AACN Advanced Critical Care
Volume 32, Number 3, pp. 284-285

Symposium
Introduction

Jennifer S. Webster, MN, MPH, RN, AOCNS, NPD-BC, and Roberta Kaplow, PhD, APRN-CCNS, AOCNS, CCRN
Symposium Editors

Solid Tumors and Surgical Oncology

Jennifer S. Webster, MN, MPH, RN, AOCNS, NPD-BC
Roberta Kaplow, PhD, APRN-CCNS, AOCNS, CCRN

One component of the armamentarium for the management, conquest, control, or palliation of solid tumors is surgical intervention. Surgical oncologic intervention may be stand-alone, neoadjuvant treatment such as chemotherapy before surgery to shrink tumor size and minimize surgical time and tumor burden, adjuvant therapy such as chemotherapy administered after surgical intervention, or a combination of these. Clinicians consider a number of factors when deciding if a patient is a candidate for surgical oncology intervention, including tumor-specific factors (eg, size, location, stage and grade of the tumor) and patient-specific factors (eg, age, comorbidities).[1]

As with other management strategies for cancer, surgical intervention is evolving. On the basis of degree of complexity, there are complications and implications for nursing practice. Although the specialty of surgical oncology is multifaceted, the focus of this symposium is on specific nursing practice implications when surgical intervention is an aspect of the management of cancer.

In their article, Brophy and colleagues describe multimodal, evidence-based perioperative programs designed to improve a surgical oncology patient's functional recovery. Enhanced recovery programs promote standardized, multidisciplinary care throughout the perioperative course to improve patient outcomes, rather than focusing on surgical technique.

Weber and Kaplow discuss a variety of complex surgical interventions for solid tumors that can lead to extended intraoperative and anesthesia times. Nutrition, infection, postoperative mechanical ventilation, and pneumonia are some of the issues that intensive care unit (ICU) nurses may encounter when caring for this patient population.

Brydges and Brydges describe select cancer-related complications and interventions including tumor lysis syndrome, cytoreductive hyperthermic intraperitoneal chemotherapy, increased intracranial pressure, and vena cava thrombus and the associated nursing implications.

Gregory and colleagues address the array of innovative therapies that have entered the oncology realm and nursing considerations pertaining to these treatment approaches for solid tumors. Nurses are expected to administer and ultimately manage the resulting toxicities and side effects of these therapies.

Jennifer S. Webster is Oncology Clinical Specialist, Georgia Cancer Specialists affiliated with Northside Hospital Cancer Institute, 1835 Savoy Dr, Atlanta, GA 30341 (jennifer.webster@gacancer.com).

Roberta Kaplow is Clinical Nurse Specialist, Emory University Hospital, Atlanta, Georgia.

The authors declare no conflicts of interest.

DOI: https://doi.org/10.4037/aacnacc2021712

Patel and colleague discuss the most common reasons for ICU admission in patients with cancer and factors associated with mortality. They also review the multiple benefits of palliative care services in caring for critically ill patients with cancer and opportunities for critical care nurses working with these patients.

Finally, Skipper describes care of the geriatric patient undergoing surgical oncology interventions. Cancer in geriatric patients has different features than in younger cohorts. Nearly half of geriatric patients who undergo surgical cancer interventions develop postoperative complications. Awareness of and prompt interventions for complications creates a safer environment of care for the geriatric patient.

Nurses play a pivotal role as part of the multidisciplinary team in the care of patients undergoing surgical oncology procedures. We hope this symposium series provides practical information related to this patient population and encourages the reader to delve into data on management related to organ-specific cancers and their surgical interventions.

REFERENCE

1. Lester J. Chapter 10: surgical oncology. In: Yarbro CH, Wudcik D, Gobel BH, eds. *Cancer Nursing: Principles and Practice*. 8th ed. Jones & Bartlett Learning; 2018: 243-266.