QUESTION

How can a trauma-informed care approach be applied to patients with gynecologic cancer?

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The provision of trauma-informed care (TIC) is the clinical standard when caring for patients who have experienced sexual trauma. TIC encompasses five core principles (safety, choice, collaboration, trustworthiness, and empowerment) that can help clinicians provide high-quality care and reduce the likelihood of retraumatization (Harris & Fallot, 2001). Research shows that patients with gynecologic cancer may feel traumatized by their treatments, specifically surgery and radiation therapy (Bilodeau & Bouchard, 2011).

The power of the TIC approach was demonstrated through our care of a 54-year-old woman who had endometrial cancer. She was treated with a total abdominal hysterectomy and brachytherapy. After receiving brachytherapy, she developed significant rectal bleeding and rectovaginal pain. On being sent to a specialist in oncology and sexual/vaginal health, she stated, "My internal radiation and rectal bleeding were awful. Every time I have a pelvic exam or think about sex, I'm terrified and feel like I'm reliving those experiences." After her examinations, she reported severe vaginal bleeding and cramping. She refused further pelvic examinations and rescheduled appointments multiple times. She had been struggling with retraumatization during routine pelvic examinations with her gynecologic and radiation oncologists.

The five core principles were applied to all interactions. The patient's safety was ensured by having a chaperone present and providing clear explanations. Confidentiality was acknowledged. The patient was given choices, including who she wanted present, the option to defer parts of the examination, and speculum size and examination depth. We collaborated to make decisions regarding follow-up care.

We introduced the idea of student participation and provided the patient a choice about the level of care the student could provide. Allowing the clinician who had previously built rapport with the patient to ask these questions continued the rapport. The student built trust by recognizing and respecting the parameters the patient requested. The patient reported feeling empowered by the student, sharing how they would translate what they learned to better care for future patients with cancer and similar traumatization.

A stepwise approach to care was provided with incremental patient-centered examinations every two weeks. Over three months, the patient worked up from sharing her surgical scars at the first visit to a speculum examination using a medium Pederson speculum. Her vaginal health had improved, she was tolerating her pelvic examinations, and she reported ongoing interest in reengagement in sexual activity. We continue to apply the TIC model, currently focusing on dilator usage to promote optimal sexual health.

The application of TIC to this patient's care allowed for improvement in her sexual and vaginal health care post-treatment. As oncology clinicians, we can consider the use of a TIC approach for patients who may experience trauma related to their cancer experiences. These principles can be applied to various oncologic diagnoses. Adhering to the core principles is important, keeping in mind that the application and implementation in each case may differ based on individual needs.

RESOURCES

- **American Cancer Society**
  Provides information about post-traumatic stress disorder and cancer
  https://bit.ly/3s8L5Kz
- **National Cancer Institute**
  Gives information about diagnostic criteria for and treatment of cancer-related post-traumatic stress
  https://bit.ly/3EdC2e0
- **Trauma-Informed Care Implementation Research Center**
  Offers resources for trauma-informed care leaders
  https://bit.ly/44itcX0

REFERENCES

Bilodeau, K., & Bouchard, L. (2011). The sexuality of Quebec women with cervical cancer: Looking for love despite radiotherapy's trauma to their sexual body. *Canadian Oncology Nursing Journal, 21*(4), 233–237.

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