

Qualitative Study on the Experience and Nursing Needs of Patients with Gynecological Malignant Tumor

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Abstract

Objective: To explore the real experience and nursing needs of patients with gynecological malignant tumors during their illness, in order to provide reference for the formulation of clinical nursing paths for this population. **Methods:** Using descriptive phenomenological research method, 9 cases of gynecological malignant tumor patients treated in a tertiary A hospital in Baoding City, Hebei Province were selected according to the objective sampling method. Semi-structured in-depth interviews were conducted on them, and the interview data were analyzed by Colaizzi 7-step method. **Results:** Four themes were extracted: the disturbing and beneficial effects of the disease on life, the lack of knowledge about gynecological malignancies, the attitude towards the disease, and the nursing needs of women in reproductive health. **Conclusion:** Medical workers can take a variety of ways to carry out health education in the community and hospital, choose effective pain management for patients, help patients with gynecological malignant tumor to establish a mature psychological defense mechanism and positive coping style, so that they pay attention to disease prevention awareness, get sufficient social support, so as to improve the quality of life and comfort of patients with gynecological malignant tumor.

Keywords

Gynecology, Malignant Tumor, Disease Experience, Care Needs, Qualitative Research

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1. Introduction

Gynecologic malignancies refer to malignant tumors originating in the female reproductive organs, including cervical cancer, endometrial cancer, uterine sarcoma and ovarian cancer. In recent years, the prevalence rate of gynecological malignant tumors is on the rise, and tends to be younger, which poses a serious threat [1] to women's physical and mental health. The health status, quality of life and life span of women suffering from gynecological malignant tumors are affected to varying degrees, and the patients suffer from the disease in both physical and psychological aspects. Although the progress of medical technology has reduced the pain of patients and accelerated the recovery process to a certain extent, some patients may still have varying degrees of abdominal pain, bleeding, nausea and vomiting, poor postoperative incision healing, infection and a series of symptoms in the perioperative period. Some patients with malignant tumors need to undergo long-term radiotherapy, chemotherapy and other adjuvant treatments, and radiotherapy and chemotherapy may cause bone marrow suppression, radiation cystitis, gastrointestinal reactions, hair loss, infection and other side effects, reducing the quality of life of patients. Therefore, descriptive phenomenological research methods were adopted in this study to fully understand the real experience and nursing needs of patients with gynecological malignant tumors during their illness, which is of great significance for improving the clinical nursing path of this disease.

2. Object and Method

2.1. Sampling Method

Objective sampling method was adopted to fully consider the age, education, place of residence, tumor type, disease course and other factors of the patients, followed the maximum differential sampling strategy, and the sample size was based on the principle of information saturation. Inclusion criteria: Meeting the diagnostic criteria [2] of gynecological malignant tumors; Age: 18 - 80 years old; Receiving surgery or chemoradiotherapy in our hospital; Clear consciousness, complete language expression ability; Be aware of your condition; Informed consent and voluntary participation in research. Exclusion criteria: mental illness, cognitive impairment; Co-existing serious illness or other cancer; And participate in similar research. In this study, 9 patients with gynecological malignant tumors who were treated in our hospital from June 2022 to November 2023 were selected. The patients gave informed consent and voluntarily participated in this investigation. The 9 cases were numbered P1-P9 in sequence. The patients ranged in age from 42 to 70 years; Education level: 3 cases in primary school, 2 cases in junior middle school, 3 cases in senior high school and 1 case in university; 1 case of fallopian tube cancer, 1 case of endometrial carcinosarcoma, 1 case of endometrial cancer, 1 case of vulvar cancer, 2 cases of cervical adenocarcinoma, 3 cases of ovarian cancer; There were 7 cases of surgery + chemotherapy and 2 cases of surgery + radiotherapy. (Table 1)

Table 1. General data of study subjects (N = 9).

Id.	Gender	Age (years)	Education	Occupation	Patient disease diagnosis
N1	female	65	Elementary school	Peasant	Endometrial serous cancer
N2	female	43	Junior high	Farmers	Ovarian Cancer
N3	female	58	High school	Farmers	Ovarian Cancer
N4	female	70	Elementary school	Farmers	Endometrial carcinosarcoma
N5	female	42	High school	Worker	Fallopian tube cancer
N6	female	68	Elementary school	Farmers	Adenocarcinoma of the cervix
N7	female	66	College	Retired (Doctor)	Adenocarcinoma of the cervix
N8	female	52	High school	Clerk	Vulvar cancer
N9	female	62	Junior high	Peasant	Ovarian Cancer

