



Nursing Care for Patients with Disorders in Normal Breast Cell Growth (Mammary Fibroadenoma) in the Nursing Room

Hartaty¹, Yunita Kristina², Wahidyanti Rahayu Hastutiningtyas³

¹ Nursing Study Program, Sandi Karsa Polytechnic, Indonesia

² Nursing Study Program, Cenderawasih University, Indonesia

³ Nursing Study Program, Tribhuwana Tungadewi University, Indonesia

ABSTRACT

Fibroadenoma mammae is a benign tumor that often occurs in the breast that originates from fibrous tissue (mesenchyme) and glandular tissue (epithelium) in the breast. Fibroadenoma mammae is a disorder in the growth of normal breast cells where abnormal cells arise from normal cells, multiply and infiltrate lymphatic tissue and blood vessels. The cause of breast tumors has not been determined, but there are several genetic factors. Breast cancer shows malignant proliferation of epithelial cells that limit the ducts or lobes of the breast. Initially there is only cell hyperplasia with the development of atypical cells and then continues to carcinoma in situ and cells become masses. Steroid hormones produced by the ovaries also play a role in the formation of breast tumors. The purpose of the study was to gain real experience in implementing nursing care for patients with Breast Tumors in the Treatment Room of the Regional General Hospital. This study uses a descriptive research approach, the subject of the study is to use one patient according to the specified inclusion and exclusion data. Data were obtained by conducting direct observation and interview assessments with patients. The results of the assessment obtained data from patients suffering from fibroadenomae mammae. Analysis of nursing diagnosis data is the risk of pain comfort, sleep pattern disorders and activities. Nursing planning is checking blood pressure, giving injections, teaching breathing relaxation techniques in assessing pain scales, giving injections, cefotaxin 1 g / IV, giving Ketorolac 30mg / IV injections. The conclusion of this case study gets an overview of nursing care with fibroadenomae mammae.

Keyword : Nursing Care, Patient, Breast Cell Growth Disorder, Care

Correspondent : Hartaty

E-mail : hartatymkes@gmail.com





1. Introduction

Fibroadenoma mammae is palpable as a round or lumpy lump and elastic consistency. This tumor is not attached to the surrounding tissue and is very easy to move. Usually fibroadenoma mammae is not accompanied by pain. This benign neoplasm is no longer found during menopause (Sjamsuhidajat, 2010). The cause of fibroadenoma mammae is not yet known for sure, but it is known that there are several factors that can affect the growth of this tumor, including increased estrogen hormone activity which usually occurs at the age of under 30 years, so that fibroadenoma mammae more often attacks young women than old women (Alini. 2018).

In Indonesia, data on fibroadenoma mammae is still incomplete, but data released by the Indonesian Cancer Foundation in 2012 estimated that as many as 100 people had been affected by benign breast tumors during mid-2011.

Fibroadenoma Mammae is distinguished based on 2 things, namely tumor size and histological picture (Sjamsuhidayat. 2017). Based on the size of the tumor, fibroadenoma mammae is divided into:

1. Common Fibroadenoma is characterized by a tumor size of 1-3 cm which usually occurs in the superolateral quadrant with a single lesion, oval round, smooth, firm borders, mobile.
2. Juvenile Fibroadenoma which usually occurs multiple – bilateral and occurs during puberty.
3. Giant Fibroadenoma is a giant fibroadenoma tumor with a size of > 5 cm, usually found in pregnant and breastfeeding women.

Based on the histology of the tumor, fibroadenoma mammae is divided into:

1. Intracanalicular Fibroadenoma is a fibroadenoma in the breast that is irregularly formed from the breakdown between the fibrous stroma containing epithelial tissue fibers with duct-like or glandular cavities lined by one or more regular layers of cells with a clear and intact basement membrane, where some lesions of the duct cavity are open, round to oval and quite regular.





2. Pericanalicular Fibroadenoma is a fibroadenoma in the breast that resembles a gland or cyst surrounded by epithelial tissue in one or many layers, some of which are compressed by extensive proliferation of the stroma so that in cross-section the cavity appears as a gap or irregular star-like structure.

Furthermore, according to Laili (2017), in his research stated that breast disorders are one of the disorders found throughout the world. This disorder is usually in the form of a mass or node called a tumor. Based on its nature, breast tumors are grouped into benign and malignant tumors. Within a period of 10 years, the number of women who came with complaints of lumps in the breast was 16% and 8% of that number were suffering from malignant tumors, especially those over 40 years of age. At a young age of 15-20, most (80-90%) experienced complaints of lumps in the breast.

