

1. Disease Process & Brief Pathophysiology

Metastatic Breast Cancer is cancer of the breast that has spread to other parts of the body. Most common sites being bone, liver, lung, and brain. It is the second leading cause of death in women in America secondary to lung cancer. The etiology is not completely understood and a number of risk factors are related to breast cancer. Gender, age, genetics, and hormones. In general, breast cancer comes from the ductal carcinoma or the lobular carcinoma and may be in situ or invasive. Growth rate varies. Factors that affect the prognosis are tumor size, axillary node involvement, tumor differentiation, estrogen and progesterone receptor status, and HER-2 status.

4. Diagnostic Tests Pertinent or confirming of diagnosis

Radiologic studies.
Mammography. (P)
Biopsy studies.(P)
Blood tests.(P)
Whole-body bone scan.
MRI. (P)
CT of chest, abdomen, pelvis, and/or brain.
PET scan.
Xray of abdomen.
Ultrasound of breast. (P)
Ultrasound of abdomen.
Bronchoscopy if constant cough present or trouble breathing.
Tap, of area with symptoms to check for cancer cells.

2. Factors for the Development of the Disease/Acute Illness

Gender, predominantly female. (P)
Advancing age. (P)
Hormonal regulation of the breast.
Use of combined hormone therapy such as estrogen plus progesterone.
Estrogen therapy <10 yrs (for women with a prior hysterectomy).
Link between oral contraceptive use and increased risk of breast cancer for younger women.
Excess weight gain during adulthood.
Sedentary lifestyle.
Smoking.
Dietary fat intake.
Obesity. (P)
Alcohol intake.
Environmental factors such as radiation exposure.
Genetics.

5. Lab values that may be affected

Estrogen receptor status. (P)
Progesterone receptor status. (P)
Genomic assays.
Cell-proliferative indices.
CBC. (P)
Platelet count. (P)
Alkaline phosphatase.
Liver function tests. (P)

3. Signs and Symptoms

Lump or thickening in breast.
Mammography abnormality.
Can be described as hard, irregularly shaped, poorly delineated, nonmobile, and nontender.
Nipple discharge, can usually be unilateral and may be clear or bloody.
Nipple retraction.
Peau d'orange, may occur due to plugging of the dermal lymphatics.
In large cancers, infiltration, induration, and dimpling of overlying skin may occur.
Breast rash.
Breast pain.

6. Current Treatment

Surgery.
Breast-conserving surgery (lumpectomy).
Axillary Lymph Node Analysis.
Mastectomy. (P)
Radiation therapy.
Chemotherapy. (P)
External Radiation Therapy.
Brachytherapy.
Palliative Radiation Therapy.
Hormone Therapy.
Immunotherapy and Targeted therapy.

7. Focused Nursing Diagnosis:

Disturbed body image.

8. Related to (r/t):

Physical and emotional effects of treatment modalities.

9. As evidenced by (aeb):

Double mastectomy.

10. Desired Patient Outcome:

Patient will be able to use cognitive strategies or other coping skills to improve perception of body image and enhance functioning by 12/18/2020.

11. Nursing Interventions related to Nursing Diagnosis in #7:

1. Assess patient and determine if body image was a concern prior to surgery. EB patient having "perceived defects or alterations in appearance do not necessarily reflect actual observed changes" (Ladwig, G. B., & Makic, M. B., 2017. P.168).

Evidence Based Practice:

[Click or tap here to enter text.](#)

2. When patient body language shows she is shutting down, stay and provide comfort. EB assessing patient's "body language and affect during periods of high stress and indecision so that appropriate interventions can be initiated." (Lewis, S. M., Bucher, L., Heitkemper, M. M., & Harding, M. M. (2017), p.1220).

Evidence Based Practice:

[Click or tap here to enter text.](#)

3. If patient voices concern about coping offer to gather appropriate resources for support groups or counseling that may help the patient. EB "referring patients to support resources, such as Cancer Support Community, Breastcancer.org, or local breast cancer organizations, is invaluable." (Lewis, S. M., Bucher, L., Heitkemper, M. M., & Harding, M. M. (2017), p. 1221).

12. Patient Teaching:

1. Teach the patient imagery techniques to help along with medical care.
2. Teach the patient that their mental health is equally important during their battle with cancer. Encourage self-care.
3. Implore the patient to reach out to family and friends to aid with basic needs and assistance with appointments.

13. Discharge Planning/Community Resources:

1. Make sure all follow-up appointments are in place and provided to the patient.
2. Provide the patient with support group information.
3. Provide information for healthy lifestyle changes such as diet and exercise.

References:

Ladwig, G. B., & Makic, M. B. (2017). Disturbed Body Image. In *Nursing diagnosis handbook: An evidence-based guide to planning care* (pp. 167-168). St. Louis, MO: Elsevier.

Lewis, S. M., Bucher, L., Heitkemper, M. M., & Harding, M. M. (2017). Breast Disorders. In *Medical-surgical nursing: Assessment and management of clinical problems* (pp. 1204-1226). St. Louis (Miss.): Elsevier.