2.2. Data Collection Methods

An interpretative phenomenological approach in qualitative studies was used to conduct open-ended interviews with respondents asking, “What do you know about gynecological malignancies?” This open question began to communicate, allowing respondents to express their experience of disease and treatment more freely. Interview outline: 1) Did you ever hear of this disease before you got it? What do you know about it? 2) What was your immediate reaction upon hearing the diagnosis? 3) At the time of your illness, what made you feel most sad? What made you feel the happiest? Why? 4) How did your family react when they heard that you had the disease? 5) How has the disease affected your lifestyle? 6) What kind of care do you need during your stay in the hospital? The reason. 7) What do you think should be improved in terms of hospital care? The reasons. 8) Do you think gynecological malignant tumor all women should know, to know what? 9) What do you think is the best way to popularize the knowledge about gynecological tumors to women? 10) What kind of follow-up care do you need? Choose to conduct the interview in a quiet environment, accompanied by family members, and use guidance, empathy and encouragement during the interview to ensure that the interviewee sincerely and fully express their thoughts, feelings and concerns. After asking for the consent of the interviewees, the interview content is recorded simultaneously, and the valuable questions are properly questioned, but no arbitrary induction or intervention is imposed on the interviewees, and their language is not judged. Attention is paid to the changes in the interviewees' expressions and body movements. The duration of the interview was 20 - 40 minutes.

2.3. Data Analysis and Arrangement

Within 24 hours after the interview, the content stated by the interviewees was sorted out, translated into text, and the interview data was coded according to the category analysis method in the qualitative research. At the same time, consult

and make use of the notes and notes recorded in the research process to understand the collected data and interpret the key issues. The data will be returned to the interviewees for verification, modification and signature, and questions will be asked about the unclear points in the interview process to ensure the accuracy of the data. Colaizzi's 7-step analysis method is used to sort out and analyze the interview contents and extract relevant themes. The following measures were taken to ensure the quality of the interviews: 1) The interviewees were responsible nurses who had been engaged in gynecological tumor nursing for a long time. Before the interviews, a trusting relationship was established with the interviewees, so that they could fully express their inner thoughts, explain the research purpose, interview method and presentation form of interview results to the interviewees in detail, and obtain written informed consent. 2) During the interview, on-site notes were taken to record non-verbal behaviors such as facial expressions and body movements of interviewees and keywords repeatedly mentioned by interviewees. 3) After the interview, write a reflection diary in time, without personal preconceptions and prejudices, and ask the interviewees to confirm and verify the text data after collating.

3. Results

3.1. It Is Also Beneficial to Be Troubled by the Impact of the Disease on One's Life

3.1.1. Symptom Distress

After the disease, urination disturbance, abdominal pain, gastrointestinal reaction to chemotherapy, numbness of hands and feet, general weakness, changes in bowel habits, etc., increase the negative experience. P1: "The doctor said that there was a tumor in my uterus, and the tumor pressed on the ureter, and then there was fluid in the abdominal cavity, and then hydronephrosis, back pain, nausea, vomiting, low urination, and swelling of legs and feet. After doing this operation, the legs are also sour, waist is also sour, yesterday did CT, check the result is the side effect of chemotherapy drugs. My husband gave me a massage, I said he worked too hard, my skin hurts, today I feel my stomach ache, turn over is particularly uncomfortable, is the skin feel pain." P3: "I had a bit of nausea during the first chemo after surgery, then I threw up once during the second time, and then I didn't respond to the chemo. This is my sixth time. This time, my legs feel uncomfortable, my legs feel crisp, my feet feel numb, and I feel like stepping on cotton." P3: "I think chemotherapy vomiting and morning sickness is similar, you have to eat, do not eat, do not eat well, low white blood cells, platelets are also low, so I definitely have to eat well." P8: "When I walk, my heel ants bite like, no strength, I dare not walk, walking like stepping on cotton, afraid of falling." P9: "My chemotherapy during this time always low white blood cells, low white blood cells make people uncomfortable, the head has the feeling of dizziness. One day I don't know what happened, the reaction was very big, I suddenly threw up, I used anti-vomiting drugs, I took the medicine is not comfortable, can not eat at all,

have no energy to speak.”

