelings such as helplessness, depression, shock, fear of the unknown were also related to a cancer diagnosis (Vaartio et al. 2003). Surgery is the basis of therapy for CRC and is often combined with a high level of anxiety and can cause emotional and cognitive reactions. A high level of anxiety before colorectal surgery predicts postoperative anxiety and may affect postoperative recovery (Carr et al. 2005, Elkins et al. 2004, Tsunoda et al. 2005, Weitz et al. 2005).

In the postoperative period patients experienced loneliness, anxiety, discomfort, tiredness, existential thoughts and feelings of dependence upon nursing care, disappointment, as well as abandonment (Forsberg et al. 1996, Olsson et al. 2002). Experience of symptoms was related to physical, psychological and social factors, which in turn affects the intensity, quality, duration and degree of discomfort of these symptoms (Lenz et al. 1997).

Patients experience physical symptoms and restrictions during the postoperative period. Fatigue has been described as a common symptom affecting postoperative recovery negatively. Fatigue interfered with the patients` daily activities and ability to concentrate, causing feelings of frustration and depression (Forsberg et al. 1996, Olsson et al. 2002, Hodgson et al. 2004). Postoperative gastrointestinal dysfunction often occurs after major abdominal cancer surgery and is commonly referred to as postoperative ileus (Holte et al. 2002, Miedema et al. 2003).

Valuable information regarding psychological factors, such as patients` experiences and needs during the pre- and postoperative periods, have been reported. Persson et al. (2002) reported that, following stoma surgery, patients experience feelings of uncertainty, being different, decreased self-respect and confidence along with an influence on sexual life. Feeling secure with and confident in healthcare staff was of importance. Sympathy, empathy, kindness, cheerfulness, friendliness, using the patient`s first name and being listened to were qualities appreciated by the patients (Lumby et al. 2000, Thorsteinsson 2002, Radwin et al. 2005, Moene et al. 2006). Being unavailable, uninterested, insincere, insensitive, having lack of knowledge or incompetence were reported as bad qualities in nursing care (Kralik et al. 1997, Radwin et al. 2005). One important part of nursing care was information and it should be given to each patient as an individual using a holistic approach (Karlsson et al. 2005). Anxiety and stress about surgery, fears of the unknown, were factors that had impact on the patients` ability to receive and absorb information (Burt et al. 2005). Lack of information and conflicting advice also contributed to feelings of anxiety (Broughton et al. 2004).

Social factors in the postoperative period were important and the primary source of emotional and social support was provided by family, friends and fellow patients. Patients described talking to fellow patients as easy because they had similar experience and support from fellow patients was more important than the support and information given by health care staff (Sahay et al. 2000, Burt et al. 2005, Bäckström et al. 2006).

CRC surgery is associated with several symptoms and reactions during the postoperative period. Providing professional nursing care of CRC patients during the postoperative period involves recognizing and assessing symptoms and reactions from a holistic and individualized view. Therefore, reactions occurring postoperatively need to be observed and described.

There is limited knowledge concerning the postoperative period from the patients' perspective. Greater knowledge may help nursing professionals to gain a deeper understanding in this area and to provide a better foundation for nursing care.

The purpose of the study was to describe how patients experience the early postoperative period after CRC surgery.

Method

Professional nursing care consists of a holistic approach, caring for physical, psychological and social needs, which requires knowledge of the patient's life-world and lived experience. Different methods as grounded theory, content analysis and phenomenology were discussed as possible to use for this study, but since the study aims to describe the lived experience of a phenomenon, how patients experience the

early postoperative period after CRC surgery, phenomenology was found to be an appropriate method (Streubert et al. 1999). Analyses were performed, according to Giorgi (1985 a). The early postoperative period was defined as the time from awakening after surgery until discharge from hospital.

