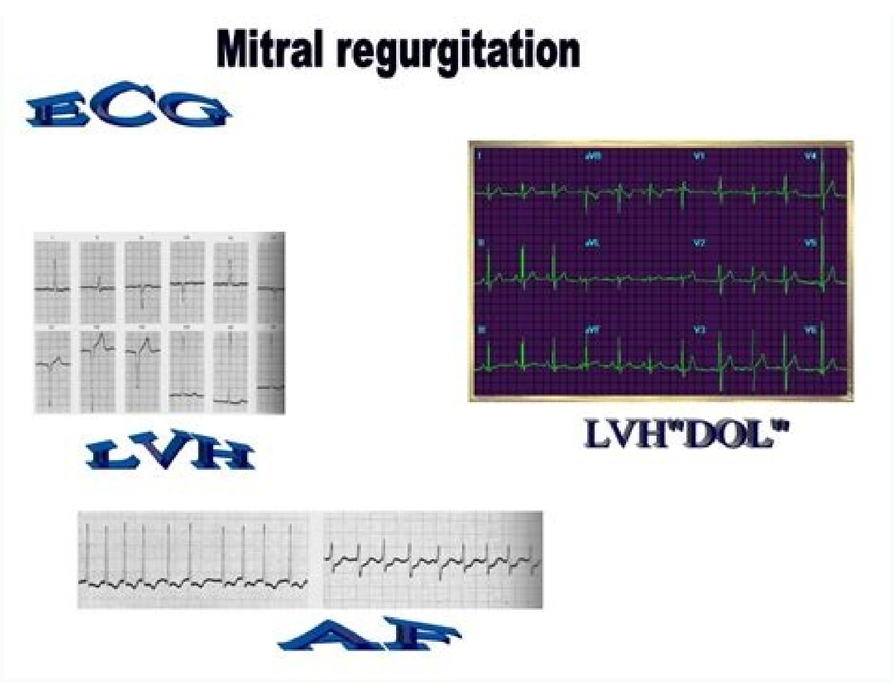
Ascites ppt free


Mitral regurgitation
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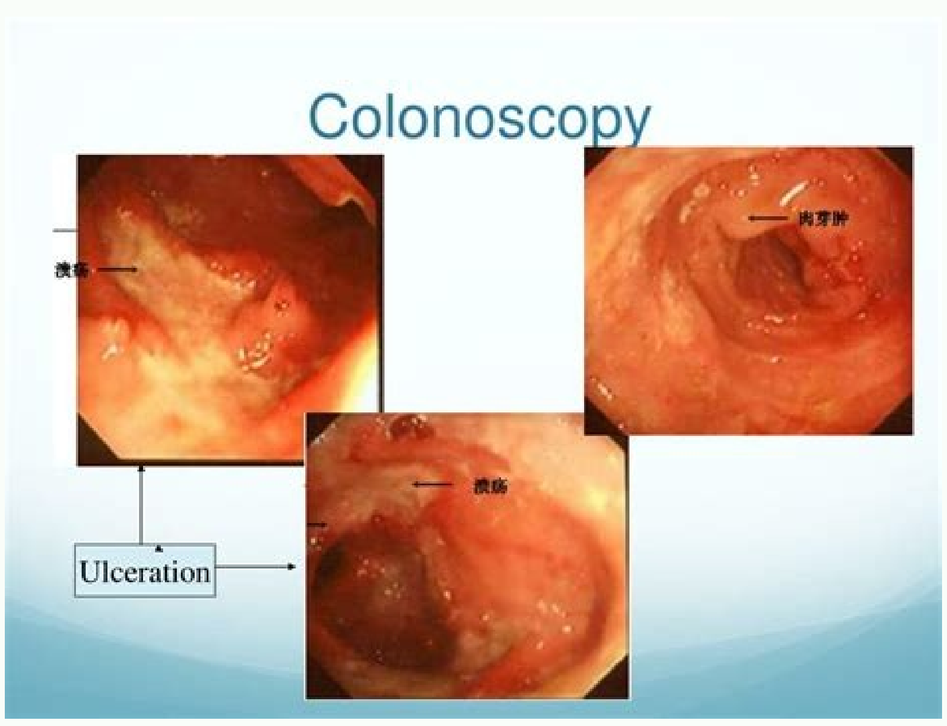
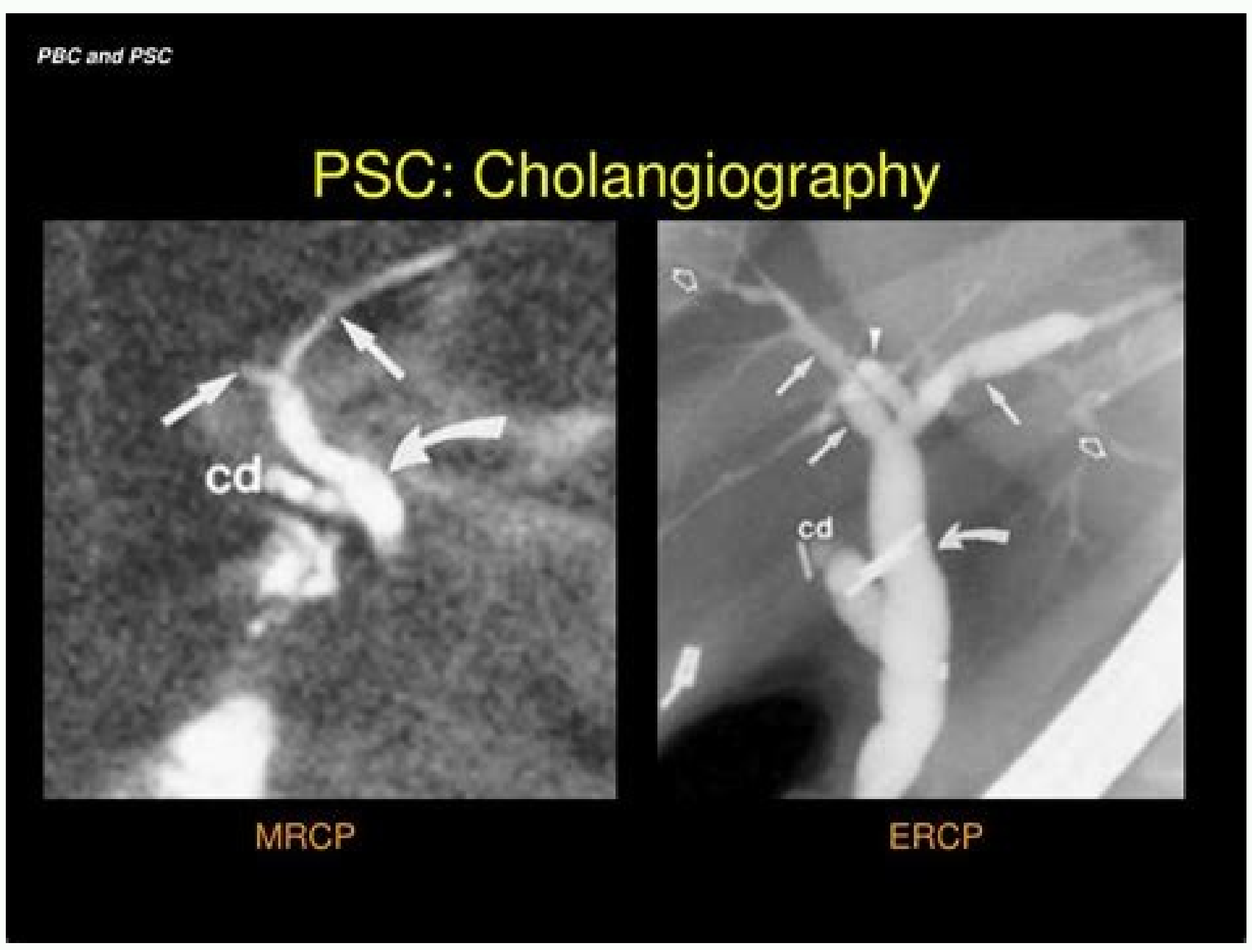

Colonoscopy
Ulceration


PBC and PSC
PSC: Cholangiography
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Bye Bye!!!
