Nurse's role in the screening path of colorectal cancer

Vito Giuliana¹, Alberto Domina², Giuseppe Scinaldi¹, Giulia Sarto¹, Daniela Cavoli¹, Antonio Traina¹, Rozalia Reluca Enache³, Danilo Amato¹, Giovanni Vienna¹, Francesco Carapezza¹, Dario Raimondo¹, Francesca Rossi¹, Emanuele Sinagra¹,4

¹Fondazione Istituto G. Giglio, Gastroenterology and Endoscopy Unit, Contrada Pietrapollastra, 90015 Cefalù, Italy
²Fondazione Istituto G. Giglio, Rehabilitation Unit, Contrada Pietrapollastra, 90015 Cefalù, Italy
³Fondazione Istituto G. Giglio, Intensive Care Unit, Contrada Pietrapollastra, 90015 Cefalù, Italy
⁴Euro-Mediterranean Institute of Science and Technology (IEMEST), Palermo, Italy

Correspondence: Emanuele Sinagra
E-mail: emanuelesinagra83@googlemail.com
Received: July 18, 2017
Published online: August 28, 2017

The nurse has an important role in screening path of colorectal cancer. It represents a point of reference for many patients who seek advice correct and accurate to solve many doubts and concerns that inevitably arise after receiving a letter of invitation to the prevention program. The nurse is involved in the emotional support at time of diagnosis of positivity of the fecal immunochemical test, in the information and support through treatment decision making, in the preparation for colonoscopy, and, finally, in the ongoing assessment and care during and after colonoscopy.

Keywords: Colorectal cancer; nurse; colonoscopy; fecal immunochemical test

To cite this article: Vito Giuliana, et al. Nurse's role in the screening path of colorectal cancer. Abdomen 2017; 4: e1586. doi: 10.14800/Abdomen.1586.

Copyright: © 2017 The Authors. Licensed under a Creative Commons Attribution 4.0 International License which allows users including authors of articles to copy and redistribute the material in any medium or format, in addition to remix, transform, and build upon the material for any purpose, even commercially, as long as the author and original source are properly cited or credited.

Introduction

Colorectal cancer (CRC) is the third most frequent malignancy, and constitutes the second leading cause of cancer mortality among both men and women in the United States [1]. Mortality in CRC is usually caused by metastatic disease. Even if increasing efforts to the diagnosis of CRC at an early stage with screening programs, more than 25% of patients are still diagnosed with metastatic disease, and a further 25% develop metastases [2].

The journey of the patient with colorectal cancer is often stressful and worrying, leading to feelings of fear and anxiety. This may be a result of undergoing various investigations before receiving a definitive diagnosis, waiting for treatment to commence or concern as to whether the treatment will be a success [3-7].

In this setting, the nurse is a valuable resource in colorectal services, enhancing the quality of care provided. It is within the scope of registered nursing practice for a registered nurse, qualified by education, experience, and current clinical competence, to perform acts including but not limited to: a) utilize substantial, specialized nursing knowledge, judgment and skill in providing complex nursing acts to meet the patients' needs, including the ongoing assessment, planning, implementation and evaluation of...
nursing care for patients undergoing endoscopic procedures; b) plan and direct the nursing care of patients undergoing endoscopy procedures, including clinical decision-making regarding nursing care, and assuring that care is provided in a safe and competent manner; c) administer medications via a direct intravenous route, i.e., push, bolus, or via a central line access device with a valid authorized provider order; d) implement emergency nursing procedures for intervention in complications; e) provide endoscopic assistance.

Therefore, it represents a point of reference for many patients who seek advice correct and accurate to solve many doubts and concerns that inevitably arise after receiving a letter of invitation to the prevention program.

Role of the nurse in the adherence of the patients to the screening programs

In the pathways of the screening programs, the nurse should facilitate the access to the program, by convincing the patient that screening is not an obligation, but it is a right and an opportunity for the citizen, and that it is a completely free provision of public health in which the people are free to decide whether to join. Furthermore, the nurse should be conscious that the screening reduces by 30% the mortality of colorectal cancer, which in Europe it is the third most common cancer in men and the second in women and the second leading cause of cancer mortality [1, 8-12].

Role of the nurse in facilitating the performance of the fecal immunochemical test (FIT)

The nurse should facilitate the performance of the FIT test, explaining that the test does not require special diets before his execution (immunological tests only react with human hemoglobin), and that it does not require the suspension of the common therapies, even drug antithrombotics (antiplatelet agents or anticoagulants), as many studies have also shown that these drugs do not alter the value predictive test.