Patients undergoing CRC surgery at a surgical unit in a hospital in the south-east region of Sweden were invited to participate. A purposeful sampling strategy was chosen among the patients having the lived experience of CRC surgery (Baker et al. 1992, Polit et al. 2003). The criteria for inclusion were patients who had undergone colorectal surgery due to verified or suspected CRC and the ability to communicate in Swedish. Criteria for exclusion were longer intensive care unit time than 24 hours, confusion or mental disability. Inclusion or exclusion was decided by the two first authors after contact with nurses on the ward. The patients were consecutively asked to participate in the study during their hospital stay and they received verbal and written information about the study from the two first authors, when time for discharge from the hospital was set. They received a reply form and were asked to give informed consent by signing and giving the form to the admission nurse. Those who chose to participate were contacted by the two first authors by telephone and a time and place for the interview, according to the participant`s wishes, was set. The interviews took place within a week after discharge from the hospital by the two first authors, separately. According to Giorgi the depth of the interviews are higher valued than the number of interviews so in order to receive considerable variation and rich descriptive data about the phenomenon, 13 adult patients were included in the study (Giorgi 1985 b, Price 2003).

The two first authors carried out two pilot interviews (included in findings) each with two open-ended questions resulting in descriptions that were too narrow, with focus on physical symptoms. After modification of the questions, a broad and open-ended question was used to get a detailed description of the phenomenon. The opening question was “Would you please tell me about the period after surgery from awakening until discharge from hospital?” Follow-up questions were for example “How did you feel?” and “Would you please tell me more about that?”. These were used to encourage the informants to deepen their narratives (Giorgi 1997). Data were collected from August 2006 to February 2007. Twelve interviews took place in participants` homes and one in a seminar room at the hospital. The interviews, lasting between 20 and 65 minutes, were tape-recorded and transcribed verbatim by one of the two first authors who performed the interview. All interviews were transcribed before data analysis began.

In order to achieve rigorousness, the authors strived for openness, sensitivity and objectivity throughout the whole process. According to Giorgi (1988) phenomenological reduction and the search for the essence are important to avoid error and achieve proper evidence. Therefore the authors strived to bracket all past knowledge, beliefs and opinions associated with the phenomenon (Giorgi 1997, Dowling 2007). Avoidance of interpretation, construction and explanation was achieved through the authors consistently returning to the raw data and data were read over and over again, until they became familiar as a whole (Giorgi 1985 b). Trustworthiness was secured through the analyses being performed by the two first authors and the last author, independently of each other.

The study was approved by the regional Ethics Committee, Linköping University, Sweden. The participants were given verbal and written information about the study when invited to participate. Information was repeated at the start of the interview and the participant was assured that he/she could withdraw at any time, without giving a reason. Confidentiality was guaranteed. Participation in the study may arouse feelings, existential thoughts and questions due to suspect or verified cancer diagnoses. Positive effects of participation may be the possibility to describe and talk about experiences after surgery and to be in the centre of attention. The interviewers, both nurses, were able to give support and answer questions after the interview if needed.

In order to get a general sense of the whole the authors read all the interviews, separately, several times. Once the sense of the whole was grasped natural meaning units as expressed by the participants were determined. This was carried out with maximum openness and the specific aim of the study was not taken into account (Giorgi 1985 a). The natural meaning units were divided into similar areas and 15 categories emerged. With the specific aim of the study, transformation of the natural meaning units was performed. At first the natural meaning units were re-described, from the subjects` everyday language, into the authors` scientific discipline, nursing. Free imaginative variation and reflection were used to determine essential themes according to the aim of the study. This was done by asking questions about the material and reflecting: what does this say about the postoperative period, feelings, experiences and thoughts expressed by the participants. Reduction of material not essential for the phenomenon was performed (Giorgi 1985 b, Giorgi 1997). The authors have moved back and forth between the different steps in the data analysis

since new meanings and perspectives arose (Dahlberg et al. 2001). The first 15 categories were transformed into five descriptive themes, with subthemes and describe the participants` experiences of the postoperative period and express the structure of the phenomenon (Giorgi 1997). Finally, all transformed meaning units were synthesized into a consistent statement, which was the general description of the postoperative period, the essence of the phenomenon (Giorgi 1997, Giorgi 2000).