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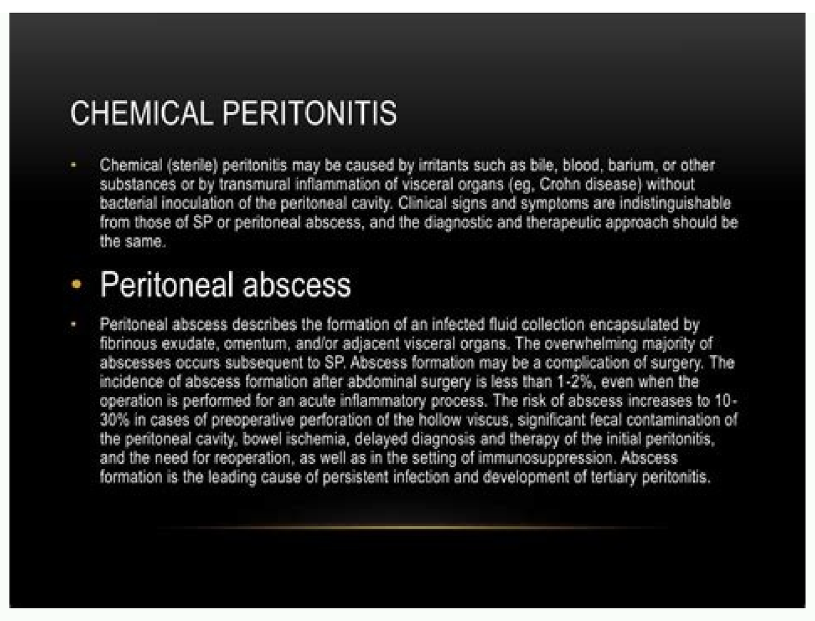

When not to drain ascites. What does no ascites mean. How much to drain ascites. Ascites ppt free download. Is ascites free fluid.

Dropsy (sometimes called bloat) is not a disease but a condition caused by an underlying health issue like an infection, parasites, or liver dysfunction. It involves the accumulation of fluid in a fish's body, giving it a swollen or bloated appearance. Often exacerbated by environmental stressors, dropsy should resolve when the stress is relieved and the underlying illness is treated. Of course, the prognosis depends on the severity of the illness and its response to treatment. Dropsy refers to a condition in which fluid accumulates in a fish's body. Technically referred to as edema or ascites, dropsy is a sign of malfunctioning kidneys and/or gills due to an underlying health issue. Depending on the underlying cause of kidney and/or gill malfunction, you may see a variety of physical symptoms. Dropsy, as an isolated condition, is associated with various forms of swelling. Swollen bellyProtruding scalesBulging eyesPale gillsIncreased respiratory rateSwollen anusRedness of the skin or fins A fish with dropsy experiences rapid abdominal swelling, distinguishing the condition from weight gain or pregnancy. All of the internal organs will eventually become swollen and stop functioning. The fluid accumulation is caused by the inability of the kidneys and/or gills to eliminate water from the body, which is a result of the underlying health problem. The internal swelling of dropsy causes a fish's scales to protrude and point away from the skin, giving the fish a "pine cone" appearance. Protruding scales may be present all over the body or only on parts. Swollen eyes indicate the presence of excess fluid that can't be eliminated from the body. The fluid causes pressure behind the eyeball, resulting in exophthalmia, usually bilaterally (both eyes). Excess fluid in a fish's body can cause its gills to distend and appear pale. Pale gills are associated with many diseases in fish and may be a result of the primary stressor or disease, not just dropsy. To "breathe" oxygen, a fish inhales water, and oxygen is assimilated via the gills. If the gills are not functioning properly, the fish must work harder to take oxygen into its tissues. This effort is evident in a faster-than-normal respiratory rate. If excess fluid is unable to leave a fish's body, it may build up in the intestines, causing internal and external swelling that may be seen in the anus. As a fish's skin is stretched with excess fluid, small blood vessels may pop and pool in the skin and fins. The Spruce / Kelly Miller Fluid accumulates inside a fish's body due to kidney and/or gill dysfunction that may be caused by one or more of the following: Bacterial infectionFungal infectionParasitesLiver dysfunction With chronic stress, a fish becomes vulnerable to infections. Generally, a single or short-term exposure to stress, known as acute stress, will not compromise a fish's ability to fight infection. In cases of illness, stress exposure usually occurs for an extended time. If you notice signs of dropsy in one or more fish, call your veterinarian for help. Your fish has a better chance of recovery if you get a correct diagnosis and treatment early in its disease. Your veterinarian will evaluate your fish's physical symptoms and the aquarium environment, which may include water quality testing. Poor water quality is one of the most common causes of illnesses that involve dropsy. Learning to test water quality in an easy way to keep your aquatic environment in good health and prevent stress in your fish. Dropsy is easy to identify by the swelling of a fish's body, but your veterinarian will also help identify the underlying cause and recommend targeted treatment. With all fish illnesses, prompt diagnosis and treatment better a fish's chances of recovery. Treatment of dropsy must be geared toward correcting the underlying problem and providing supportive care to the sick fish. Here is a list of treatments that may help: Salt: A bit of salt in the tank water can aid in the osmotic balance of the fish by making the water salinity closer to the fish's blood salinity. That helps the fish expel accumulated water. A safe level of salt for most pet fish is 1-2 ppt. You will need to calculate a dose based on your tank's size and weigh your salt appropriately. Clean water: If you have fallen off your maintenance schedule, the worst thing you could do for your sick fish is a massive water change. Never do more than a 50% water change at once, provided your pH is correct. If your pH is incorrect, you will need to do multiple small water changes frequently to slowly move your pH back to the correct range. Check your water chemistry regularly to ensure proper fish health, regardless of their disease status. Antibiotics: If unsure about your fish's condition, consult your veterinarian about the type and amount of antibiotics to use. Since it is a symptom and not a disease, dropsy is dependent on the state of a fish's underlying illness and will resolve if that illness can be successfully treated. Dropsy can be fatal due to the advanced stage of the underlying disease causing excessive swelling that leads to organ failure. As with all diseases, prevention is the best medicine. Preventing chronic stress in fish is the best method to prevent dropsy. Because poor water quality is the most common root cause of stress, routine tank maintenance is critical. Factors to keep in mind include: Test the aquarium water regularly to ensure it is healthy for your fish. Perform regular water changes and keep up with your maintenance routine Clean the filter regularly, but don't replace your media Use a gravel vacuum to remove wastes from the bottom of the tank and remove your tank decor before using Avoid overcrowding the tank Do not overfeed fish; feed an appropriate diet If you notice any signs of illness, check your water chemistry Have a hospital tank ready for sick or new fish Although taking all these steps cannot guarantee a dropsy-free system, they will go a long way to ensure the health and longevity of all your fish. If you suspect your pet is sick, call your vet immediately. For health-related questions, always consult your veterinarian, as they have examined your pet, know the pet's health history, and can make the best recommendations for your pet. Skip to Main Content Skip Nav Destination HOW I TREAT| February 22, 2018 Sign in via your Institution 1. JOFRED M. MARTINEZ, RN 2. TRUE OR FALSE 1. Today, more than half of all people diagnosed with cancer are cured. 