P9: “I’m not the type of person who likes to get into conflict with others, so I don’t express my emotions easily. I think my current anger has something to do with my illness. Sometimes not their own say not angry can not angry, sometimes I see which is not satisfied will not automatically angry, I think everyone’s temper is not the same, if don’t like a person, or people said I don’t like to hear the words, will make my heart uncomfortable, I want to lose my temper. But I am not angry now, I think it is not worth it, not important people and things need not be taken to heart.”. P1: “The family came to see me, and the nurse said that the visiting time should not be too long for fear of affecting my rest, and then the family accompanied me for a while and quickly left. My family members were very distressed for me, my father-in-law also called me to ask about my situation, and my mother was even more distressed for me, she secretly cried at home when I had the operation. The ability to carry out daily life is reduced, the sense of freedom is lost, and the development of hobbies and interests is severely restricted.” P7: “My family is in the countryside, I usually like to go shopping to buy clothes and watch my children cook. In addition to cooking for my family at home, I occasionally do odd jobs. There is a factory in our village for this kind of work. But I was ill with chemotherapy, my hair fell out, and every time I met with other people, I had to explain what was going on, others said some comforting words to me, but I felt uncomfortable, I think what they said could not solve the fundamental problem, my self-esteem was also damaged, so I rested at home, but I felt a little lost at home.” P2: “I used to do sports and dance in the square. I have liked dancing before, and I like to dance with others. I feel very happy, but after the illness, I feel weak and don’t like to go out to dance”. P8: “I used to play cards a lot. Now after the operation, the doctor doesn’t recommend sitting for a long time, so I don’t play cards anymore. I feel life is boring.”. P3 “When I am free, I want to find some work. I clean up the mess. My wife says you should rest first and then stop working. Sometimes I do feel tired.”

3.1.2. Interference of Bad Emotions

After the diagnosis of a malignant tumor, patients generally have denial, anger, sadness, and gradually forced to accept the process, there are generally different degrees of anxiety, depression. P4: “Now I have no hair after chemotherapy drugs, I dare not look in the mirror, I feel uncomfortable, and I don’t want to see anyone. Nausea, vomiting, numbness in my hands and feet, and pain in my body, which no one else can do for me, are all my own patience.”. P5: “I found the same patients with the same disease, most of them passed away, I am worried every day, afraid of recurrence.”. P6: “I worry every day about how my children will live if I die, my oldest son just graduated from college, and my second son is still in middle school. What will they do without me? I am often afraid and sometimes cry in my dreams at night.”

3.1.3. Post-Traumatic Growth

P5: “I used to get angry. I didn’t like to listen to anyone. I couldn’t fight back right

away, so I was a little angry. Now I have eased up, am no longer serious with others, take care of ourselves, and do not get angry at small things, except for life and death. There is no big thing. I feel that the current pattern has opened up.” P6 “I feel that my health awareness has improved, the original is not unbearable uncomfortable certainly do not ask people, I endure the uncomfortable by myself. Now I do not tolerate, I know, can not tolerate, uncomfortable immediately to the professional help, pay attention to their own body changes.” P8: “I am not afraid to spend money. I have spent a lot of money on illness in recent years. I am always spending money. My wife said that we should check how we want to check, don’t worry about spending money. I said no, it’s not easy for you to make money, and when we meet this situation, we can’t give up and treat it how we want to treat it. His father is handling the family affairs alone. He can’t come. He also has to take care of the elderly. I am alone when I am hospitalized. I can take care of myself. They take care of the elderly and children first. The family gave me both psychological and financial support, which at least made me feel secure.”

3.2. Lack of Gynecological Malignant Tumor Related Knowledge

Patients do not understand the risk of gynecological malignant tumors and how to prevent, often after experiencing the painful experience of the disease, only gradually pay attention to it. P1: “I have never heard of this disease before, do not go to the hospital and do not know this, I have not been in contact with really do not understand what is called malignant tumor. When I was hospitalized in the county hospital, there was an elder sister who was older than me. She asked me whether it was the sequelae of our vaccination, and I dare not say how it happened. When we were hospitalized in your hospital, there was a 20-year-old girl who got endometrial cancer. How did that happen? I just don’t understand how you get it.” P2: “Because I basically have no discomfort, I don’t feel the need to check anything, but I always feel bloated and a little constipated. I defecate once every two or three days, and then occasionally twice a day. I feel the number of bowel movements has changed, which is not good, and then I lose weight quickly. I was examined in our county hospital, but the doctor in the county hospital could not see anything, so the doctor considered it was intestinal obstruction, because the CT results showed a little intestinal obstruction, after intestinal obstruction, stool will not come out, then I did not care about it, after less than half a year, I felt serious, my stomach is like carrying a baby, stomach feeling down, then I considered going to the hospital in Baoding for examination. I asked the village doctor, he said there must be a problem, you hurry to Baoding, so we just came to your hospital. After examining me here, the doctor said I had ascites and it was ovarian cancer.” P5: “I went to the county hospital to change the dressing. I heard from other patients that the ovarian disease was not serious. They said that some gynecological diseases were related to lifestyle, but I don’t know.”. P7: “I just knew my period was normal. I heard that there will be a cyst period will not be normal, I do not know anything else, I just feel the pain when there are bumps in the stomach, about 1