Findings

The study included 13 participants, all between 52 and 87 years of age. All the participants were born in Sweden. Five participants had undergone surgery for suspected or verified rectalcancer and eight for coloncancer. Duration of hospital stay varied from 5 to 17 days and was counted from the day before surgery to discharge from hospital (Table 1).

Essence of the phenomenon

The essence of the phenomenon, experience of the early postoperative period after CRC surgery, was to regain control over the situation and one`s own body since the participants experienced lack of control during this period. The postoperative period was described as an irrevocable time that you had to manage and get through. The essence of the phenomenon emerged from five descriptive themes.

Experiences of symptoms and difficulties

The uncontrollable body

Physical symptoms and difficulties arouse feelings, such as disgust, fear, insecurity and discomfort. All of the participants experienced physical symptoms and

Gender	Age (years)	Civil status	Occupation	Diagnosis	Stoma (yes/no)	Duration of hospital stay (days)
Male	53	Cohabitant	Working	Colon cancer	No	5
Male	56	Single	Disability – pension	Colon cancer	No	7
Female	69	Single	Retired	Rectal cancer	Yes	8
Male	71	Single	Retired	Rectal cancer	Yes	15
Female	60	Married	Working	Rectal cancer	Yes	17
Male	61	Cohabitant	Retired	Colon cancer	No	7
Female	63	Widow	Working	Colon cancer	No	7
Male	66	Married	Retired	Colon cancer	No	10
Female	81	Widow	Retired	Colon cancer	No	8
Female	63	Married	Retired	Colon cancer	No	8
Female	73	Married	Retired	Colon cancer	No	6
Male	52	Married	Working	Colon cancer	Yes	15
Male	87	Married	Retired	Rectal cancer	Yes	15

difficulties, which affected them negatively and made them feel out of control of their own bodies. Dysfunction in bowel motility was described by the participants as inability to control flatulence and defecation. Blood, fluid and leaking stoma in the early postoperative period caused feelings of disgust.

Terribly negative...psychologically extremely hard, very hard...not once more...it ran in every possible direction...it smelled like hell and lying everywhere in that damn mess.

Disturbed electrolyte and fluid balance related to stoma losses made one participant feel terribly weak. To receive a nasogastric tube during the postoperative period was described as extremely disturbing and despite having a nasogastric tube vomiting beside the tube occurred. Other difficulties related to the nasogastric tube were pain and discomfort in the nose and throat. Loss of weight, muscle strength and physical condition were factors affecting the participants negatively. Seven of the participants

described a good physical condition before surgery but during the postoperative period they felt that they had 'broken down`.

Pain and pain-relief

Twelve of the participants were satisfied with their analgesic treatment, even though they experienced abdominal pain occasionally. All participants received epidural analgesia postoperatively and the analgesic effect varied. When the epidural analgesia did not function, analgesic treatment was administered in other ways and achieved good alleviation of their pain. Participants were surprised when less pain than they expected were experienced.

I thought I would have much much more pain.

Some of the participants described having no pain at all but at the same time they experienced difficulties in physical activity and lying in certain positions.

Description of pain as eight to nine on a visual analogue scale occurred, despite that the pain was experienced bearable. Other sources of pain were subcutaneous injections, changing intravenous cannulae and having a nasogastric tube. Participants also expressed that fear of complications made the pain worse.

Emotional experiences

Diagnose and further treatment

Malignancy of the tumour and possible further treatment resulted in feelings of fear and anxiety and the necessity of taking one step at a time was the only way to manage the situation. During the early postoperative period, thoughts about the cancer and possible further treatment were put aside but when the discharge date was set the feelings came back.

The worst part is yet to come, if there is anything more now, so that I have to have chemotherapy and of course... I'm not looking forward to that...but you put that part aside when lying up there, then it catches up with you when you are about to be discharged from hospital.

Fellow patients with cancer diagnoses caused emotions of depression but simultaneously, feelings of happiness and courage to face life were expressed.

