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NURSING ASSISTANCE TO WOMEN AFFECTED BY CERVICAL CANCER

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ABSTRACT

Objective: to reflect about the nursing care to women affected by cervical cancer. **Method:** descriptive, theoretical-reflection study carried out in August, September and October 2020, based on the reading of scientific articles and protocols, available in the electronic databases: Latin American and Caribbean Literature in Health Science (LILACS), Scientific Electronic Library Online (SCIELO), US National Library of Medicine (PubMed), Virtual Health Library (VHL) and Ministry of Health portal. The study was guided by two currents of thought: Prevalence and implications of cancer cervix in women's lives and nursing care for women affected by cervical cancer. **Results:** high mortality rates due to cervical cancer were identified, in addition to intense implications for the life of the woman affected by the pathology, such as: pelvic pain, vaginal bleeding, leukorrhea, urinary disorders, mood swings, fear of death and alteration of the size, shape and proportion of the uterus. **Conclusion:** cervical cancer represents a serious public health problem in Brazil and worldwide. Nurses play an important role in assisting women affected by this pathology, from prevention to treatment, as stipulated by the Ministry of Health.

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INTRODUCTION

Cervical cancer (CC), also known as uterine carcinoma, is characterized by an uncontrollable increase in the cells lining the uterus, being able to affect other segments of the body. Carcinoma comes in two forms: squamous cell carcinoma, considered the most common affecting 90% of cases, where the squamous epithelium is affected, and the second, called adenocarcinoma, which damage the glandular epithelium (BRASIL, 2020; NAKAGAWA; SCHIRMER; BARBIERI, 2010). CC is a serious public health problem, representing the fourth cause of cancer among women worldwide (BARBOSA et al., 2016). In Brazil, the National Cancer Institute (INCA), estimates 16,710 thousand new cases of CC, for each year of the 2020-2022 triennium, with a risk of 15.38 cases, for every 100 thousand women (BRASIL, 2020). Predominating in less developed regions of the country, that is, those with higher levels of social inequality (FIOCRUZ, 2017).

Faced with this scenario, this study aims to reflect about the role of nurses in assisting women affected by CC, as well as on the prevention of pathology. Thus, the study was organized into two streams, namely: Prevalence of cervical cancer and its implications for the woman's life and Nursing care for women affected by cervical cancer.

Prevalence of cervical cancer and its implications in the life of women: One of the main factors that predisposes to cervical cancer, is the infection caused by Human Papillomavirus, especially HPV 16 and HPV 18, responsible for 70% of cases. Infection by the virus occurs through unprotected sexual contact (FRIOCRUZ, 2017). The CC screening guidelines, established by the Ministry of Health, recommend the Pap test to women who initiated sexual activity, from 25 years of age. Such a guideline has been considered a challenge for the screening and prevention of CC, since in practice, women have started their sexual life each time, even earlier, during adolescence (FERREIRA; TORGAL, 2011; SPINOLA, 2020).

Besides sexual behaviors, inappropriate condom use, the frequency of relationships with multiple partners, cultural barriers in society, unfavorable socioeconomic conditions, and genetics, are also factors that contribute to the prevalence of CC (BRASIL, 2016). The clinical manifestations of cancer are usually asymptomatic and are discovered by performing cytological examination. In more advanced degrees of the disease, symptoms such as pelvic pain, vaginal bleeding, leukorrhea and urinary disorders are present. In the gynecological exam changes of the uterus are observed in its size, shape and proportion (BRASIL, 2016). Regarding the prevention of CC, two methods can be mentioned: primary prevention, through vaccination for girls aged between 9 and 14 years, and secondary prevention through prior screening, through gynecological exams recommended by the Ministry of Health (FIOCRUZ, 2017). It should be noted that vaccination is also extended to boys aged 11 to 14 years (BRASIL, 2017).

Vaccination had a great influence on the control of the disease, but it is worth mentioning that despite the vaccination, exams should be done regularly with medical guidance. (FIOCRUZ, 2017). The screening consists of the cyto-pathological examination (Papanicolau), usually called "preventive" for the detection of cellular changes and lesions in the structure of the uterus. The Pap smear is carried out in a concrete way in public health services in Brazil. Through it, there is a decrease in the cancer rate and possible case controls that could evolve to higher degrees. (FIOCRUZ, 2017). The Ministry of Health ensures free and quality treatment for all women who have abnormal tests. In the Ministry of Health's Basic Care Notebook "Control of cervical and breast cancers", the assistance by an entire multidisciplinary team, for an even more integral and humanized performance, as a surgeon, nurses, psychologists, social worker and others. Thus, all the necessary support to your demands is ensured (BRASIL, 2013).