2. There are no warning signs with cancer; illness tends to come on suddenly. 3. Most cancers are hereditary. 4. Standard treatments for cancer include surgery, radiation, and chemotherapy. 5. People undergoing cancer treatment have fewer side effects when they eat a well-balanced diet. 3. TRUE OR FALSE 6. HPV, a virus that can cause cancer, is contagious. 7. Men cannot develop breast cancer. 8. Chemotherapy is not the only treatment method for cancer. 9. During chemotherapy, everyone loses their hair. 10. A positive attitude can help cure cancer. 4. 1. Compare the structure and function of the normal cell and the cancer cell. 2. Differentiate between benign and malignant tumors. 3. Identify agents and factors that have been found to be carcinogenic. 4. Describe the significance of health education and preventive care in decreasing the incidence of cancer. 5. Differentiate among the purposes of surgical procedures used in cancer treatment, diagnosis, prophylaxis, palliation, and reconstruction. 5. 6. Describe the roles of surgery, radiation therapy, chemotherapy, targeted therapy, hematopoietic stem cell transplantation, and other therapies in treating cancer. 7. Describe the special nursing needs of patients receiving chemotherapy. 8. Describe nursing care related to common nursing diagnoses associated with cancer: impaired skin integrity, alopecia, nutritional problems, and altered body image. 9. Identify potential complications for the patient with cancer and discuss associated nursing care. 6. 10. Describe the concept of hospice in providing care for patients with advanced cancer. 11. Identify assessment parameters and nursing management of patients with oncologic emergencies. 7. Cancer is a disease process that begins when an abnormal cell is transformed by the genetic mutation of the cellular DNA. 8. Branch of medicine that deals with the study, detection, treatment and management of cancer. 9. Branch of medicine that deals with the study, detection, treatment and management of cancer and neoplasia. 10. Atrophy Hypertrophy Hyperplasia Metaplasia Dysplasia Anaplasia Neoplasia 11. neo+ new +plasia growth +plasm substance +trophy size +oma tumor a+ none ana+ lack hyper+ excessive meta+ change dys+ bad, impaired 12. Atrophy Hypertrophy Hyperplasia Metaplasia Dysplasia Anaplasia Neoplasia 13. epithelial tissues (carcinoma) glandular tissues (adenocarcinomas) connective, muscle, and bone tissues (sarcomas) brain and spinal cord tissues (gliomas) pigmented cells (melanomas) plasma cells (myelomas) lymphatic tissue (lymphomas) leukocytes (leukemia) erythrocytes (erythroleukemia) 14. • contains TUMOR-SPECIFIC ANTIGENS • contain less FIBRONECTIN • nuclei of cancer cells are large and irregularly shaped (PLEOMORPHISM) • CHROMOSOMAL ABNORMALITIES and fragility of chromosomes • mitosis occurs more frequently 15. • mechanical pressure exerted by rapidly proliferating neoplasms force fingerlike projections of tumor cells into surrounding tissue and interstitial spaces • malignant cells are less adherent and break off from primary tumor and invade adjacent structures • malignant cells are thought to possess or produce specific destructive enzymes (proteinases), such as collagenases (specific to collagen), plasminogen activators (specific to plasma), and lysosomal hydrolyses 16. • Tumor emboli enter the lymph channels by way of the interstitial fluid, which communicates with lymphatic fluid. • Malignant cells penetrate lymphatic vessels by invasion. • Malignant cells either lodge in the lymph nodes or pass between the lymphatic and venous circulations. 17. • Dissemination of malignant cells via the bloodstream and is directly related to the vascularity of the tumor. • Malignant cells attach to endothelium and attract fibrin, platelets, and clotting factors to seal themselves from immune system surveillance. • Malignant cells to enter the basement membrane and secrete lysosomal enzymes. 18. T cell System/Cellular Immunity B cell System/Humoral immunity Phagocytic cells 19. THREE STEPS OF CARCINOGENESIS? INITIATION PROMOTION PROGRESSION 20. CAUSES OF CANCER? VIRUSES AND BACTERIA PHYSICAL AGENTS CHEMICAL AGENTS GENETIC FACTORS HEREDITY DIETARY FACTORS HORMONAL FACTORS 21. VIRUSES 22. VIRUSES 23. BACTERIA 24. SUNLIGHT 25. TOBACCO 26. TOBACCO 27. BREAST CANCER Family History High-fat Diet Obesity after Menopause Early Menarche, Late Menopause Alcohol Consumption Postmenopausal Estrogen and Progestin First Child after Age 30 28. CERVICAL CANCER Multiple Sexual Partner Having Sex at Early Age Exposure to Human Papilloma Virus Smoking 29. COLORECTAL CANCER Family History Low Fiber Diet History of Rectal Polyps 30. ESOPHAGEAL CANCER Heavy Alcohol Consumption Smoking 31. LUNG CANCER Cigarette Smoking Asbestos, Arsenic, and Radon Exposure Secondhand Smoke TB 32. SKIN CANCER Excessive Exposure to UV Radiation (Sun) Fair Complexion Work With Coal, Tar, Pitch or Creosote Multiple or Atypical Nevi (Males) 33. STOMACH CANCER Family History Diet Heavy in Smoked, Pickled or Salted Foods 34. TESTICULAR CANCER Undescended Testicles Consumption of Hormones by Mothers during Pregnancy 35. PROSTATE CANCER Increasing Of Age Family History Diet High in Animal Fat 36. SOLID TUMORS HEMATOLOGICAL CANCERS 37. GradeX Grade cannot be determined GradeI Cells differ slightly from normal cells and are well differentiated (Mild Dysplasia) GradeII Cells are abnormal and are moderately differentiated (Moderate Dysplasia) 38. GradeIII Cells are very abnormal and are poorly differentiated (Severe Dysplasia) GradeIV Cells are immature (Anaplasia) and undifferentiated, cell of origin is difficult to determine. 39. T The extent of the primary tumor N The absence or presence of regional lymph node metastasis. M The absence or presence of distant metastatsis. 40. PRIMARY TUMOR (T) TX: primary tumor cannot be assessed. T0: no evidence of primary tumor. Tis: carcinoma in situ T1, T2, T3, T4: increasing size and/ or local extent of the primary tumor. 41. REGIONAL LYMPH NODES (N) NX: regional lymph nodes cannot be assessed. N0: no regional lymph node metastasis. N1, N2, N3: increasing involvement of regional lymph nodes. 