Thoughts about having an ostomy

All participants were before surgery informed that they might receive a stoma. Five participants received a stoma and during the first postoperative days` they experienced feelings of insecurity, how to manage it, disgust and fear about stoma related complications. They although felt that acceptance of the stoma was necessary.

As I say you always have to get over a barrier before you get used to it, I knew all the time that I and I know I have to get used to it, I know all that and and that`s the way it would be...but it always takes a couple of days before you on the whole, well this is, this is the way it looks like, but as soon as I started with it so to speak and got past this barrier so to speak and look at it...I think and its not bothering me anymore.

Participants who did not receive a stoma expressed feelings of relief and happiness although becoming healthy was the most important thing and that they would have accepted a stoma if necessary.

That was what I feared, because I thought I couldn't live with it...I'm not young anymore, I'm of that age and why should I live and have such a thing, such a thing on my abdomen, no I couldn't imagine that.

Lack of control and fear

Awakening after surgery aroused feelings such as being in a dream, feeling hazy and a sense of severe tiredness. Difficulties in staying awake was experienced and caused lack of conception of time directly after surgery. During the hospital stay, feelings of inability to concentrate, memory loss and shutting out the world around them were described. This resulted in not being able to read books, papers or watch television. A frequent description from the participants was fear of complications, such as wound rupture or anastomosis rupture related to defecation. This fear resulted in physical limitations and a higher degree of discomfort.

This fear made you...felt worse than you really were I thought and afterwards I can say that a lot was dependent on me being so afraid of rupture, how is it inside now...I was about to go to the toilet and my stomach function came rather fast...there I thought how is this going to be, will it rupture inside and everything come out.

Before discharge from hospital, some participants described feelings of insecurity since they were afraid of complications at home and not knowing what to do. They also expressed fear of giving themselves injections but after instructions from the nurse about the injection technique it felt better and more controllable. At the same time relief over discharge from hospital were expressed.

Influences of the caring environment

The health care staff

The health care staff sometimes represented a disturbing factor in the environment, especially at night. Sounds and movements in the corridors and ward, not closing the door to the room were expressed as disturbing factors. Strong smell of perfume was experienced as bothering.

There is a lot of movement then...that is of the sort of think I think about...when night staff come some of them don't speak quietly, some think...that it is their dayshift or so to speak, forget that others are sleeping.

Thoughtfulness was experienced when the health care staff arranged some privacy in the room by pulling the curtains around the bed.

The ward and technical equipment

Participants described alarms and sounds from technical equipment as disturbing factors however the technical equipment was also interesting to watch and learn about. On the postoperative unit, participants experienced that they were lying in a row. Other disturbing factors which caused discomfort were the mattress, plastic bedclothes and nightwear. The ward was described as boring, with nowhere to go other than walking around the corridors.

Fellow patients

Participants expressed the need to regain their strength before they enjoyed talking to fellow patients. Becoming close to others and talking about mutual interests, despite age differences were reported. Thoughtfulness was considered to be important, lying in the same room with other patients. Factors, such as changing stoma bandages in the bathroom and lowering the volume of the radio and television, were considered to be thoughtful behaviour. Fellow patients sometimes constituted a disturbing factor

and a room of their own was suggested to be a good solution for privacy but at the same time the situation was accepted.

Sleeping away from home isn't so very easy, even if you are well...there is always some sound...a fellow patient beside me had a lot of pain and was up every other hour...I didn't get much sleep, but I slept half an hour at a time and was awake one hour or so, but that's the way it is...that's the way it is when there is more than one in the room, that is not possible if you don't have a single- room...if there is to be peace and quiet but that's a utopia that it would work like that.

Experiences of being taken care of

Experiences of nursing care

Empathy, kindness and gentleness were described as good qualities among the health care staff. Interventions, such as giving ice water, a warm blanket and a quick response when the participants needed help, were experienced positively.

One assistant nurse really saw me...gave me a down quilt when I said I was cold...to do such things means a lot as a patient.