Also noteworthy is the National Cervical Cancer Control Program, called by "Viva Mulher" (Alive Woman), which aims to assist women who undergo CC-related examinations and treatments. It has the aim of reducing the physical, social and psychological impact of these women through the activities developed (BRASIL, 2019). Upon discovering an altered cytopathological examination, many women experience uncomfortable situations, causing psychological changes in their health status, significantly interfering in their life. (PERRIN et al. 2006). Emotional reactions are characterized based on the daily experiences faced, so that they try to reduce or control the sentimental, physical and social actions that have occurred. Upon receiving the positive examination for the CC, there are numerous sensations and emotions, which can negatively interfere with the woman's health status and consequently her worsening. One of the main symptoms are stress, depression, discouragement, sadness, anxiety, anger, irritability, among others. (PANOBIANCO et al., 2012). With regard to cancer, popularly known as a disease that has a negative symbolism, that is, related to death. Many beliefs are created and attributed to women with UCC, interfering in their family role, generating prejudices, convictions, an indefinite future, in addition to fear of death, long-term therapy and painful methods to be faced. (AQUINO & ZAGO, 2007; CARVALHO, 2003; PRADA, 2006).

The stigma of cancer still perpetuates today as a vision of renunciation and mortality, being considered by many women to be a phase of anguish, pain and abandonment. The CC reaches the woman's reproductive organ, where for years it is considered a sexual attribute of great value, thus implying its sexuality and its significance about the female being. (PANOBIANCO, 2012). The physical changes presented by women are recurrent during and after treatment, which are the surgical sequelae, dysfunctions related to the urinary system, sexual and intestinal dysfunction, thus involving the sexual life, directly affecting the quality of life of these women. (CORREIA, 2017). A recent study, which interviewed women undergoing surgical, chemotherapy and radiotherapy treatment, showed the main physical changes that occurred in women affected by CC, such as "pain and discomfort, low energy, fatigue, sleep and mobility". The changes interfere in the direct relationship with their partners, mainly related to sexual activity, causing, for example, changes in vaginal lubrication. (CORREIA, 2017). The emotional bond in this delicate moment that perpetuates is essential. In a study carried out at the Oncological Hospital of Curitiba, she emphasized the marital issue of women who pass and have undergone CC treatment. It was observed how the presence of partners interferes in the form of care and recovery, both affective and sexual. Some women demonstrated positive changes in the relationship, such as companionship and attention. Others emphasize the opposite, that they had no assistance, affection or even the necessary support from their partner. Regarding sexual changes, only negative changes were observed, such as fear, pain and insecurity in intimacy. (SCHIRMER; MIRANDA; DUARTE, 2014).

Nursing Assistance to Women Affected by Cervical Cancer: Nursing care is of high importance for the early detection of CC, with the active presence of these professionals being paramount, because, despite the government's prevention and screening programs related to the CC, the results have not been satisfactory since the numbers continue tall. The CC, as it is a late and easily diagnosed disease, should not become something so critical and have such high numbers, however, most women do not seek health care and / or do not adopt the prevention and treatment of properly. (SANTOS et al., 2020). In the nursing consultation, there is an involvement between both parties (patient and professional) through the stages of the nursing process. The nurse creates a bond with the patient, thus, the nursing nursing in daily life must mirror itself in a quality performance, the nurse must direct and use this woman on self-care, aiming at autonomy and improving the quality of life of the same. (MENDES; NUNES, 2012).

Given the above, the active presence of nurses in women's public health becomes indispensable. This professional has direct contact with the woman when carrying out the Pap smear exam and is responsible for passing on her knowledge in the form of continuing education to the population. (SANTOS et al., 2020). Nursing actions considerably imply the development of CC, so focus on awareness of screening and prevention, extending from diagnosis to treatment. (CARNEIRO, 2019). It is important to note that the prevalence of UCC cases is due to the low implementation and adherence to programs with an emphasis on prevention and diagnosis. (SANTOS, 2016). Through the Primary Care Notebooks, No. 13, the Ministry of Health (MS), advocates

the control of cervical and breast cancers. Regarding the nurse's duties in the care of the CC in primary care, the Ministry of Health determines actions aimed at prevention and screening, as well as the rehabilitation of women affected by the pathology, as described in table 1, below.

Chart 1. Duties of the primary care nurse in the control of cervical cancer. Belo Horizonte, August 2020

1	Serve users in a comprehensive way.
2	Carry out nursing consultation and collection of the cytopathological examination, according to the age group and clinical condition of the user.
3	Request exams in accordance with the protocols or technical standards established by the local manager.
4	Examine and evaluate patients with signs and symptoms related to cervical cancer.
5	Evaluate the results of the tests requested and collected, and, according to the protocols and clinical guidelines, make the referral to the reference services in the diagnosis and / or treatment of cervical cancer.
6	Prescribe treatment for other detected diseases, such as STDs, at the time of screening, according to the protocols or technical standards established by the local manager.
7	Perform palliative care, in the basic unit of health or at home, according to the user's needs.
8	Periodically evaluate, and whenever there is any complication, the patients accompanied in AD1, and, if necessary, make the referral to inpatient units or MHCT.
9	Contribute, carry out and participate in the permanent education activities of all teammembers.
10	Participate in the management of the necessary inputs for the proper functioning of the basic health unit.

Source: Extracted from the Primary Care Notebooks of the Ministry of Health, 2013.

