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Quality of Life after Radical Cystectomy for Patients with Bladder Cancer

Thesis

*Submitted for Partial Fulfillment of the Requirement of
Master Degree in Medical Surgical Nursing*

By

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List of Abbreviations

Abb.	Full term
AJCC	American joint committee on cancer
BC	Bladder cancer
CIS	Carcinoma in situ
FACT-BL	Functional assessment of cancer therapy scale bladder cancer
HRQOL	Health-related quality of life
IC	Ileal conduit
MIBC	Muscle-invasive bladder cancer
NCI	National cancer institute
NMIBC	Non–muscle-invasive bladder cancer
ONB	Orthotopic neobladder
PLND	Pelvic lymph node dissection
QOL	Quality of life
RARC	Robot-assisted laparoscopic radical cystectomy
RC	Radical cystectomy
SCC	Squamous cell carcinoma
UCC	Urothelial cell carcinoma
UD	Urinary diversion
UOAA	United ostomy association of american
USOC	Urological surgery outpatient clinic
WHO	World health organization
WOCN	Wound, ostomy and continence nurses society

Quality of Life after Radical Cystectomy for Patients with Bladder Cancer

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ABSTRACT

Background: Radical cystectomy with subsequent urinary diversion is considered as a curative gold standard for localized muscle invasive and non-muscle invasive aggressive bladder cancer. Radical cystectomy may negatively impact urinary, bowel, and sexual function, as well as affect body image, which can decrease quality of life and lead to psychological problems. **Aim:** This study aimed to assess quality of life after radical cystectomy for patients with bladder cancer. **Research Design:** A descriptive exploratory research design was used to achieve the aim of this study. **Setting:** This study was conducted at the department of surgical oncology outpatient clinic in National Cancer Institute - Cairo University. **Sample:** A purposive sample consists of (50) adult patients, from who admitted in the previous mentioned setting at the time of data collection were recruited in this study. **Tools:** two tools were used in the current study (I) Patient's interview assessment questionnaire and (II) Patient's Functional Assessment of Cancer Therapy Bladder. **Results:** more than half of the studied patients had unsatisfactory level of knowledge regarding total knowledge; there was high statistically significant difference between total level of knowledge and total quality of life. The highest affected dimension with radical cystectomy was additional concerns (25.4±4.9). While the least affected dimension of quality of life was Physical dimension (10.8±2.2). **Conclusion:** this study concluded that more than half of the studied patients had unsatisfactory total level of knowledge regarding radical cystectomy. Less than one third of studied patient were had low total quality of life dimension regarding family/social wellbeing and functional wellbeing. There was significant positive correlation between total level of knowledge and total quality of life **Recommendations:** Designing an educational program for patients post radical cystectomy to increase patient knowledge and to improve their health-related quality of life.

Key words: quality of life, radical cystectomy, bladder cancer.

Introduction

Bladder cancer is a lethal disease that accounts for 3% of all cancer deaths, the 10th most common cancer in the world, and its incidence is steadily rising worldwide, especially in developed nations. In Egypt, bladder cancer is the second most common solid malignancy among men and 30% of the cases are squamous cell carcinoma type (**Bray, et al., 2018**).

Bladder cancer usually arises at the base of the bladder and involves the ureteral orifices and bladder neck. Visible, painless hematuria is the most common symptom of bladder cancer. Infection of the urinary tract is a common complication, producing frequency, urgency, and dysuria. Any alteration in voiding or change in the urine, however, may indicate cancer of the bladder. Pelvic or back pain may occur with metastasis (**Smeltzer, et al., 2018**).

Most common risk factor for bladder cancer is Cigarette smoking (risk proportional to number of packs smoked daily and number of years of smoking), environmental carcinogens (dyes, rubber, leather, ink, or paint), recurrent or chronic bacterial infection of the urinary tract, bladder stones, high urinary pH, high cholesterol intake, pelvic radiation therapy, cancers arising from the

prostate, colon, and rectum in males (**Smeltzer, et al., 2018**).

Treatment depends on the stage of the cancer. It may include some combination of surgery, radiation therapy, chemotherapy, immunotherapy, and targeted therapy. Surgical options may include transurethral resection, simple cystectomy or radical cystectomy (complete removal of the bladder), or urinary diversion (**National Cancer Institute, 2020**).

Radical cystectomy is associated with limitations in different spheres of life and results in physical disability. Dysfunctions may negatively affect quality of life, which plays an important role in the oncologic treatments. There are many ways to improve survivors' quality of life after radical cystectomy (**Agostino, et al., 2016**).

After radical cystectomy, urinary and sexual function remains inferior to the general population. People who have a neobladder have better emotional function and body image compared with ones with cutaneous diversion (who need to wear a bag to collect urine over their abdomen). Social factors such family, relationships, health and finances contribute significantly for determining good quality of life in people who have been diagnosed with bladder cancer (**Yang, et al., 2016**).

Quality of life is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life. **(Gardikiotis, et al., 2015).**

Life quality assessment in patients diagnosed with bladder cancer is a complex qualitative and quantitative evaluation of global quality of life after positive diagnosis of bladder cancer which is dependent on the patient's beliefs, life perception and expectation of each patient undergoing multiple cystoscopies, radical surgery, urinary reconstruction or urinary diversion surgery, radiotherapy or chemotherapy, but also dependent of clinical aspects of oncologic disorder: early diagnosis, therapy response, recurrence rate and related symptoms in bladder malignancies **(Wright & Porter, 2015).**

Nurses have a role can be regarded as having two aspects: one technical and one expressive. The former refers to the instrumental activities the nurse engages in to support the patient's physical treatment and general care, and the latter to the effort she makes to reduce the patient's emotional tensions. Total patient care is called the Nursing Process. This argues that nurses should care for the whole

person, that they should recognize that psychological, social, emotional, spiritual and environmental factors affect the well-being of the individual patient as well as physical ones (**Ray, et al., 2017**).

Significance of the study

Bladder cancer is a highly prevalent disease and is associated with high morbidity, mortality and cost which significantly affects the quality of life of patient and their families. Therefore, the quality of life assessment (QOL) for patients with radical cystectomy represents the cornerstone of the continuation of life for this category of patients with a high degree of quality due to the profound impact on the physical, social and psychological condition of the patients and their families, and thus in general society. From this standpoint the aims of the study is assess quality of life (QOL) after radical cystectomy for patients with bladder cancer