Further positive experiences were situations when the health care staff came and sat down to talk about other things not concerning the hospital stay. Tasks that the patients could do in order to become more activated and to spare time for the health care staff so that they could converse with the patients, was suggested. Lack of time, mechanical given care, lack of knowledge, reflection and the disability to plan nursing interventions were described as bad qualities within nursing care and caused feelings of hopelessness and irritation.

It is these three things which I say; thoughtfulness, reflection, what am I doing, it becomes so mechanical, very mechanical.

Information

Information was given continuously during the postoperative period by the health care staff. Above all, the physician's information was described as being the most important. Lack of information regarding activity level, bowel disorders and risk of wound rupture were mentioned but the information might have been given in the early postoperative period, without ability to receive or apprehend it. Although asking for more information was seen as their own responsibility.

I could have understood it myself...but I might have missed that information.

Safety and trust

At the postoperative unit participants felt they were surrounded by competent health care staff and did not feel alone. Back on the ward, after the period at the postoperative unit, feelings of being left alone and having no one to talk to arose. On the other hand experience of the health care staff as being available, answering questions and giving support during the time on the ward was of importance. Feelings of trust in the health care staff when complications and difficulties occurred were described.

And next day when she came to work and I felt happy to see her...nice to see you...and after that a good connection the whole time...you feel greater trust in that person.

Factors influencing postoperative recovery

The majority of the participants talked about food and liquid intake, it was frustrating not being allowed to eat or drink. One participant was without food for ten days and appreciated being in a single room not having to watch fellow patients eat.

Environmental smells from food and faeces, a sore throat, tiredness and change in taste perception were factors that affected the participants` appetite.

The eye felt more hunger than the stomach, when you started to eat oh how nice it would be with food...but in the end...you did not manage to eat so much.

The importance of own responsibility to avoid complications and to regain normal physical activity was described. Pushing oneself, focusing on fast recovery, using facilities, physical activity, stubbornness and willpower were expressed as empowering factors. Restraining factors for recovery were technical equipment, tubes, physical complications, tiredness, dizziness and fear of complications and pain.

Discussion

The participants described physical symptoms and difficulties during the postoperative period that made them feel weak and affected them emotionally. Pain was experienced as being worse when participants were, at the same time, anxious and afraid. This is in line with the experience of one symptom being affected by another symptom, as reported by Lenz et al. (1997). One nursing intervention to reduce anxiousness and fear can be individualized, structured and specific preoperative information. The information should be given both oral and written at least a few days before surgery.

Despite experiencing pain during the postoperative period, all participants were satisfied with their analgesic treatment even if it was not optimized. This can be due to the participants preoperatively expectations of severe postoperative pain. A suggestion to optimize and involve the patient in the analgesic treatment can be Patient Controlled Analgesia (PCA). Lack of appetite and taste, diarrhoea and nausea in the early postoperative period were reported, in concordance with the findings of Forsberg et al. (1996) and Olsson et al. (2002). Weakness, loss of muscle strength and weight can be reduced by preoperative nutritional assessment weeks before surgery, in order to achieve adequate nutrition. Severe tiredness, memory loss and the inability to concentrate were described and may be an expression of fatigue. As a nurse it is therefore of importance to assess symptoms and difficulties, be supportive and evaluate given treatment.

Dominating emotional experiences during the early postoperative period were fear and anxiety of the malignancy of the tumour and possible further treatment. Taking one step at a time and considering it something “one had to go through” were experienced by these participants, as well as others also undergoing CRC surgery (Vaartio et al. 2003, Desnoo et al. 2006). The postoperative period is a vulnerable time when the patient strives to regain control and as a nurse it is important to be aware of that and be supportive.

Fear of wound or anastomosis rupture, was unexpected but frequently described, and it affected some of the participants negatively. As far as we know, this is an experience not reported previously. Not all patients talked about their fears and it is

therefore of great importance as a nurse to be observant, ask questions and, if needed, be supportive. Participants receiving a stoma expressed feelings of insecurity, disgust and fear of stoma related complications while, at the same time, describing acceptance as necessary. Conversely Persson et al. (2002) reported that patients with cancer, diverticulitis and ulcerative colitis receiving a stoma had feelings of an emotional shock postoperatively despite preoperative teaching. Such feelings have not been described by the participants in this study and could be explained by all participants in this study having a life- threatening diagnose and therefore accepted the stoma.

