



Original Article

Experiences of Post Esophagectomy Patients Admitted in Lady Reading Hospital Peshawar Pakistan

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ARTICLE INFO

Key Words:

Experiences, Perspectives, Esophagectomy

How to Cite:

Shaheen, I. ., Muhammad, D. ., Naz, S. ., Ajmal, H. ., & Ahmad, I. . (2023). Experiences of Post Esophagectomy Patients Admitted in Lady Reading Hospital Peshawar Pakistan: Experiences of Post Esophagectomy Patients. *Pakistan Journal of Health Sciences*, 4(02).

<https://doi.org/10.54393/pjhs.v4i02.515>

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Received Date: 20th January, 2023Acceptance Date: 15th February, 2023Published Date: 28th February, 2023

ABSTRACT

Patients having esophageal cancer can experience psychological, emotional, physical, social, financial and spiritual changes following surgery. Exploration of such challenges, particularly from the Patient's perspective has been limited in Pakistan. **Objective:** To explore the experiences of post-esophagectomy patients admitted in Lady Reading Hospital Peshawar Pakistan. **Methods:** A qualitative phenomenological study was conducted on ten patients having esophagectomy admitted at Lady Reading Hospital Peshawar. Participants were selected through None Probability purposive sampling technique. Permission was taken from concerned departments as well as from participants before data collection. An interview topic guide was used for Face-to-face individual, in-depth interviews. Audio recorded, transcribed, and analyzed through thematic analysis. **Results:** Five major themes were constructed i.e., Physical changes, psychological effects, social issues and support, financial issues, acceptance, and adjustment to a new changed way of life. **Conclusions:** Post-esophagectomy patients need full support in adjustment to their physical, psychological, emotional, social, financial, and spiritual aspects of life. Family, friends, and society could be an effective channel in this regard. Government should provide medical and financial support to such patients for their treatment as well as for their rehabilitation.

INTRODUCTION

Esophagectomy is a complicated procedure with a high mortality rate ranging from 1-5% [1, 2]. Esophageal cancer is the sixth leading cause of death worldwide [3-5]. It is the reason of about more than 400,000 deaths yearly [2, 3]. In the United States of America every year more than 12000 new cases of esophageal cancer are diagnosed [4]. Whereas it is the fifth most common cause of death in the United Kingdom [6]. It is more common in men than women [7]. The largest numbers of esophageal cancer patients are found in China, Northeastern Iran, the Southeast United States, and South Africa. The rate of cancer in these areas is more than 100 out of 100,000 populations [8]. Whereas in Pakistan it is marked as the seventh most common cancer

in males and sixth in females [9]. In Peshawar, about 100 cases of esophagectomy were reported in just one year [10, 11]. Tobacco smoking, snuff, low intake of vegetables and fruits, and high alcohol intake are the most common causes of esophageal cancer [12, 13]. Patients generally suffer from symptoms such as pain, fatigue, dysphagia, and weight loss. Although, early diagnosed esophageal cancer can be treated with esophagectomy [14, 15] the rate of success of esophagectomy is as low as 5-35%, and the survival rate of such patients is only five years [4]. Despite the advancement in science the results of treatment for esophageal cancer are not yet successful [16]. In addition, patients face multiple challenges in living a normal life.

They need physical, psychological, and emotional support to increase their quality of life (QOL) [1, 14, 17]. Standard nursing care has a relation to better treatment outcomes [18]. Before the advancement in medicine and the nursing field, the focus was on the external causes of disease. But now it has been shifted from external factors to internal factors with a focus on the patient's perceptions of illness [19].

METHODS

The current study was conducted at Lady Reading Hospital Peshawar. Permission was taken from concerned departments and participants before data collection. Participants who had undergone esophagectomy at least two months ago were recruited for the study. The non-probability purposive sampling technique was used for participant selection. Initially, the sample size was not fixed; at last, the sample size was limited to 10 participants after data saturation. An interview topic guide was used as a data collection tool for in-depth interviews. Interviews were audio recorded and handwritten notes were made to capture the impressions of the participants. Data were then translated and transcribed anonymously and further analyzed thematically.

