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High Institute Of Nursing

EDUCATIONAL PROGRAM FOR CANCER PATIENTS UNDERGOING CHEMOTHERAPY

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INTRODUCTION

Introduction

Cancer is a leading cause of morbidity and mortality, it affects all age groups, although its incidence is greatest in the elderly, it can affect virtually any body system, and despite the many advances in diagnosis and treatment, much of the population still considers a diagnosis of cancer to mean suffering and death (*Monahan, Darke and Neibors, 1994; and Sarna & McCorkle, 1995*).

Cancer diagnosis often, provokes a crisis of meanings and frequently undermines previously unquestioned trust of reality. Self-confidence may be shaken (*Highfield, 1992*).

But *Fawzy (1995)*: viewed the cancer diagnosis in a different way which is, today, cancer diagnosis is no longer an immediate death sentence. Medical science has advanced to the degree that many cancer patients are experiencing much longer survival times and have the opportunity to resume productive lives. However, the diagnosis and treatment of cancer are sources of stress for patients.

Thus, caring for patients with cancer requires an understanding of the normal physiology and pathophysiology of body systems as well as an understanding of the etiology and pathophysiology of malignant tumors, diagnostic and therapeutic measure in current use, and

the related nursing care (*Dow and Hilderley, 1992; and Monahan et al., 1994*).

The complex nature of the oncologic disorders dictates that there is no single treatment. The major treatment modalities of surgery, radiotherapy, and chemotherapy have been used alone and in combination for preventing, controlling and eliminating cancerous tumors. Immunotherapy is a newer form of therapy (*Cushieri and Giles, 1988; and Clark & McGee, 1992*).

Yasko (1986): stated that cancer nursing has consistently played a major role in the care of persons being treated with chemotherapy.

Porth (1994): stated that, in the past four decades, cancer chemotherapy has evolved as a major treatment modality and the trends of administration have been progressed from a daily single dose to the cyclic administration of a combination of drugs to the widespread use of chemotherapy as an adjuvant to surgery and radiation therapy to prevent the recurrence and/or spread of disease.

Nursing management of the patient receiving chemotherapy varies with the drug, the dose administered and the route used. Today, nurses administer the drugs in both conventional and experimental situations. They collect and record essential information about patients and families and the treatment course. They plan interventions to meet

the physical, emotional, spiritual, educational and social needs of patients on the basis of continuing assessments (*Scherer and Timby, 1995*).