Intensive surveillance and nursing interventions at a surgical unit are common in the early postoperative period. All participants experienced disturbing factors in the environment during their hospital stay they, however, accepted this situation although it was of importance to reduce disturbing factors as much as possible, especially at night. Planning and co-ordination of nursing interventions must lead to reduced disturbing factors and should not be hard to achieve. Introducing PCA, could be one example, not only improving the analgesic treatment but also decreasing patient surveillance and alarms dependent on the efficient substance.

According to the participants, nursing interventions do not have to be advanced to be appreciated. Simple interventions such as ice in the water, to be seen, listened to and a quick response when help is needed, were described as good qualities and made the participants feel safe. These things are easily accomplishable. Bad qualities within nursing care were described as mechanically administered care, without reflection and knowledge, which is similar to the findings of Kralik et al. (1997). Information given by the health care staff was reported, but information from the registered

nurses was not clearly described by the participants. This might be due to the participants experiencing the registered nurses as being too busy, having a task-centred approach or lack of knowledge, with the physicians' information being considered the most important, likewise reported by McCabe (2004).

Participants in this study described their own responsibility during the postoperative recovery period. Many pushed themselves but physical, psychological and emotional factors affected their ability to recover. Assessment and appropriate interventions regarding restraining factors, such as dizziness, tubes, technical equipment, pain and fear of physical complications within nursing care are important in order to make things easier for the patient.

The findings of this study are based on 13 participants' descriptions about their experience of the early postoperative period after CRC surgery. Thirteen participants were chosen in order to achieve greater variation, richer descriptions and increase the ability to obtain insight into what is essential for patients undergoing CRC surgery (Giorgi 1985 b). One of the pilot interviews lasted twenty minutes and can be considered too short for a phenomenological interview. After modification of the questions the interviews became more conversational, more detailed descriptions emerged and therefore lasted longer. The authors chose to conduct the interviews within a week after discharge since such research is limited. At the same time the authors were aware of the participants vulnerability related to not knowing about the malignancy of the tumour. The authors' previous clinical experiences can be seen as a limitation regarding the ability to bracket all past knowledge about the phenomenon. One intervention to strengthen the findings of this study might have

been to confirm the findings with the participants. Of ethical reasons the authors chose not to do so since the participants were anxious about their future and reading the manuscript might have increased their anxiety.

These findings can not be generalized and applicable to all patients undergoing CRC surgery since the participants' descriptions could differ dependent on, for example time for the interview, social and cultural factors. But the findings might be transferred to other CRC patients in similar clinical setting since both men and women, ranging widely in age, tumour location, type of surgery and duration of hospital stay, were represented. All these factors contribute to transferability of the findings (Malterud 1998). In the present study, no patients from other cultures were interviewed, although the Swedish population partly consists of immigrants. People from different cultures may experience such a situation differently and, cultural differences in this context would thus be an interesting topic to study separately.

Conclusions

The essence of the phenomenon, experiences of the early postoperative period after CRC surgery, is by participants in this study expressed as a period you have to go through, to regain control over your body. Lack of control, fear of wound and anastomosis rupture and insecurity according to complications were prominent findings in the early postoperative period. Some participants did not, despite difficulties and disturbing factors, ask for help and support from the healthcare staff and were, overall, satisfied with the care given. It is, therefore, a great challenge as a nurse to be sensitive and encourage patients to talk about their difficulties and needs.

A key contact nurse who provides nursing care, information, support and coordinate the patients care before and after surgery might reduce the patients` feelings of insecurity and fear. One possibility to empower the patients and be supportive could be a follow up phone call within a week after discharge. The findings in this study indicate that improvements are necessary and the interventions suggested might be transferred to other patients undergoing CRC surgery in a similar clinical setting.

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