42. DISTANT METASTASIS (M) MX: distant metastasis cannot be assessed. M0: no metastasis M1: distant metastasis 43. Prevention is a priority in oncology nursing because at least one third of all cancers are preventable. 44. Cancer is also curable if detected and treated early. 45. The principal role of an oncology nurse as a provider of information and education in the prevention and early detection of cancer requires a basic understanding of the etiology and epidemiology of the disease. 46. PRIMARY PREVENTION SECONDARY PREVENTION 47. WARNING SIGNS OF CANCER C hange in bowel or bladder habbits A ny sore that does not heals U nusual bleeding or discharge T hickening or lump in breast or elsewhere I ndigestion O bvious change in wart or mole N agging cough or hoarsenes U nexplained anemia S udden and unexplained weight loss 48. WARNING SIGNS OF CANCER C A U T I O N U S 49. 1. Promoting risk factors awareness 2. Promoting healthy behaviors 3. Limiting alcohol consumption 4. Hepa B virus infant vaccination 5. Control of STDs 6. Changing risk behaviors 7. Teaching skills for early detection programs 8. Promoting participation in early detection programs 50. Maintain a healthy weight throughout life. Balance caloric intake with physical activity Avoid excessive weight gain throughout the life cycle Achieve and maintain a healthy weight if currently overweight or obese 51. Adopt a physically active lifestyle. Adults: engage in at least 30 minutes of moderate to vigorous physical activity, above usual activities, on 5 or more days of the week; 45 to 60 minutes of intentional physical activity are preferable Children and adolescents: engage in at least 60 minutes per day of moderate to vigorous physical activity at least 5 days per week 52. Consume a healthy diet, with an emphasis on plant sources Choose foods and beverages in amounts that help achieve and maintain a healthy weight Eat five or more servings of a variety of vegetables and fruits each day Limit consumption of processed and red meats If you drink alcoholic beverages, limit consumption. 53. DETECTION OF BREAST CANCER Monthly BSEs Women at age 40 should have a yearly mammogram and breast examination by a health care provider DETECTION OF COLON AND RECTAL CANCER All aged 50 and up should have a yearly fecal occult blood test Digital rectal exam and flexible sigmoidoscopy every 5 years Colonoscopy with Ba enema every 10 years 54. FOR DETECTION OF UTERINE CANCER Yearly Pap smear for sexually active females and any female over age 18 At menopause, high-risk women should have an endometrial tissue sample FOR DETECTION OF PROSTATE CANCER Beginning age 50, yearly digital rectal examination and prostate-specific antigen (PSA) test 55. BIOPSY Types: Needle Incisional Excisional Staging 56. MAMMOGRAPHY PAPANICOLAOU'S (PAP) TEST STOOLS FOR OCCULT BLOOD SIGMOIDOSCOPY COLONOSPCOPY SKIN INSPECTION 57. ONCOFETAL ANTIGENS Carcinoembryonic Antigen (CEA) Alpha-feto Protein 58. HORMONES ADH Calcitonin Catecholamines HCG PTH 59. ISOENZYMES Neurospecific enolase (NSE) Prostatic acid phosphatase (PAP) 60. TISSUE-SPECIFIC ANTIGENS Prostate-specific Antigen (PSA) 61. EXAM 62. 1. A female client has an abnormal result on a Papanicolaou test. After admitting, she read her chart while the nurse was out of the room, the client asks what dysplasia means. Which definition should the nurse provide? a. Presence of completely undifferentiated tumor cells that don't resemble cells of the tissues of their origin b. Increase in the number of normal cells in a normal arrangement in a tissue or an organ c. Replacement of one type of fully differentiated cell by another in tissues where the second type normally isn't found d. Alteration in the size, shape, and organization of differentiated cells 63. 2. Nurse Merfe is teaching a client who suspects that she has a lump in her breast. The nurse instructs the client that a diagnosis of breast cancer is confirmed by: a. breast self-examination. b. mammography. c. fine needle aspiration. d. chest X-ray. 64. 3. Nurse Gia is teaching a group of women to perform breast self-examination. The nurse should explain that the purpose of performing the examination is to discover: a. cancerous lumps. b. areas of thickness or fullness. c. changes from previous self-examinations. d. fibrocystic masses. 65. 4. A client, age 41, visits the gynecologist. After examining her, the physician suspects cervical cancer. Nurse Lyka reviews the client's history for risk factors for this disease. Which history finding is a risk factor for cervical cancer? a. Onset of sporadic sexual activity at age 17 b. Spontaneous abortion at age 19 c. Pregnancy complicated with eclampsia at age 27 d. Human papillomavirus infection at age 32 66. 5. Nurse Sheva is interviewing a male client about his past medical history. Which preexisting condition may lead the nurse to suspect that a client has colorectal cancer? a. Duodenal ulcers b. Hemorrhoids c. Weight gain d. Polyps 67. 6. Nurse Jona is speaking to a group of women about early detection of breast cancer. The average age of the women in the group is 47. Following the American Cancer Society guidelines, the nurse should recommend that the women: a. perform breast self-examination annually. b. have a mammogram annually. c. have a hormonal receptor assay annually. d. have a physician conduct a clinical examination every 2 years. 68. 7. A male client with a nagging cough makes an appointment to see the physician after reading that this symptom is one of the seven warning signs of cancer. What is another warning sign of cancer? a. Persistent nausea b. Rash c. Indigestion d. Chronic ache or pain 69. 8. Nurse Patriz is providing breast cancer education at a community facility. The American Cancer Society recommends that women get mammograms: a. yearly after age 40. b. after the birth of the first child and every 2 years thereafter. c. after the first menstrual period and annually thereafter. d. every 3 years between ages 20 and 40 and annually thereafter. 70. 9. The ABCD method offers one way to assess skin lesions for possible skin cancer. What does the A stand for? a. Actinic b. Asymmetry c. Amazing d. Assessment 71. 10. What should a male client over age 52 do to help ensure early identification of prostate cancer? a. Have a digital rectal examination and prostate-specific antigen (PSA) test done yearly. b. Have a transrectal ultrasound every 5 years. c. Perform monthly testicular self-examinations, especially after age 50. d. Have a complete blood count (CBC) and blood urea nitrogen (BUN) and creatinine levels checked yearly. 