Faculty of Nursing

Cervical Cancer

Under supervision

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INTRODUCTION

Cervical cancer is the third most common cancer in women worldwide. Cervical cancer is a disease that develops quite slowly and begins with a precancerous condition known as dysplasia.

Dysplasia is easily detected in a routine Pap smear and is completely treatable.

Cervical cancer is a malignant tumour deriving from cells of the cervix.

DEFINTION

CERVICAL CANCER:

Cervical cancer is a malignant tumour deriven from cells of the cervix " Which is the lower Part of the uterus the female reproductive organ.

CAUSES

1- Human papillomavirus

Infection with the common human papillomavirus (HPV) is a cause of approximately 90% of all cervical cancers. About half of the sexually transmitted HPVs are associated with cervical cancer.

2- Sexual History

- ❑ A woman has a higher-than average risk of developing cervical if she:
- ❑ Has had multiple sexual partners.
- ❑ Began having sexual relations before the age of 18.
- ❑ Has a partner who has had sexual contact with a woman with cervical cancer.

RISK FACTORS

❑ Smoking
❑ Weakened immune system
❑ Several pregnancies
❑ Giving birth at a very young age
❑ Long-term use of the contraceptive pill

SIGNS AND SYMPTOMS

1) Spotting between menstrual.
2) Bleeding after sexual intercourse, douching, or a pelvic exam.
3) Menstrual periods that last longer and are heavier than before.
4) Bleeding after going through menopause.
5) Increased vaginal discharge faul smelling.
6) Pelvic pain.

ASSESSMENT AND DIAGNOSTIC FINDINGS

1- PAP test

Routine screening for cervical abnormalities can detect early-stage cancer and precancerous conditions that could progress to invasive disease. The process begins with a Pap test, also known as a Pap smear.

2- UIA Test

Pap smear: cells are scraped from the cervix and examined under a microsope to check for disease or other problems

Cervix viewed through speculum with patient in lithotomy position

A.D.A.M.

3- HPV DNA test

- **Like the Pap test, the HPV DNA test involves collecting cells from the cervix for lab testing.**

Cone biopsy

Cold cone biopsy: a large area of tissue around the cervix is excised for examination

Cervix viewed through speculum with patient in lithotomy position
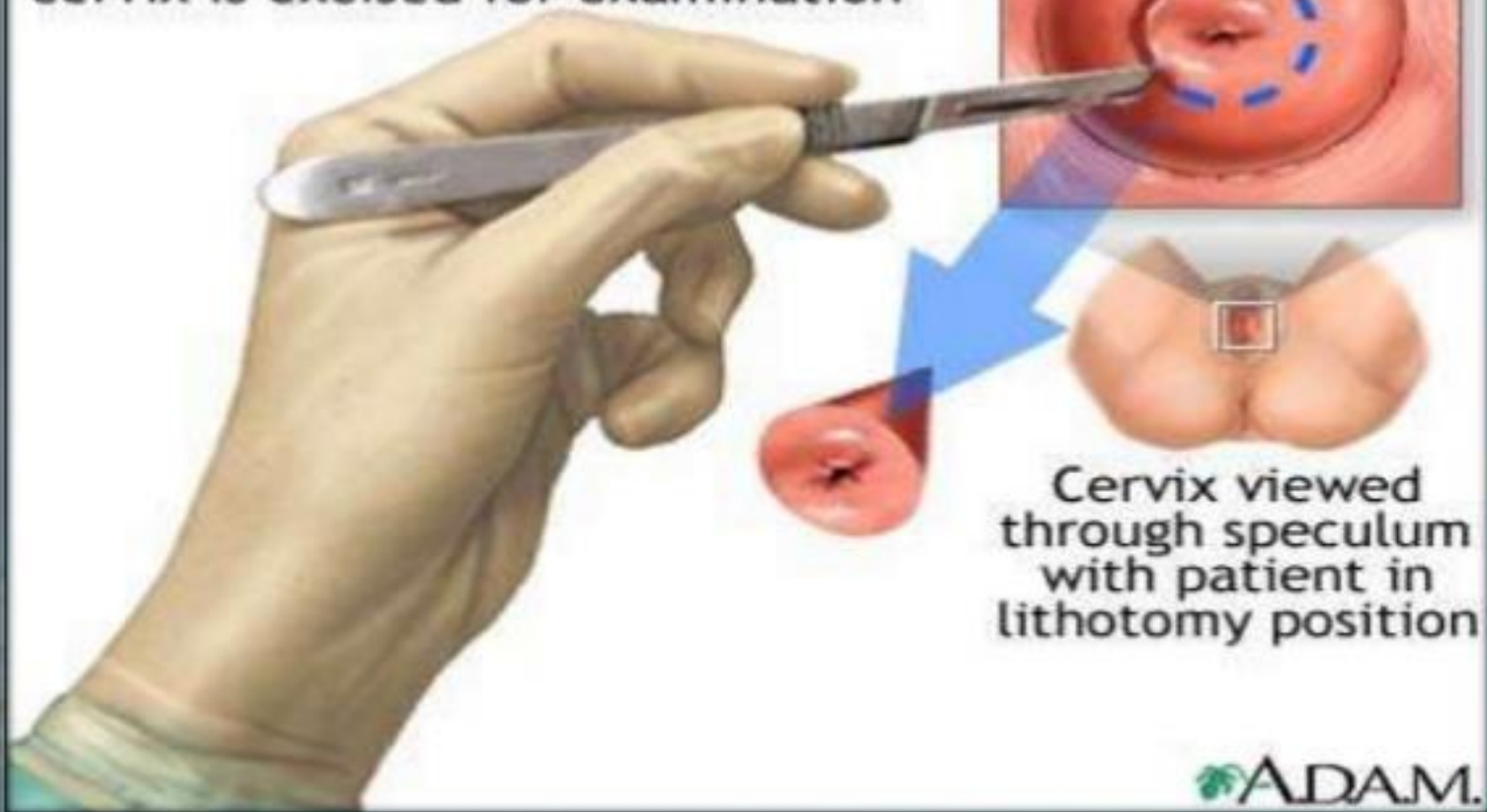
5- CT (computerized tomography) scan