month, I feel the pain is particularly severe, I checked in the county, the county hospital doctor is not sure, I will come to the hospital. Check when I hurt badly, at home when it is not particularly painful, it hurts a little bit, a check on the stomach, I feel the pain is severe, do not dare to move. I don't know what happened, usually I can't avoid stomach discomfort, these two days in the county spent more than 200 yuan to buy medicine, the doctor did not say I have any problems, but also spend money in vain."

3.3. Attitude towards the Disease

P1: "My personality is not too introverted, not too outgoing, very peaceful, usually I like to stay at home, do not like to visit the door, if there is something will go out, and communicate with people is no problem." I am not comfortable to go to Gaobeidian hospital examination, holding the test sheet, there is a director said you need surgery, he said I need to go to the hospital in Baoding to do a nuclear magnetic test, to see what kind of disease development. After arriving in Baoding, the doctor in Baoding asked me why I felt uncomfortable. After a brief explanation, I said that the doctor in our county needed to do MRI, and I needed your hospital to give me a list of MRI examination for further examination. I took the results of the previous examination list and showed them to Director Li, who told me that I needed to be prepared for hospitalization for surgery. Also did not feel uncomfortable place, my state of mind is still very good, very positive and optimistic, I did not feel so much pain, I did not think so much, although I have this disease, but I think my state of mind is very good. My sister is very worried, I said will not die, nothing, people have to die, can treat treatment, nothing, I this vitality is stronger than their vitality, think so much also useless, I know you are worried, let's put a good attitude on the line. Came to the hospital to see, a lot of people are sick, I did not feel very sad. P2: "My disease is our hospital found out, I found out without delay, the doctor said you go to the superior hospital to see, I said OK, I came. People are inevitably sick, sick treatment, each time the two days after the infusion to go back to particularly happy, the whole person feels relaxed, but sometimes the legs do feel weak, I like to do housework at home, in addition to the two days after the infusion to go back to the body a little boring, other time I am willing to work. The family is more worried than I am, I said you worry about what is the use, they are more worried about my illness than I am, and now the treatment is almost over, I feel better than the beginning, probably so." P4: "At the beginning, when I was examined in the hospital, I was in a bad mood, suddenly I was told that I had a disease, and then I saw the results of the B-ultrasound. I was in a bad mood, under a lot of pressure, and a little sad. I felt that as a woman, I could not avoid this disease, mainly because I needed to have two operations in a short period of time, I felt sad and I often cried. Just after the operation, I was thinking, I am usually in good health, have never taken medicine a person, this year in a row to do two operations, I feel I am very sad." P5: "Women will inevitably get sick at a certain age. There is no such thing as smooth sailing in one's

life! When I get sick at this age, I can treat it actively, and the result is as good as fate!" P9: "When I first heard that I was sick, I was not in a good mood, then I felt that this life is confused, have to relax, I am not a particularly willful person, during that time my husband dared not tell me, he hid my illness from me, I said you don't hide me, I am not afraid, what happened just tell me directly, save each other pretending to be too tired, if not later my husband said, It seems that you are really stronger than I think, I said that the disease should see the need to see, can see the first look, not give up, met what things have to face. But originally this family is my support, my husband is not at home, if I am not sick, he generally in the field to work. The two children in my family were raised by me. I am ready to build a house for my children, and I handle the matter of building a house by myself. I prepare for my son's wedding ceremony, catering and shopping, and I worry about everything. My husband doesn't care about him, he just makes money outside, and my family is all I worry about. Life is not easy, you do no easy job, you meet any difficulties on the line, you need to actively face, you look at my mother-in-law, she is a good attitude, does not worry about anything, she is so old, health is very good." P8: "I prefer a quiet environment. When I am in a bad mood, I can read a book for a while and feel at ease. Now that I am ill, I can concentrate more on my books, which is a great blessing in the midst of misfortune."