72. 11. – 19. Warning signs of cancer? 20. – 22. Characteristics of benign tumors? 23. – 25. Characteristics of malignant tumors? -end- 73. INTERNAL RADIATION THERAPY (BRACHYTHERAPY) EXTERNAL RADIATION THERAPY (TELETHERAPY) 74. SOURCES implanted into the affected tissue or body cavity ingested as a solution injected as a solution into the bloodstream or body cavity introduced through a catheter into the tumor SIDE EFFECTS fatigue anorexia immunosuppression 75. CLIENT EDUCATION Avoid close contact with others until the treatment is completed Maintain daily activities unless contraindicated Rest Maintain a balanced diet and fluid intake If implant is temporary, the client should be on bed rest Excreted body fluids may be radioactive; double flush toilets after use 76. NURSING MANAGEMENT Minimize time spent in close proximity to the radiation sources Minimum distance should be 6 feet Use lead shields Place the client in a private room Ensure proper handling and disposal of body fluids Pregnant women and children are not allowed inside the client's room 77. SIDE EFFECTS Tissue damage to target area Ulcerations of oral mucous membranes Nausea, vomiting, and diarrhea Radiation pneumonia Fatigue Alopecia Immunosuppression 78. CLIENT EDUCATION Wash marked area of the skin with plain water only and pat dry. Do not wash off the treatment site marks Avoid rubbing, scratching, or scrubbing the treatment site. Do not apply extreme temperatures to the treatment site. If shaving is necessary, use electric razor. Wear soft, loose-fitting clothing over the treatment area 79. CLIENT EDUCATION Protect skin from sun exposure during the treatment and for at least 1 year after the treatment is completed. Maintain proper rest, diet, and fluid intake Hair loss may occur. 80. CLIENT EDUCATION Protect skin from sun exposure during the treatment and for at least 1 year after the treatment is completed. Maintain proper rest, diet, and fluid intake Hair loss may occur. 81. ROUTE OF ADMINISTRATION IV Oral Intrathecal Topical Intra-arterial Intracavity Intravesical 82. ALKYLATING AGENTS Cyclophosphamide (Cytoxan) Busulfan (Myleran) Mecholorethamine (Mustargen) 83. ANTIMETABOLITES 5-fluorouracil (5-FU) Methotrexate 84. CYTOTOXIC ANTIBIOTICS Bleomycin (Blenoxane) Doxorubicin (Adriamycin) 85. HORMONES AND HORMONE ANTAGONISTS Diethylstilbestrol (DES) Tamoxifen (Nolvadex) Prednisone 86. State Description Abbreviation quiescent/ senescent Gap 0 G0 A resting phase where the cell has left the cycle and has stopped dividing. Interphase Gap 1 G1 Cells increase in size in Gap 1. The G1 checkpoint control mechanism ensures that everything is ready for DNA synthesis. Synthesis S DNA replication occurs during this phase. Gap 2 G2 During the gap between DNA synthesis and mitosis, the cell will continue to grow. TheG2 checkpoint control mechanism ensures that everything is ready to enter the M (mitosis) phase and divide. Cell division Mitosis M Cell growth stops at this stage and cellular energy is focused on the orderly division into two daughter cells. A checkpoint in the middle of mitosis (Metaphase Checkpoint) ensures that the cell is ready to complete cell division. 87. PLANT ALKALOIDS Vinca alkaloids Etoposide 88. IV routes may be obtained by subclavian catheters, implanted ports, or peripherally inserted catheters. Extravasation is the major complication of IV chemotherapy. WARNING: NEVER TEST VEIN PATENCY WITH CHEMOTHERAPEUTIC AGENTS. Monitor client closely for anaphylactic reactions or serious side effects. Discontinue infusion according to protocol if reaction occur Use caution when preparing, administering, or disposing chemotherapeutic agents 89. Bone marrow suppression leads to: a. LEUKOPENIA Avoid crowds, people with infections, and small children when WBC count is low Avoid undercooked meat and raw fruits and vegetables 90. Bone marrow suppression leads to: b. THROMBOCYTOPENIA Use electric razor when shaving Avoid contact sports If trauma occurs, apply ice and seek medical assistance Avoid dental work or other invasive procedures Avoid aspirin and aspirin-containing products 91. GI effects Client education a. Eat small, frequent, low-fat meals b. Avoid spicy and fatty foods c. Avoid extremely hot foods Administer antiemetics prior to chemotherapy Weigh client routinely 92. Stomatitis and mucositosis Client education a. Use a soft toothbrush. Mouth swabs may be needed during an acute episode b. Avoid mouthwashes containing alcohol. Do not use lemon glycerin swabs or dental floss c. Consider using chlorhexidine mouthwash to decrease risk of haemorrhage and protect gums from trauma 93. Stomatitis and mucositosis Client education d. For xerostomia, apply lubricating and moisturizing agents to protect the mucous membranes from trauma and infection e. Consider using "artificial saliva" and hard candy or mints f. Avoid smoking and alcohol g. Drink cool liquids, and avoid hot and irritating foods 94. Alopecia (hair loss) a. Encourage the client to choose a wig before hair loss occurs b. Care of hair and scalp includes washing hair two to three times a week with mild shampoo. Pat hair dry and avoid the use of blow dryer. 95. Primary treatment Prophylactic Palliative Reconstructive 96. Testicular Cancer most often occurs between the ages of 15 and 40 Metastasis occurs to the lung, liver, bone and adrenal glands. Prevention : Routine Testicular Examination 97. Painless testicular swelling occurs. Dragging sensation is evident in the scrotum. Palpable lymphadenopathy, abdominal masses, and gynecomastia may indicate metastasis. Late signs include back or bone pain and respiratory symptoms. 98. Prepare the client for radiation therapy or unilateral orchiectomy as prescribed . Discuss reproduction, sexuality and fertility information and options with the client For Post Op: Monitor for signs of bleeding and wound infection. Monitor Intake and output Notify the physician if chills, fever, increasing pain or tenderness at the incision site, or drainage of the incision occurs. Instruct the client to perform a monthly testicular self-examination on the remaining testicle. 99. Pre-invasive cancer is limited to the cervix Invasive cancer is in the cervix and other pelvic structures. Metastasis usually is confined to the pelvis, but distant metastasis occurs through lymphatic spread. Pre malignant changes are described on a continuum from dysplasia , which is the earliest premalignant change. 