RESULTS

Up to 600 open codes emerged which were then grouped under relevant categories and finally 9 major themes had been constructed i.e., recognizing the difficulty in swallowing, fatigue, hoarseness of voice, feelings of helplessness, and hopelessness, difficulty in falling asleep, impaired social relationship, trusting and caring behavior of the family members, financial issues, recognizing and accepting a changed self. The first and the most highlighted issue was difficulty in swallowing.

Theme 1. Recognizing the difficulty in swallowing

"My diet is soft and light like custard, soup, juices, etc but I am unable to swallow the food and unable to digest it". (Participant 4)

"I cannot take my meals and drinks. Eating and drinking cause stomach discomfort". (Participant 8)

"Whenever I eat something in food, I do vomiting.... I don't feel the need for a meal...when I take food I cannot recognize the taste". (Participant 10)

Theme 2. Fatigue

"When I talk too much I get tired, my heart gets tired and my throat gets dry". (Participant 1)

"I can't walk enough distance....I easily get exhausted and feel numbness in hands and feet after operation". (Participant 3)

Theme 3. Hoarseness of voice

"I am feeling roughness in my voice for the last two weeks". (Participant 1)

"When I start calling for prayers (Azan) I feel pain in the chest.... I cough too much and start vomiting...I am disappointed that my voice is no more supporting me to perform my duty". (Participant 2)

Theme 4. Feelings of helplessness and hopelessness

"I feel deprived and lonely...Alas! Alive but not worthy...I am worried about my family and children's lives...we live in a very miserable condition...this world is merciless no one cares about another". (Participant 1)

"I am so depressed that I am unable to support even myself how I will support my family...Oh! Whatever I would have before is not with me.... everything has been lost.... I am nothing but a dead body". (Participant 2)

"The situation is very pathetic with me ...I am getting mentally ill....most of the time I remain depressed because I am dependent on others...I request others for my domestic problems". (Participant 5)

Theme 5. Difficulty in falling asleep

"I cannot go to sleep because I stay tense... I miss those happy moments when I was healthy and spending time with my children but now the situation becomes different". (Participant-4)

"I don't feel good in noises...when I talk a little I feel frustrated...when I have tried to sleep I can't because of tension and depression". (Participant 10)

Theme 6. Impaired social relationship

"I was attached to my relatives and friends but unfortunately they became disconnected due to my illness which is really a matter of sorrow for me...they are not supporting me financially even though they have stopped visiting me". (Participant 4)

"After I got ill my relatives' behavior got changed...when I stopped contacting them due to my illness, they didn't bother to visit me to give me some relief". (Participant 6)

"I wish I had a son... Sometimes I cry like a child when I need someone to do something for me". (Participant 8)

Theme 7. Trusting and caring behavior of the family members

"She cares for me all the time....I think, without her, I might be the meal of stray dogs (victims of society)...I think, if I am alive it is just because of Allah and because of her love and care". (Participant 1)

"I became intolerant and frustrated due to my illness but my husband treats me like a child....he is caring and loving...he is very kind to me". (Participant 10)

"My children love me a lot and always pray for my health.... They show their concern for my health". (Participant 4)

Theme 8. Financial issues

"Everything got vanished due to my illness...I have no money...I had saved some money but now I have nothing... doctor advised me nutritional supplements and medicine but I have no money, so I have left my treatment incomplete".