Worldwide, 8.2 million people die each year from cancer. It is estimated that by 2025 the number of people dying from cancer will increase to 11.5 million if no effective prevention and control efforts are made. Based on estimates by Globocan, the International Agency for Research on Cancer in 2012, breast cancer is the cancer with the highest percentage of new cases (43.3%) and the highest percentage of deaths (12.9%) in women in the world.

According to the 2018 Basic Health Research data from the Ministry of Health of the Republic of Indonesia, the prevalence of tumors or cancer in Indonesia shows an increase from 1.4 per thousand population in 2013 to 1.79 per thousand population in 2018. The highest figure is in the province of the Special Region of Yogyakarta with 4.86 per 1000 population, followed by West Sumatra 2.47 79 per 1000 population and Gorontalo 2.44 per 1000 population.

Furthermore, the World Health Organization (WHO) Cancer Research Group (2018) stated that there were at least 18 million new cancer cases in the world this year. In addition, the number of deaths is more than 9 million people. One of the effects of estrogen hormone activity during the reproductive period of adolescent girls is that it can cause Fibroadenoma Mammae, a benign breast tumor. This benign tumor is often found in reproductive age, caused by several possibilities, namely due to excessive local tissue





sensitivity to estrogen. Data on cases of fibroadenoma mammae at the Regional General Hospital in Makassar found patients with farm mammae breast tumors as many as 70 people in 2017 in the results of Ria's research (2018).

2. Research Methods

This type of research is descriptive in the form of a case study to explore the problem of nursing care for patients with Fibroadenoma mammae (breast tumors) holistically and comprehensively. The approach used is a nursing care approach that includes assessment, nursing diagnosis, planning, implementation, evaluation and documentation.

In this study, one patient suffering from fibroadenoma mammae was conducted. The case study will be conducted in the Treatment Room of the Regional General Hospital in Makassar. The data collection technique is by conducting Interviews and Observations. Data analysis is carried out by presenting facts, then comparing the categories of data with theoretical concepts.

3. Results and Discussion

a. Results

1) Assessment

- a) The main complaint/symptom that the patient feels is heartburn with a pain scale of 5 (moderate), pain in the breasts and feeling restless and weak without tools. Patient say not enough understand with his illness. Effort Which done patient For to reduce the pain is to drink water and lie in bed, but only effect temporary. Patient say No Once do action operation.
- b) General condition Patient said there was a lump in the right breast and Facial Expression Like Holding Back Sick, weak with VITAL SIGNS BP: 120/70 mmHg RR: 20 x/minute Pulse 80 x/minute and temperature 36.5°C weight 50 kg, height 155 cm.
- c) On examination of the body system with breathing (B1: Breathing) the nose looks symmetrical, no secretions or fluids, good sense of smell, and can distinguish the smell of oil wind and perfume. Form chest symmetrical, voice





- vesicular breathing and no there is voice additional. In Cardiovascular (B2: Bleeding) No tenderness, Chest percussion is dull. Heart sounds: normal. The patient said there were no complaints about the heart. In the nervous system (B3:Brain) Glasgow Coma Scale (GCS) 15 (E: 4, V: 5, M: 6), The patient appeared to be grimacing, symmetrical head and face, normal facial movements, symmetrical eyes, normal hearing function, function normal sense of smell, function normal printing, function vision normal.
- d) In Urination-Elimination (B4: Bladder) the patient's drinking frequency is 4-5x/day, urine color is... clear yellow with a distinctive odor. The patient said there was no disturbance in the elimination pattern. urine. Digestive tract-Elimination (B5: Bowel) there is no inflammation in the mouth, pain in the abdominal quadrant left on, normal bowel movements with consistency soft.
- e) On inspection Bone-Muscle-Integument (B6: Bones) movement joints patient Good. Upper extremities no muscle pain, no joint pain, no fractures and no using assistive devices. Lower extremities have no muscle and joint pain, no fracture and does not use assistive devices. Skin color is brown. No jaundice, no There is redness and pigmentation on the skin, warm acrals, good skin turgor and no scar tissue, clear skin. In the endocrine system The patient does not use hormone therapy, there are no problems with the endocrine system and there are no problems with the reproductive system problem.
- f) During the Nutritional Pattern examination, the patient said that when he was healthy or sick, there was nothing problems with eating or drinking patterns, the patient's eating frequency is 3 times a day and the frequency drink patient 6-8 glasses/day. On inspection personal Hygiene, patient say bathe 2x a day, brush 3 x teeth a day, patient There isn't any problem cleanliness.
- g) On inspection pattern Take a break And activity, Patient Sleep Afternoon during 1 O'clock start 14.00 to 15.00 and sleep at night for 6 hours: 23.00 to 05.00, patients sometimes woke up moment feel painful on abdomen And moment reduce the patient continues his sleep.