100. Low socioeconomic groups Early first marriage Early and frequent intercourse Multiple sex partners High parity Poor hygiene 101. The practice of good perineal needs must be emphasized Avoid sex in an early age, avoid numerous partners, and practice the use of condom Cancer warning signs: abnormal vaginal bleeding, and spotting after having sex Early detection includes Pap smear for women over age 18. 102. Painless vaginal bleeding postmenstrually and postcoitally Foul-smelling or serosanguinous vaginal discharge Pelvic, lower back, leg or groin pain Anorexia and weight loss Leakage of urine and feces from the vagina Dysuria Hematuria Cytological changes on Papanicolaou's Test 103. Nonsurgical Chemotherapy Cryosurgery External Radiation Internal Radiation Implants Laser Therapy Surgical Hysterectomy Pelvic Exenteration 104. ESTROGEN replacement immediate post op if the ovaries were removed No vaginal entry, douching, or intercourse for 4-6 weeks Avoid bending knees 105. Ovarian cancer grows rapidly , spreads fast and is often bilateral. Metastasis occurs by direct spread to the organs in the pelvis, by distal spread through lymphatic drainage or by peritoneal seeding Prognosis is usually poor because the tumor usually is detected late. An exploratory laparotomy is performed to diagnose and stage the tumor. 106. Abdominal discomfort or swelling Gastrointestinal disturbances Dysfunctional vaginal bleeding Abdominal mass 107. External radiation is used if the tumor is invaded other organs. Chemotherapy is used postoperatively for all stages of ovarian cancer. Intraperitoneal chemotherapy involves the instillation of chemotherapy into the abdominal cavity. Immunotherapy alters the immunological response of the ovary and promotes tumor resistance. Total abdominal hysterectomy and bilateral salpingo-oophorectomy may be necessary. 108. Is a slow growing tumor associated with the menopausal years. Metastasis occurs through the lymphatic system to the ovaries and pelvis; via the blood to the lungs, liver and bone; or intra-abdominally to the peritoneal cavity. 109. History of uterine polyps Nulliparity Polycystic ovary disease Estrogen stimulation Late menopause Family history 110. Postmenopausal bleeding Watery, serosanguinous discharge Low back, pelvic, or abdominal pain Enlarged uterus in advanced stages 111. Nonsurgical interventions External radiation or internal radiation is used alone or in combination with surgery, depending on the stage of cancer. Chemotherapy is used to treat advanced or recurrent disease. Progestational therapy with medication such as medroxyprogesterone (Depo-Provera) or megestrol acetate (Megace) is used for estrogen dependent tumors. Tamoxifen (Novaldex), an antiestrogen, also maybe prescribed. 112. Surgical interventions Total abdominal hysterectomy and bilateral salpingo-oophorectomy 113. Breast cancer is classified as invasive when it penetrates the tissue surrounding the mammary duct and grows in an irregular pattern. Common sites of metastasis are the bones, lungs; metastasis also occurs to the brain and liver. Diagnosis is made by breast biopsy through a needle aspiration or by surgical removal of the tumor with microscopic examination for malignant cells. Prevention : MONTHLY BSE 114. Family history Early menarche and late menopause Previous cancer of the breast, uterus or ovaries Nulliparity Obesity High dose radiation exposure to chest High fat diet 115. Advice clients to reduce the amount of fat in the diet. Early detection includes: BSE once a month Yearly breast exam by a health care provider Baseline mammogram between the ages 35-39 Yearly mammogram after the age 40 116. Mass felt during BSE Mass usually felt in the upper outer quadrant or beneath the nipple. A fixed, irregular noncapsulated mass A painless mass except in late stages Nipple retraction or elevation Asymmetry, with affected breast being higher Bloody or clear nipple discharge Skin dimpling, retraction, or ulceration 117. Skin edema or peau d' orange skin Axillary lymphadenopathy Lymphedema of the affected arm Symptoms of bone and lungs metastasis Presence of the lesions on mammography 118. Chemotherapy Radiation therapy Hormonal manipulation via the use of medication in postmenopausal women or other medications such as tamoxifen (Novadex) for estrogen receptor positive tumors 119. Surgical breast procedures with possible breast reconstruction Oophorectomy for estrogen receptor – positive tumors Ablative therapy with adrenalectomy or chemical ablation, which blocks the production of cortisol, androstenedione, and aldosterone. 120. Diet high in complex carbohydrates , grains and salt, and low in fresh, green leafy vegetables and fresh fruit Smoking Alcohol ingestion The use of nitrates History of gastric ulcers 121. Fatigue Anorexia and weight loss Nausea and vomiting Indigestion and epigastric discomfort A sensation of pressure in the stomach Dysphagia Anemia Ascites Palpable mass 122. Monitor vital signs. Monitor hemoglobin and hematocrit and administer blood transfusions as prescribed. Monitor weight. Assess nutritional status; encourage small, bland, easily digestible meals with vitamin and mineral supplements. Administer pain medications as prescribed. Prepare the client for chemotherapy or radiation as prescribed. Prepare the client for surgical resection of the tumor as prescribed. 123. Subtotal Gastrectomy Billroth I also called gastroduodenostomy partial gastrectomy, with remaining segment anastomosed to the duodenum Billroth II also called gastrojejunostomy partial gastrectomy, with remaining segment anastomosed to the jejunum. 124. Total Gastrectomy also called esophagojejunostomy removal of the stomach with attachment of the esophagus to the jejunum or duodenum. 125. the most common neoplasm affecting the pancreas. the occurrence of pancreatic cancer has been linked to diabetes mellitus, alcohol use, history of previous pancreatitis, smoking, ingestion of high fat diet, and exposure to environmental chemicals. symptoms usually do not occur until the tumor is large; therefore the prognosis is poor. 126. nausea and vomiting jaundice unexplained weight loss clay-colored stools glucose intolerance abdominal pain 127. Radiation Chemotherapy Whipple's procedure Postoperative care measures are similar to care of a client with pancreatiitis and the client following gastric surgery. 