3.4. Women's Reproductive Health Care Needs

P1: "I have been in hospital for several days after the operation. I didn't feel much pain the first time after the operation. My wound is recovering very well. After pulling out the drainage tube and urine tube, I can often go to the field, without the support of my family, and the nurses often guide me how to eat and how to exercise, which is exactly what we need. After pulling the drainage tube a little seepage, the doctor gave me several times to change the medicine, my wound recovery is slow, at home also dare not take a bath, at home during this time wound recovery is very good. Review the outpatient waiting to do the examination to see the hospital's mission screen, which talks about the disease knowledge of gynecology. I feel very good." P2: "Maybe I had a serious operation, the postoperative pain is too much, I think more painkillers or let me take pain-relieving medicine can also be OK." People use their mobile phones a lot now. We can benefit from listening to the health education on our mobile phones. Sometimes, there is free medical examination in the village, and I feel a little worried about the results of the medical examination. So the country should provide free medical treatment for all to avoid fraud by irregular institutions. P3: "Each of your departments should have a professional psychological counselor to help us through this painful, embarrassing and sad day." P4: "Some TV programs may also popularize some health knowledge, such as the Central 12 sometimes shows the Road to Health, there are some TV programs, and some public video numbers on the Internet, I hope doctors and nurses can find time to do some propaganda about disease knowledge, and then show some health knowledge on the big screen or distribute

some pamphlets during the outpatient physical examination, examination and screening.” P5: “The nutrition of the patient is very important. I feel that the food here is too bland, and the taste is not good; this is my third hospitalization for chemotherapy. I sat on the stool to rest, suddenly stood up, I fainted, and then the blood pressure is OK, I haven’t eaten much food for several days, I think it is mainly because the food is not delicious, I drink some porridge, the food in the canteen I don’t like to eat. I hope the food in the nutrition canteen of the hospital is perfect in color, flavor and taste.” P6: “The side effects of chemotherapy are too great, nausea and vomiting are too uncomfortable, I hope the chemotherapy drugs can be improved to reduce the side effects, or some better anti-emetic measures can be taken.” Later I was discharged from the hospital, I completed the chemotherapy task, need outpatient review, if there is a regular reminder service is better. P7: “I hope the hospital in the park, in the community, the village committee and other places often talk about gynecological diseases related knowledge, I think everyone will benefit, let everyone realize the importance of prevention of gynecological diseases, early examination, early detection, early treatment, help people free examination, screening for cervical cancer.”

4. Discussion

4.1. Building Mature Psychological Defense Mechanisms and Positive Coping Styles

Different coping styles are strongly associated with physical and mental symptoms in cancer patients. The more negative the coping style, the more serious the emotional and psychological pain will be, which will affect the treatment effect. Therefore, during the treatment of patients, medical staff should fully analyze their psychological characteristics from different angles to carry out appropriate psychological care and health guidance, help them adjust their mentality, establish a mature psychological defense mechanism and positive coping style, if necessary, please the help and guidance of professional psychological counselors, so that patients have a channel to talk, so as to improve the quality of life.

4.2. Attention to Disease Prevention Awareness

Due to gynecological malignant tumor early more no obvious symptoms, the patient’s concern, the interview found that existing patients in the discovered of abdominal pain, vaginal bleeding, and abdominal distension, patients did not know its risk, and do not pay attention to, until serious after began to appear “emergency medical disorder.” Therefore, medical examination departments, hospitals and community medical staff should strengthen the prevention of gynecological malignancies in patients or regularly hold knowledge lectures in the community, organize clubs, etc., to improve the awareness of patients and their families to prevent gynecological malignancies, increase patients’ understanding of the disease, reduce fear.

Compared with other gynecological patients, patients with gynecological

malignant tumors have larger surgical incision and a wide range of operations. Perioperative patients will have varying degrees of pain, and some patients need radiotherapy and chemotherapy treatment. During treatment, bone pain and other pain caused by bone marrow suppression are more obvious, and timely drug treatment is needed to relieve symptoms. Non-drug therapy should also be actively used to play a soothing role, such as exploring the application effect of aromatherapy, music therapy and other therapeutic methods in the treatment of gynecological malignant tumor patients.

4.3. Improvement of Family-Social Support System

Encouragement, care and comfort from spouses, family members, friends and colleagues can ensure that patients do not engage in risky behaviors, improve their ability to bear the disease, and enhance their confidence [3] in self-management of the disease. Healthcare professionals can provide patients and their families with self-management knowledge for gynecological malignancies, regular follow-up, and keep a physical and mental diary. It is suggested to carry out dignity therapy in patients with gynecological malignant tumors, in order to explore ways to improve the dignity of patients and the quality of life at the end of life. At the same time, it encourages increased emotional communication between patients and their families and improves patients' treatment compliance. Therefore, hospitals and communities regularly popularize gynecological malignant tumor prevention knowledge to the public, improve awareness.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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