

Development of a Teaching Tool for Women With a Gynecologic Malignancy Undergoing Minimally Invasive Robotic-Assisted Surgery

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Women undergoing minimally invasive robotic-assisted surgery for a gynecologic malignancy have many questions and concerns related to the cancer diagnosis and surgery. The provision of information enhances coping with such illness-related challenges. A lack of print materials for these patients prompted the creation of a written teaching tool to improve informational support. A booklet was developed using guidelines for the design of effective patient education materials, including an iterative process of collaboration with healthcare providers and women who had undergone robotic-assisted surgery, as well as attention to readability. The 52-page booklet covers the trajectory of the woman's experience and includes the physical, psychosocial, and sexual aspects of recovery.

The role of surgery in the management of gynecologic malignancies is well established, both as a primary treatment modality and for the purpose of staging (Langhorne, Fulton, & Otto, 2007). The laparoscopic approach was introduced as a minimally invasive technique that sought to reduce perioperative morbidity with improvements in pain and postoperative recovery (Malzoni et al., 2009).

Robotic-assisted surgery is an innovative laparoscopic procedure enhanced by the provision of a magnified three-dimensional view, the use of smaller surgical instruments, and more precise translation of the surgeon's hand movements (Bandera & Magrina, 2009; Lin, Wakabayashi, & Han, 2009). Improved outcomes of robotic surgery include a shorter hospital stay, decreased blood loss (Bogges et al., 2008; DeNardis et al., 2008; Vaknin et al., 2010; Veljovich et al., 2008) and less wound complications than with laparotomy, which is particularly salient for obese patients (Gehrig et al., 2008). Minimally invasive robotic-assisted surgery appears to be a promising mainstay in

At a Glance

- ◆ Minimally invasive robotic-assisted surgery is an innovative treatment option for women with gynecologic cancer.
- ◆ The provision of print educational materials complements verbal teaching done by healthcare professionals.
- ◆ Developing effective written information for patients requires the involvement of stakeholders as well as attention to readability.

the treatment of gynecologic malignancies (Bandera & Magrina, 2009; Lin et al., 2009).

Minimally invasive robotic-assisted surgery has been offered in the gynecologic oncology department of a Canadian university-affiliated teaching hospital since December 2007. A need existed to create an information tool to supplement patient teaching. The purpose of this article is to describe the booklet's development.

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