In Nursing work is of great importance with regard to the promotion, prevention and rehabilitation of CC. The nurse can contribute with educational lectures, as well as carry out preventive actions, solving doubts, nursing consultations, exams, active search, regular screening, among other programs to prevent the increase of cases (SOUZA; SOUTO; SANTOS; 2020). In this line of thought, it is valid to assert about humanization in health, which represents the valorization of technical quality and the ethics of the care provided. Ensuring respect for the particularities of each one, especially questions of gender, ethnicity, race, sexual orientation, indigenous groups, communities of descendants of african slaves, riverside residents and the street population (BRASIL, 2013).

It is important to highlight the role of nurses in relation to young women, who are constantly exposed to the virus from the first sexual intercourse. Health education is essential at this time, informing and encouraging about vaccination, which if administered correctly and before sexual intercourse, is 98% effective in preventing future cervical lesions and preventing possible HPV infections. Available on the Public Health Network free of charge to all girls and boys of an age recommended by the Ministry of Health, thus preventing the spread of infection to young people who are at the beginning of sexual intercourse. (WARNER, 2008). The national policy of humanization of care and management of USH (Unical System of Health) -"HumanizaSUS", have values and principles, such as the autonomy and the protagonism of the subjects. A prominent feature of the PNH is the welcoming, characterized as a way of giving due attention to all who seek health centers, meeting the needs of each one with qualified listening. Reception is not an "object" but an ethical posture that any professional can adhere to (BRASIL, 2013).

Stresses that the humanization process is not only the therapies and interventions through the equipment, but also welcoming women in all their needs, improving the quality of life and the care provided. This treatment is seen as a new form of care that encompasses the desire of the patient and the professional, working with the highest quality to offer the best comfort and recovery. It is implemented through communication, appreciation and effective autonomy of women. (DESLANDES, 2004). In this context of care where reception is paramount, nurses must be replete with positive attitudes, demonstrating initiatives and being willing to help. It is of great importance to encourage women to enter preventive actions, and if necessary, start treatment of the disease, continuing it. It is worth remembering that these professionals must take into account the specificity of each woman. There are black women, indigenous women, field and city workers, prison women, street women, lesbian women, adolescents and women in the elderly, among others. The vulnerability of the female sex is often related to the situation of discrimination and inequality in society and not only to biological factors. (BRASIL, 2013). It is essential that the nurse attends this woman with a humanized look, so that it involves her continuously and her family. It must be clear at all times, explain about the treatment, emotionally support, be aware of the weaknesses and fears of these women, explain about the adverse effects and what about the long-term treatment. The formation of bonds between professional and user is as important as awareness, since, from it, nurses come to know the individuality of each woman, and thus be aware of possible questions and doubts, so that the treatment is comprehensive offering the maximum quality (CARNEIRO, 2019).

A delicate moment is chemotherapy, in which the woman feels uncomfortable with the reactions of the body itself. It is important to emphasize regarding drug treatment and support for adverse effects caused by therapy. The nurse must encompass holistic care, so that the woman feels welcomed and that they have a positive response to therapy, acting not only in pharmacology, but in improving the quality of life through welcoming. (OLIVEIRA, 2019). It is essential that the nurse knows the reasons for the occurrence of such a disease and the risk conditions, so as to work on preventive measures, such as continuing education. These measures should involve the daily life and experience of this woman, so that she can offer comprehensive care, articulating with other sectors and professionals who need it. (CARNEIRO, 2019; SOARES, 2011).

The nurse must propose educational actions in order to demystify the taboos incorporated into society in relation to the female body, so she must think not only about the physical structure, but about her emotions and beliefs. The search for projects and actions that improve the woman's life is essential, valuing the integrality of the assistance, having a multiprofessional team to solve your needs taking care of the promotion of health and the participation in social groups, in order to guide and answer doubts, training the user and the community. (RODRIGUES, 2009). Welcoming, bonding and responsibility for women who have the CC is essential. It must be approached not only in the scope of the health service, but also in everyday life, to raise awareness and knowledge of other women, thus, it perpetuates knowledge and future precautions. It is worth mentioning the shared responsibility among health professionals, not only the nurse, who is the

front line from the entrance to the follow-up to treatment. (VARGAS, 2013). Women go through a delicate phase, which for professionals may seem “common” because they continuously witness similar cases, but it is a new and fragile moment, and nurses must be attentive and qualified so that they can supply their desires and act not only as a health professional but as a friend, respecting female sexuality, showing confidence and acceptance. (RODRIGUES, 2009).

CONCLUSION

A conclusion section is not required. Although a conclusion may review the main points of the paper, do not replicate the abstract as the conclusion. A conclusion might elaborate on the importance of the work or suggest applications and extensions. Cervical cancer presented itself as a Brazilian and worldwide public health problem. In Brazil, despite all efforts by the Ministry of Health, for the prevention and treatment of pathology, the numbers are still alarming. In addition, it is also necessary to think about the importance of humanizing and welcoming these women when accessing the health network, which is a commitment of nurses and the entire health team. One of the important strategies that can be used by nurses to disseminate knowledge about the pathology, especially in the sense of prevention, is educational actions. At this moment, it is possible to address all the sensitive and necessary aspects, related to being female, to cervical cancer, as well as its implications in the woman's.

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