h) On inspection psychosocial, Patient say get support full from family, cooperative patient moment interact. No There is conflict Which happen Good role conflict, values and others. The patient said he did not understand his illness at the time In this case, the patient looks confused and anxious and always asks about his condition and the patient said he hoped he could recover quickly and be able to do his normal activities. At the activity worship does not exist problem in worship, active patient in worship operate his obligations. Therapy which are given is Antacid 3 x a day.

2) Analysis Data And Diagnosis Nursing

a) From results assessment found data analysis results namely data subjective that What appears is a facial expression like holding back pain, weak with vital signs.

Blood Pressure: 120/70 mmHg RR : 20 x/minute Pulse 80 x/minute and temperature 36.5°C weight 50 kg, height 155 cm.

b) It was also found that subjective data emerged, namely that patients said not enough understand about his illness moment This, patient say not enough understand with the treatment that must be done, the patient said he wanted to get well soon. And in the data objective Which appear there is patient looks Confused, patient looks restless, patient often ask about his condition. From the focus data above, a nursing diagnosis can be established that is Lack of knowledge is related to lack information.

3) Plan Nursing

a) Diagnosis 1: Painful acute related to on breast and have lumps around the breasts.

Objective and outcome criteria After nursing actions are carried out for 3x24 hours, it is expected that the pain will improve. level, pain cintrol, comfort level, with criteria results, condition general Good, capable control pain, scale painful light (0-3), sign vital in the range normal.





Plan her nursing is monitor vital signs, do assessment painful in a way comprehensive including location, characteristics, duration, frequency, quality and precipitation factors, observation reaction nonverbal from discomfort, use technique therapeutic communication to find out the patient's pain experience, teach about non-pharmacological techniques (pain management techniques). breath in), evaluation of effectiveness control pain, increase Rest.

- b) Diagnosis 2 : Lack of knowledge related to the lack of Information.

Purpose and Result criteria: After done nursing actions for 3x24 O'clock expected Knowledge disease process, knowledge: health behavior, with outcome criteria, Patient And family state understanding of disease, condition, prognosis and programs treatment, patient And family capable carry out procedure Which explained in a way Correct.

The nursing plan is to provide an assessment of the patient's level of knowledge. about a specific disease process, explain the pathophysiology of the disease and how it This is related to anatomy and physiology, in a proper manner, describe the signs and common symptoms that appear in the disease, in the right way, identify the possibility causes, in an appropriate manner, provide information to the patient about the condition, with the right way, discuss lifestyle changes that may be needed to prevent complications in time Which will come And or process disease control.

4) Implementation nursing

- a) Diagnosis 1 : Acute pain associated with fibroadenoma mammae.

Actions taken, monitoring vital signs, do assessment painful in a way comprehensive including location, characteristics, duration, frequency, quality And factor precipitation, to observe reaction nonverbal from discomfort, use technique communication therapeutic For know patient pain experience, teaching about non-pharmacological techniques (deep breathing techniques), evaluate effectiveness control painful, increase rest.

- b) Diagnosis 2 : Not enough information related to the lack of Knowledge.





Action Which done, give evaluation about level knowledge patient about process disease Which specific, explain the pathophysiology of disease and how this relates to anatomy and physiology in an appropriate manner, describing the signs and symptoms that commonly occur. in the disease, in the right way, identifying possible causes, in the right way appropriate, providing information to patients about the condition, in an appropriate manner, discuss lifestyle changes that may be needed to prevent complications in time Which will come and or process disease control.

5) Evaluation nursing

a) Evaluation of the results of Diagnosis 1, namely Acute Pain relate with painful on breast And diagnosis fibroadenoma mammae.

1. Subjective : the patient said painful start reduce, patient say the pain on part breast virgin to the right.

2. Objective: general condition is good, patient looks calm, pain scale 3 (mild), And Facial expression like holding back pain, weak with vital signs.

Blood Pressure : 120/70 mmHg RR : 20 x/minute

Pulse: 80 x/minute.

Temperature 36.5°C.