128. Intestinal tumors are malignant lesions that develop as polyps in the colon or rectum. Complications include bowel perforation with peritonitis, abscess and fistula formation, hemorrhage and complete intestinal obstruction. Metastasis occurs via the circulatory or lymphatic system or by direct extension to other areas in the colon or other organs. 129. blood in the stools anorexia, vomiting and weight loss malaise anemia abnormal stools - ascending colon tumor : diarrhea - descending colon tumor : constipation or some diarrhea, or flat ribbonlike stool resulting from partial obstruction - rectal tumor : alternating constipation and diarrhea 130. guarding or abdominal distention abdominal mass (late sign) cachexia (late sign) 131. Monitor for signs of complications, which include bowel perforation with peritonitis, abscess or fistula formation, hemorrhage and complete intestinal obstruction. Monitor for signs of bowel perforation, which include low blood pressure, rapid and weak pulse, distended abdomen and elevated temperature. Note that an early sign of intestinal obstruction is increased in peristaltic activity, which produces an increased in bowel sound; as the obstruction progresses, hypoactive sounds are heard 132. Prepare for radiation preoperatively to facilitate surgical resection, and postoperatively to decrease the risk of recurrence or to reduce pain , hemorrhage, bowel obstruction, or metastasis. Chemotherapy is used postoperatively to assist in the control of symptoms and the spread of the disease. 133. Colon cancer is cancer of the large intestine (colon), the lower part of your digestive system Most cases of colon cancer begin as small, noncancerous (benign) clumps of cells called adenomatous polyps. Over time some of these polyps become colon cancers. 134. A change in your bowel habits, including diarrhea or constipation or a change in the consistency of your stool for more than a couple of weeks Rectal bleeding or blood in your stool Persistent abdominal discomfort, such as cramps, gas or pain Abdominal pain with a bowel movement A feeling that your bowel doesn't empty completely Weakness or fatigue Unexplained weight loss 135. Age A personal history of colorectal cancer or polyps Inflammatory intestinal conditions Inherited disorders that affect the colon Family history of colon cancer and colon polyps Diet low in fiber and high in fat and calories A sedentary lifestyle Diabetes 136. Obesity Smoking Alcohol Radiation therapy for cancer 137. Cancer signs: rectal bleeding, change in stools, pain in the abdomen, and pressure on the rectum Early detection includes an annual digital rectal exam starting at age 40, an annual stool blood test starting age 50 and an annual inspection of the colon (sigmoidoscopy) at the age 50 138. Is a malignant tumor of the lung that may be primary or metastatic. The lungs are the common target of metastasis. Bronchiogenic carcinoma spreads through direct extension and lymphatic dissemination. The four major types of lung cancer include small cell (oat cell), epidermal (squamous cell), adenocarcinoma, and large cell anaplastic carcinoma. 139. Diagnosis is made by a chest x-ray, which will show a lesion or mass, and bronchoscopy and sputum studies, which will demonstrate a positive cytological study for cancer cells. 140. Cigarette smoking Exposure to environmental pollutants Exposure to occupational pollutants 141. dyspnea hemoptysis chronic coughing or change in regular coughing pattern wheezing chest pain or pain in the abdomen cachexia, fatigue and loss of appetite dysphonia clubbing of the fingernails dysphagia 142. Monitor vital signs. Monitor breathing patterns and breath sounds and for signs of respiratory impairment. Assess for tracheal deviation Administer analgesics as prescribed for pain management. Place in Fowler's position for ease in breathing. Administer oxygen as prescribed and humidification to moisten and loosen secretions. Monitor pulse oximetry. 143. Provide respiratory treatments as prescribed. Administer bronchodilators and corticosteroids as prescribed to decrease bronchospasm, inflammation and edema. Provide a high-calorie, high protein, high vitamin diet. Provide activity as tolerated , rest periods and active and passive range-of-motion exercises. Monitor for bleeding, infection and electrolyte imbalances. 144. Laryngeal cancer is a malignant tumor of the larynx. Laryngeal cancer presents as malignant ulcerations with underlying infiltration. Metastasis to the lungs is common. Diagnosis is made by laryngoscopy and biopsy showing a positive cytological study for cancer cells. 145. Cigarette smoking Exposure to environmental pollutants Exposure to radiation Voice strain 146. Persistent hoarseness and sore throat Painless neck mass A feeling of a lump in the throat Burning sensation in the throat Dysphasia Change in voice quality Dyspnea Weakness and weight loss Hemoptysis Foul breath odor 147. Place in Fowler's position to promote optimal air exchange. Monitor respiratory status. Monitor for signs of aspiration of food and fluids. Administer oxygen as prescribed. Provide respiratory treatments as prescribed. Provide activity as tolerated. Provide a high-calorie, high-protein, high-vitamin diet. 148. Provide nutritional support via total parenteral nutrition, nasogastric tube feedings, gastrostomy or jejunostomy tube as prescribed. Administer analgesics as prescribed for pain. 149. This slow-growing cancer of the prostate gland is usually a Androgen dependent type of carcinoma. The risks increases in men with each decade after age 50. Prostate cancer can spread via direct invasion of surrounding tissuesor by metastasis, through the bloodstream and lymphatics, to the bony pelvis and spine. Bone metastasis is a concern. 150. Asymptomatic Hard, pea-sized nodule palpated on rectal examination. Hematuria Late symptoms such as weight loss, urinary obstruction, and pain radiating form the lumbosacral area down the leg. 151. Prostatic-specific antigen test is not necessarily an indicator of malignancy and use is routine to monitor the client's response to therapy Spread and mestastasis is indicated by elevated serum acid and phosphatase. 