(Participant 1)

"My son borrowed money for me because a lot of money has been spent on my treatment....no one from relatives is supposed to help me financially". (Participant 2)

"I have sold my lands and have spent all my money but cancer treatment is very expensive.... I pray before Almighty Allah to help me because no one helps except Him". (Participant 8)

"Treatment is expensive and I cannot afford it.... nowadays my husband does not do any work because he stays here in the hospital with me....so he is compelled to sell everything for my treatment". (Participant 4)

"Due to poverty, my funeral expenses will be impossible for my family". (Participant 6)

Theme 9. Recognizing and accepting a changed self

"I spend all the night in sitting, weeping and praying before Allah...Allah has given me this disease and Allah will give me health also... InshaAllah(if Allah wants)". (Participant 1)

"My problems will be solved if Allah wants..... I have strong faith in Allah, He is the Creator, and He knows better why He put me in this condition I know there would be some reason behind my sufferings and I am sure He will bless me with healthy life". (Participant 6)

"I hope Allah will bless me with health again and I will get a normal life.... we cannot avoid illness because health and illness are the part of life...and grief is attached with the joy same as life is attached with death". (Participant 5)

DISCUSSION

The only treatment for esophageal cancer left for the patients was esophagectomy. As the procedure is very exhaustive and painful that's why caused many complications after surgery [20]. The patients initially felt physical changes after esophagectomy i.e. tiredness and strengthlessness. According to previous study by Tatematsu *et al.*, esophagectomy is a major surgery and the most traumatic surgical procedure as its complications can lead to patient discomfort [21]. Participants described the experiences of ongoing difficulties i.e., weight loss, reduced capacity to eat, nausea, vomiting, and bloating. Similarly, previous studies also stated the same results [22]. In the current study, participants reported many side effects of cancer surgery and cancer treatment i.e. difficulty in swallowing dietary alterations, eating restrictions, reflux, dry mouth, loss of taste, coughing, and loss of appetite are the most common. Previous studies by Jaromahum *et al.*, and also reported the same findings by stating that most of the patients might not be able to eat and feel the taste exactly as they could before their operation even if they become hungry [20, 23]. Participants also stated their experiences of stress, depression, and impaired quality of life. As indicated by previous studies many patients faced psychological

problems following esophageal cancer surgery [24, 25] and the prevalence was ranging from 10% to 38% [26]. Some patients reported that due to anxiety, they got angry, worthless, and felt lonely. Studies showed that among survivors of cancers psychological impairment exist such as a disability in occupational performance, anxiety, depression, and disrupted conjugal relations are more common [27]. Esophageal cancer can affect the entire social life of the cancer survivors such as family relationships, financial, and work life. Participants reported that illness affected their social relationships. One of the reasons for this may be the loss of empowerment of the patients. So it would have been assumed that social support is an essential element to fight with the post-surgical challenges. These findings were similar to a previous study that reported that social support is very important for cancer survivors. Pakistan is a developing country where all the patients are supposed to pay for their health. The study participants also faced financial problems which seriously disrupted their treatment process. They were unable to work and their families could not tolerate such expensive treatment. They struggle to run the house through loans or by selling their properties. Many participants adopted more than one way to overcome financial distress; the most common among them was a loan. A previous study by Malmström *et al.*, also indicated that cancer treatment is very expensive those survivors who have low socioeconomic status faced more financial problems with cancer treatment [28]. After esophagectomy, it becomes very difficult for the patients to adjust to their new life. To survive positively they need spiritual and religious therapy. The study participants did the same when got to know about their cancer they tried to cope with the situation and started prayers for themselves. Previous study by Ahmad *et al.*, showed that the patients believed that all good and evil come from God. That's how spirituality became a source of coping with the newly changed way of life [29]. According to another study by Allmon, Individuals seek spiritual support and religious ways to manage traumatic and challenging life events [27]. The majority of participants reported that spirituality is an important source of support during their sickness. They believe that Allah is the Almighty. He is the one Who did it to them and He is the one Who will settle it [30].

CONCLUSIONS

Esophagectomy is a complex surgery and brings many changes to patients' lives due to which their life adjustment becomes very difficult. Better management of such patients requires an understanding of the patient's problems. The current study highlighted the experiences of patients following esophagectomy the study findings

further suggested the areas for improvement of life of patients suffering from esophageal cancers.

Conflicts of Interest

The authors declare no conflict of interest

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article

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