Case Study

[Name of the Student]

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# Case Study

 Patient X is a woman, 42 years of age, who is undergoing Mastectomy surgery with tissue expanders. Patient X has acquired cancer in her left breast, which would be removed through Mastectomy and reconstruction of breast would be performed using a tissue expander. Patient X is informed that she has autonomy in choosing her preferred option from the two available, i.e., immediate reconstruction of breast by tissue expander after removal through mastectomy, or delayed breast reconstruction. Patient X opts for immediate completion. She is further cautioned that breast reconstruction can cause pain after surgery and the cosmetic outcomes will be less satisfactory. Due to possible issues arising before, during, or after the surgery, the patients need intensive nursing care to balance their physiological and psychological conditions.

 Prior to the surgery, Patient X is administered with first-generation antibiotic, cephalosporin. She undergoes preoperative laboratory testing procedures. The tests are performed based on the presence of symptoms, Patient X’s age, and disease conditions. The nurses assess her physical and emotional conditions as well as the morbidity condition to assure if she is ready for the surgery. She is given general anesthesia and she is unconscious, that is, ready to receive the surgical treatment. The surgeon removes the breast and lymph nodes as well located nearby. The surgeon takes a sample of lymph nodes from the armpit located nearby the breast cancer area. The sample is sent to the laboratory for analysis and, later, the results indicate that no cancer is present in the sample tissues. The surgeon also removes nipple and areola. The mastectomy performed is total mastectomy, which involves removal of the whole left breast of Patient X, including breast tissue, nipples, and areola. It does not involve removal of lymph nodes located nearby.

 To perform breast reconstruction, the plastic surgeon is coordinating with the breast surgeon operating the surgery. Breast reconstruction would help restoring the look of the breast removed during mastectomy, and it would further revive the feel of the breast for Patient X (Carbine et al., 2018). Immediate reconstruction of breast is performed to get the desired results effectively. The plastic surgeon lifts slightly one of the big chest muscles and puts a piece of silicone expander beneath it. This expander will be filled over time, and after about six weeks, the skin tissue grows to the desired extent, then the surgeon removes the expander later, and the permanent implant is inserted.

 The surgeons closed the incision made prior the commencement of surgery using stiches, to be removed manually later. Two small plastic tubes with their ends attached to a small drainage bag were placed at the point of breast removal to cause the fluids drain, which are secreted and accumulated after surgery. Patient X is shifted to the general ward after surgery. She feels numbness in the operated area, which is a usual effect of this type of surgery. The nurse advises her that this numbness may eliminate with time, or be permanent on the contrary. Among other postoperative care practices related to mastectomy, the nurses will advise patient X to take care of the stitches, caution to be carried out during bathing, and show courage in bearing he pain associated with postoperative period of breast reconstruction. Postoperative discussions with the patient X are of much importance (Lancaster et al., 2016). This is because these discussions will provide her with emotional support, which she needs the most. The nurses talk with her openly and ask her how she feels after having the surgery, and assures her that she is looking pretty normal.

References

Carbine, N. E., Lostumbo, L., Wallace, J., & Ko, H. (2018). Risk‐reducing mastectomy for the prevention of primary breast cancer. *Cochrane Database of Systematic Reviews*, *4*.

Lancaster, R. B., Balkin, D., & Esserman, L. (2016). Post mastectomy pain syndrome management. *Current Surgery Reports*, *4*(4), 13.