152. Age Race or ethnicity Family history High-fat diet High testosterone levels Occupations exposed to harmful chemicals 153. There are no preventive guidelines Early detection includes an annual digital rectal exam at age 40 154. Non-surgical Prepare the client for hormone manipulation therapy as prescribed. Prepare the client for radiation therapy, which may be prescribed alone or along with surgery and may be prescribed pre-operatively or post- operatively to reduce the lesion and limit metastasis. Prepare the client for the administration of chemotherapy in cases of hormone-resistant tumors. 155. Surgical TURP Suprapubic Prostatectomy Retropubic Prostatectomy Perineal Prostatectomy 156. Is a malignant lesion of the skin, which may or may not metastasize. Causes include chronic friction and irritation to a skin area and exposure to ultraviolet rays . Diagnosis: Is confirmed by a skin biopsy that is positive for cancer cells. 157. Basal cell – the most common type of skin cancer, basal cell cancer arises from the basal cells contained in the epidermis. Squamous cell – the second most common type of skin cancer in whites, it is a tumor of the epidermal keratinocytes and can infiltrate surrounding structures, metastasize to lymphnodes, and be subsequently fatal. 158. Malignant melanoma – cancer of the melanocytes, can metastasize to the brain , lungs, bone, liver and skin. 159. Change in color, size, or shape of pre existing lesions Pruritus Local Soreness 160. Appearance of skin cancer lesions: waxy nodule irregular, circular, bordered lesions with hues of tan, black, or blue small, red, nodular lesion oozing, bleeding, crusting lesion 161. Instruct the client regarding preventive measures. Instruct the client to monitor for lesions that do not heal or that change characteristics. Instruct the client to have moles or lesions removed that are subject ot chronic irritation. Instruct the client to avoid contact with chemical irritants. 162. Instruct the client to wear layered clothing and use sun screening lotions with an appropriate skin protection factor when outdoors. Instruct the client to avoid sun exposure between 11 am to 3 pm. Assist with surgical excision of the lesion as prescribed. 163. A malignant exacerbation in the number of leukocytes, usually at an immature stage, in the bone marrow. May be acute, with a sudden onset and short duration, or chronic, with a slow onset and persistent symptoms over a period of years. Leukemia affects the bone marrow causing anemia, leukopenia, the production of immature cells, thrombocytopenia and a decline in immunity. 164. Genetic Viral Immunological Environmental factors Exposure to radiation Medications 165. Acute Lymphocytic Leukemia – mostly lymphoblasts , age of onset is less than 15 years. Acute Myelogenous Leukemia – mostly myeloblasts present in bone marrow, age of onset is between 15 and 39 years Chronic Myelogenous Leukemia – mostly granulocytes present in bone marrow, age of onset is after 50 years Chronic Lymphocytic Leukemia – mostly lymphocytes present in bone marrow, age of onset is after 50 years 166. Anorexia, fatigue, weakness, weight loss Anemia Bleeding (nosebleeds, gum bleeding, rectal bleeding, increased menstrual flow) Petechiae Prolonged bleeding after minor abrasions or lacerations Elevated Temperature Lymphadenopathy and splenomegaly Palpitations, tachycardia, orthostatic hypotension 167. Pallor, dyspnea on exertion Headache Bone pain and joint swelling Normal, elevated or reduced white blood cell count Decreased hemoglobin and hematocrit levels Decreased platelet Positive bone marrow biopsy identifying leukemic blast phase cells 168. Malignancy of the lymph nodes that originates in a single lymph node or a single chain of nodes. The disease usually involves lymph nodes, tonsils, spleen, and bone marrow and is characterized by the presence of the Reed- Sternberg cell in the nodes. Possible causes include viral infections and previous exposure to alkylating chemical agents. 169. Stage I Involvement of s single lymph node region or an extra lymphatic organ or site Stage II Involvement of two or more lymph node regions on the same side of the diaphragm or localized involvement of an extralymphatic organ or site 170. Stage III Involvement of lymph node regions on both side of the diaphragm Stage IV Diffuse or disseminated involvement of one or more extralymphatic organs with or without associated lymph node involvement 171. Fever Malaise, fatigue, and weakness Night sweats Loss of appetite and significant weight loss Anemia and thrombocytopenia Enlarged lymph nodes, spleen and liver Positive biopsy of lymph nodes, with cervical nodes most often affected first Presence of Reed-Sternberg cells in nodes Positive computed tomography scan of the liver and spleen 172. For Stages I and II without mediastinal node involvement, the treatment of choice is extensive external radiation of the involved lymph node regions. With more extensive disease, radiation along with multi agent chemotherapy is used. Monitor for side effects related to chemotherapy or radiation therapy. Monitor for signs of infection and bleeding. 173. Maintain infections and bleeding precautions. Discuss the possibility of sterility with the male client receiving radiation, and inform the client of options related to sperm banks. 174. A malignant proliferation of plasma cells and tumors within the bone. An excessive number of abnormal, plasma cells invade the bone marrow, develop into tumors , and ultimately destroy bone; invasion of the lymph node, spleen, and liver occurs. The abnormal plasma cells produce an abnormal antibody (myeloma protein or Bence Jones protein) that is found in the blood and urine. 175. Bone pain, especially in the pelvis, spine and ribs Weakness and fatigue Recurrent infections Anemia Bence-Jones proteinuria and elevated total serum protein level Osteoporosis Thrombocytopenia and granulocytopenia 176. Elevated calcium and uric acid levels Renal failure Spinal cord compression and paraplegia 177. Monitor for signs of bleeding, infection, and skeletal fractures. Encourage fluids up to 3 to 4 L a day to offset potential problems associated with hypercalcemia, hyperuricemia and proteinuria. Encourage ambulation to prevent renal problems and to slow down bone resorption. Provide skeletal support during moving, turning and ambulating to prevent pathological fractures 178. Provide a hazard –free environment. Instruct the client in home care measures and the signs and symptoms of infection.

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