Furthermore, the nurse should highlight that FIT is simple to perform (once the tube open, simply it puts the tip of the rod on two or three points of the fecal material), and that the tube should be kept in the fridge waiting to be returned instead during the day. With regards to the FIT warnings, it is to avoid contact of the stool sample collected in the urine or menstrual blood; therefore, for women it is recommended to run the testing at least 5 days after the end of the cycle [13-15].

Role of the nurse in patient’s reassurance in case of FIT positivity

The nurse should reassure the patient in the event of a positive FIT, explaining that the purpose of the screening is not to diagnose cancer, but to intercept the precursors (adenomas) and remove them, thus blocking the sequence of evolution from adenoma to carcinoma. In this case, the colonoscopy guarantees in most cases a curative intervention through the endoscopic removal of the lesion. In fact, the risk of having cancer of the colon with a positive FIT is not zero, but still very low (about 3-5%). In this case however, it is more likely a diagnosis at an early stage which allows an effective therapy with the higher cure rates. Despite the neoplastic lesions can bleed so macroscopically not visible intermittently, the screening program, providing invitations every two years, it is still efficient intercepting advanced neoplastic lesions.

Role of the nurse in enhancing patient’s motivation to the execution of colonoscopy

The nurse should motivate the patient to the execution of colonoscopy, since repetition of the occult blood test to confirm the positivity is not justified. The potential of the new test negativity would not change however the indication to colonoscopy, even in the presence of obvious sources of bleeding, eg. hemorrhoids, as a polyp can have a bleeding intermittent. Furthermore, the nurse should discourage alternative routes. In fact, virtual colonoscopy and video capsule endoscopy are reliable to diagnose more polyps of 5 mm, but require the bowel preparation and in case of positivity examination (about one in two!) require the repetition of preparation to perform a colonoscopy, for the polyps confirmation and their removal. In case of the FIT positivity but absence of neoplastic lesions of the colon there is no reason to think that there may be possible sources of bleeding in the upper digestive tract; indeed, high bleeding typically provide negative results test, because the hemoglobin is modified by digestive enzymes. Therefore in the absence of alarm symptoms, gastroscopy is not justified. Finally, colonoscopy is well-tolerated examination; using sedation, less 5% has a bad memory examination and more than 95% would agree to repeat the test with those modalities [15].

Role of the nurse in educating the patient for the proper execution of colonoscopy

The nurse should motivate the importance of adequate
bowel cleansing to perform a reliable examination and high quality, and to minimize the risk of losing significant injury or having to repeat the exam in near future.

In fact, the bowel preparation regimens are now well tolerated, since they do not require a prolonged fasting, and dietary restrictions are restricted to the day before the exam. The patients should eliminate foods high seeds and increase the water supply in the previous 3-5 days, and a low-residue diet the day before can be sufficient if is adopted a method of fractional intake (split-dose) of the laxative. In fact, the assumption of laxatives in split dose greatly improves its acceptability and tolerability.

The nurse should convince the patient on the importance of taking the split-dose laxative, for its superiority in terms of quality of bowel cleansing and possibility of encountering a greater number of neoplastic lesions. The importance is such that the inconvenience to get up early in the morning exam day to take the second dose of a laxative (3-5 hours before the exam) should take second place. Despite taking the laxative the morning same of colonoscopy, the risk of having to stop on the way to the hospital to need to evacuate it is very low (about 3%) and not significantly different compared to the mode of preparation "Full", ie taken throughout the day before the exam.

With regards to the management of possible therapies of the patient, the nurse should help the patient to take with him the complete list of drugs that he assumes, and that the bowel cleansing for the colonoscopy should not typically changes in the intake of therapies may be in progress, to except in certain circumstances (antidiabetic agents or insulin, anti-hypertensive or diuretics, NSAIDS like aspirin, anticoagulant medication)\[^{15}\].

Conclusions

The role of the nurse is multifactorial in the screening path of Colorectal Cancer: the nurse is involved in the emotional support at time of diagnosis of positivity of the FIT, in the information and support through treatment decision making, in the preparation for colonoscopy, and, finally, in the ongoing assessment and care during and after colonoscopy.

Many different health professionals will be involved in an individual’s care; nurses play a vital part in helping to coordinate care and keep the patient central to decision making\[^{16}\].

Conflicting interests

The authors have declared that no conflict of interests exist.

Author contributions

Vito Giuliana and Alberto Domina projected the work, Giuseppe Seinaldi, Giulia Sarto, Daniela Cavoli and Antonio Traina helped for the scientific literature research, Rozalia Reluca Enache, Giovanni Vienna and Francesco Carapezza revised the manuscript, Dario Raimondo, Francesca Rossi and Emanuele Sinagra supervised the work.

References