6- MRI (magnetic resonance imaging scan)

7- Pelvic ultrasound

STAGES OFNCERVICAL CANCER

- **Stage I.** Cancer is confined to the cervix.
- **Stage II.** Cancer at this stage, includes the cervix and uterus, Upper 2/3 of vagina.

- **Stage III.** **Cancer at this stage has moved beyon the cervix and uterus to the pelvic wall and the lower portion of the vagina.**
- **Stage IV.** **At this stage, cancer has spread to nearby organs, such as the bladder or rectum, or it has spread to other areas of the body, such as the lungs, liver or bones.**

Medical Management:-

- **Chemotherapy** is used to target cancer cells that surgery cannot or did not remove, or to help the symptoms of patients with advanced cancer.
- It is used in combination with radiotherapy.

Radiotherapy

- **Radiotherapy works by damaging the DNA inside the tumor cells, destroying their ability to reproduce.**

SURGICAL MANAGEMENT

1- **Laser surgery** a narrow beam of intense light destroys cancerous and precancerous cells.

2- **LEEP :** Loop electrosurgical excision procedure) - a wire loop which has an electric current cuts through tissue removing cells from the cervix.

Cryosurgery

Compressed nitrogen gas flows through a cryo probe making the metal cold enough to freeze and destroy the abnormal cervical tissue

Cryo probe

Compressed nitrogen gas

Cervix as viewed through speculum with patient in lithotomy position

ADAM.

1- Total hysterectomy → Complete remove of the uterus and cervix without oophorectomy.

2- Subtotal hysterectomy → removal of uterus in his position.

3- bilateral Salpingo oophorectomy → both ovaries and fallopian Tubes are removed.