Planning : intervention to be continued by Monitoring vital signs, Study repeat scale painful, do technique relaxation breath in, to advocate take a break Enough.

b) Evaluation with diagnosis second not enough knowledge relate with lack of information with data Subjective : patient said he understood a little about his illness, the patient said he hoped he would get better soon healed. Objective : condition general Good, patient seen calm, patient cooperative in communication, patients can talk about their disease process, Assessment: problems are lacking knowledge related to the lack of information resolved





- part. Planning : intervention to be continued with Repeat return health/counseling Which has given about disease fibroadenoma mammae.
- c) Evaluation of results in the primary diagnosis of acute pain related to irritation of the gastric mucosa, with subjective data: the patient said no pain again and looks relaxed. Objective: general condition is good, patient no longer appears to be in pain, vital signs: Blood Pressure: 120/80 mmHg, Pulse 84 times/minute, Respiration 22 times/minute, temperature 36.50C, Assessment: acute pain problem related to gastric mucosal irritation resolved. Planning: intervention maintained with do technique relaxation breath in if it hurts.
- d) Evaluation on diagnosis second Not enough knowledge relate with lack of information with data subjective : patient say Already understand And understand about his illness. Objective : patient can mentioning knowledge about the disease, the patient appears calm, the patient is cooperative in communication, Assessment : problem not enough knowledge related to the lack of information resolved, Planning : intervention is stopped.

b. Discussion

The reason for the diagnosis of pain related to a lump in the right breast, surgery was carried out because during the assessment the patient was seen to be in pain and said it was painful, Blood Pressure: 120/70 mmHg, RR: 20 x/minute, Pulse: 80x/minute, S: 36.5 C, and can also Provoking: moving, Quality: sore, Region: breast, Severity: 5, Time: intermittent. And if this diagnosis is not carried out, it will cause physiological disorders in the form of discomfort to pain which is sometimes accompanied by changes in the patient's vital signs.

The reason for the diagnosis of infection risk is established because there is a 5 cm long lumpectomy post-operative wound, the wound is clean, there is no blood or fluid seepage from the wound, the area around the wound feels warm and there is tenderness, and an infusion of RL 20 tpm is installed, Temperature: 36.5 C. And if this diagnosis is not established, the risk will change to actual. This diagnosis is established at the same time to try to prevent infection.





The reason for the diagnosis of body image disorder was established because the results of the assessment obtained data that the patient said he was less confident with his current body condition after surgery. The patient also seemed unwilling to touch the part of the body that was operated on.

Overall, all planned actions have been carried out quite well. There are no problems in nursing so that the patient is comfortable in resting. Actions that have been taken to overcome this diagnosis include collaboration with doctors in administering 30 mg/IV ketorolac injections, teaching deep breathing relaxation techniques, providing comfortable positions and assessing the pain scale.

In general, the implementation of the action was in accordance with the plan. However, there are several obstacles that have not been resolved. Among others, for the diagnosis of infection risk, the basis for the diagnosis should not only be the patient's body temperature, but the number of leukocytes in the blood laboratory examination after surgery, not the laboratory results before surgery. Because according to hospital procedures there is no blood laboratory examination after surgery, the author only took data from the post-operative wound assessment.

For the diagnosis of Body Image Disorder related to surgery. Basically all implementation actions are in accordance with the planned intervention. The patient still looks less comfortable with her current condition. Although only a lumpectomy was performed on her breasts, not a mastectomy. The patient is less confident because her breasts were operated on. Therefore, it is necessary to approach in a more appropriate way and can be accepted by the patient.

This nursing implementation will formulate a response to the implementation given to the patient to continue the existing nursing process. As found in the response on the first day of nursing actions that have not shown changes in nursing actions so that nursing interventions are still implemented and there are changes in the patient's health and nursing implementation is maintained.

The first diagnosis of pain related to the right breast lump, after nursing actions consisting of giving ketorolac injection 30 mg/IV, teaching deep breathing





relaxation techniques, providing a comfortable position and assessing the pain scale, the results obtained the patient said he no longer felt pain. This shows that the patient's face looks more relaxed. For the next action is home care by the family, by helping the patient do individual relaxation techniques.

In this case, the role of the family is very much needed, so for further action, it is expected that the family is able to build the patient's spirit. So that the intervention is maintained and continued by the family at home.

4. Conclusion

This assessment was conducted with services for one patient with Fibroadenoma mammae disease, the patient's pain decreased and no longer felt pain, the diagnosis was obtained from the patient's complaints and the author found a priority diagnosis, namely Fibroadenoma mammae, nursing planning based on data analysis that had been carried out where the nursing diagnosis was obtained, namely Fibroadenoma mammae, review the history of pain, deep breathing relaxation to reduce pain.

5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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