



BÖLÜM 15

OVER KANSERİ VE HEMŞİRELİK BAKIMI

Samiye METE¹

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GİRİŞ

Premenopozal pelvik kitlelerin %6-11'i ve menopoz sonrası %29-35'i malign olarak tanılanmıştır ⁽¹⁾. Over kanserinin dünyadaki insidansı 6.6/100.000, mortalite oranı ise 4.2/100.000'dir. GLOBOCAN 2020 verilerine göre 313.959 kadın over kanseri ile tanılanmıştır ⁽²⁾. Amerikan Kanser Birliği (American Cancer Society (ACS)), 2021 yılında 21.410 kadının over kanseri tanısı alacağını, 13.770 kadının ise over kanserinden hayatını kaybedeceğini öngörmektedir. Over kanseri kadınlar arasında kanser ölümlerinde beşinci sırada yer almaktadır ve diğer jinekolojik kanserlere göre daha fazla ölüme neden olmaktadır. Amerikan Kanser Birliği over kanseri ile tanılanan kadınların yarısının 63 yaş ve üzerinde olduğunu belirtmektedir ⁽³⁾. Türkiye'de ise Kanser İstatistikleri 2019 yılı verilerine göre 2016 yılında over kanserinin yaşa standardize edilmiş hızı 6.4/100.000'dir. Ülkemizde over kanseri kadınlar arasında en sık görülen yedinci kanserdir ve her yaşta görülebilmektedir ⁽⁴⁾.

Hastaların çoğunun (%58) ileri evrede tanı alması nedeniyle over kanserinde beş yıllık sağkalım oranı %49'dur. Lokalize hastalığı olan kadınların %16'sında beş yıllık sağkalım oranı %93'tür. Yaşı 65 yaş ve üstü olan kadınlarda, 65 yaşın altındaki kadınlara göre sağkalım oranı yarı yarıya azalmaktadır ⁽⁵⁾. Erken evre

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hatsız etmesi ve terletmesi nedeniyle tartışmalıdır ⁽¹¹⁹⁾. Abdominal cerrahi ve sezaryen uygulanan kadınlarda korse kullanımının ağrıyı azalttığı ve mobilizasyonu desteklediği gösterilmiştir ⁽¹²⁰⁾. Olumlu etkileri gösterilse de abdominal cerrahi sonrası korse kullanımı ve süresine ilişkin daha fazla randomize kontrollü çalışmaya gereksinim vardır.

Hemşireler hastaların preoperatif dönemde başlasalar da ağırlıklı olarak postoperatif dönemde taburculuk hazırlığını yapmalıdırlar. Preoperatif dönemde tanı ve operasyona bağlı anksiyete ve postoperatif dönemdeki fiziksel rahatsızlıklar ve anksiyete nedeniyle hastaların bu bilgileri anlamaları ve hatırlamaları sorun olabilir. Bu nedenle hemşireler hastalarının gereksinimlerini çok iyi belirleyerek öncelik sırasına koymalıdırlar. Hastaların neleri anlayıp neleri anlamadıklarını test eder gerekli tekrarları yapmalıdırlar. Eğitim yazılı materyaller ile desteklemelidirler. Eve taburcu olduktan sonra yaşanabilecek sorunlar için hastalar hemşirelere ulaşabilmeli ve tele hemşirelik uygulamaları ile desteklenmelidir.

SONUÇ

Over kanseri geç belirti vermesi nedeniyle genellikle ileri evrede tanı konmaktadır. Kansere bağlı sorunlara ilave olarak karında biriken asid ve tümör basısı nedeniyle kadın çok sayıda sorun yaşamaktadır. Bu nedenle kadınların preoperatif ve postoperatif dönemde yoğun hemşirelik bakımı gereksinimi bulunmaktadır. Bu nedenle kompleks bir durum olan over kanseri hastalarına bakacak olan hemşirelerin iyi eğitim almaları önemlidir.

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