Hysterectomy

Total hysterectomy

Hysterectomy plus bilateral salpingo-oophorectomy

Vagina

Fallopian tubes

Ovary

Cervix

Subtotal hysterectomy
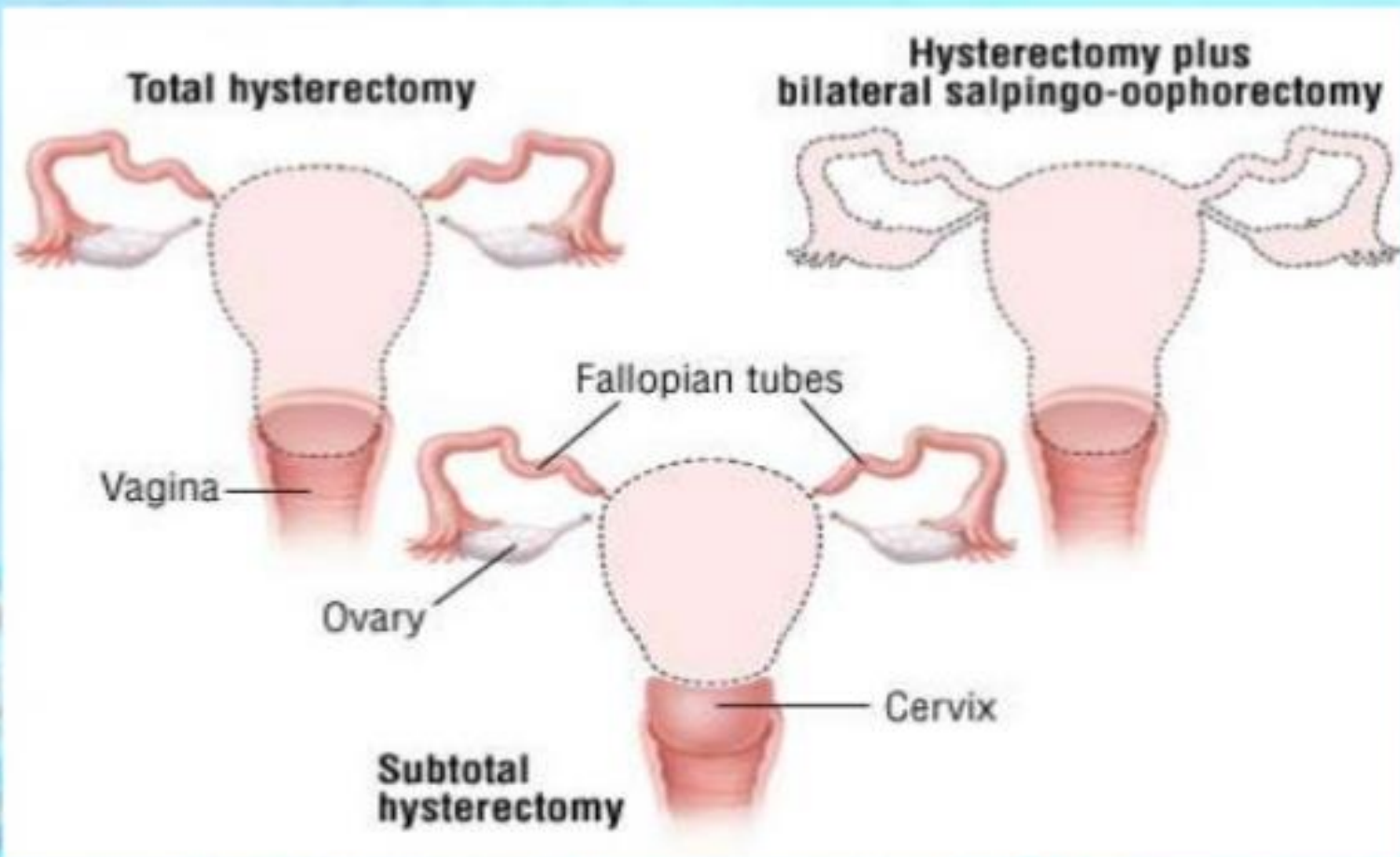
NURSING MANAGEMENT

DIETARY MANAGEMENT

❑ **Flavonoids are chemical compounds in fruits and vegetables that are thought to be a leading source protection against cancer. The flavonoid rich foods are Apples, beans, Cabbage, bark, Onions.**

DIETARY MANAGEMENT

❑**Folate (a water-soluble B vitamin) reduce the risk of cervical cancer in people with HPV. Foods rich in folate include breads, Orange juice and Strawberries.**

❑**Foods such as carrots, sweet potatoes and pumpkin are rich in vit. A.**

PREVENTION

1- HPV (human papilloma virus) vaccine.

❑**If every female adheres to current HPV vaccination programs the total number of female deaths from cervical cancer globally will drop by hundreds of thousands each year.**

PREVENTION

1- HPV (human papilloma virus) vaccine. Intramuscular (0.5)1 and 6 months 9.25 years old

2- Safe sex

3- Cervical screening

4- Have few sexual partners

5- Delay first sexual intercourse

6- Don't smoke

7- Avoid frequent use of contraceptive

8- Do routine examination of cervix and reproductive System