

Introduction

Ovarian cancer is unregulated growth of abnormal cells in the ovaries & it is known as (the disease that whispers) because few specific symptoms are associated with early-stage disease. Yet early detection is the key to saving women's lives, because 90% of women are cured by surgery alone if the diagnosis is made at stage I. Symptoms of ovarian cancer include many pelvic or abdominal disturbances (*Leung & Adashi, 2004*).

Risk factors for ovarian cancer are early menarche, late menopause and nulliparity are associated with an increased risk due to the theory of “incessant ovulation” causing repeated epithelial damage and reconstruction.. Infertility treatment-prolonged treatment with ovulation inducing agents increases the risk and Family history.(*Towle, 2009*). Malignant ovarian tumors are classified as: Malignant epithelial tumors, Germ cell tumors, Malignant sex cord stromal tumors and they have both theca and granulosa cells (*Callan & Caughey, 2007*)

The primary treatment is total abdominal hysterectomy, removal of both ovaries and omentectomy. In inoperable cases, debulking surgery is followed by chemotherapy in epithelial tumors, and most of the other malignant ovarian tumors. (*Shamsunder, 2007*)

Chemotherapy is the systemic (whole body) treatment of cancer with anticancer drugs. (*Mills, 2006*). The goals of chemotherapy are cure, control, and palliation. The chemotherapeutic drugs are transported by the bloodstream to different parts of the body, although most of these

drugs do not cross the blood-brain barrier and therefore cannot reach the central nervous system (CNS) (*Aschenbrenner,etal,2002*).

Chemotherapeutic agents generally are classified according to their effects on cell generation cycle or by pharmacologic properties of the agent. According to effects of agent on cell generation cycle chemotherapeutic agents can be divided into cell-cycle- specific and cell-cycle- non specific. According to pharmacologic properties of the agent. It is divided into alkylating agents, antimetabolites, anti-tumor antibiotics, mitotic inhibitors, hormones and hormones antagonists, and miscellaneous agents. and there are three types of chemotherapy as adjuvant chemotherapy ,neo adjuvant chemotherapy and combination chemotherapy it is administered through intravenous ,oral, subcutaneous, and intramuscular. As new chemotherapeutic agents become available in oral form, increasing numbers of clients are self-administering these drugs at home (*Black&Hawaks,2009*).

While chemotherapy drugs kill cancer cells, they also damage some normal cells, causing side effects. These side effects will depend on the type of drugs given, the amount taken, and how long treatment lasts . Because most of these drugs act on fast-growing cells, the side effects are manifestations of damage to normal rapidly dividing somatic cells,. Tissues usually affected by cytotoxic drugs include (Mucous membranes of the mouth, tongue, esophagus, stomach, intestine, and rectum. This may result in anorexia, loss of taste, aversion to food, erythema and painful ulcerations in any portion of the gastrointestinal tract, nausea, vomiting, and diarrhea. Hair cells, resulting in alopecia (*Wilkes &Burke,2008*).

Nurses help identify and manage toxic effects or side effects of the drugs and provide psychosocial support. Careful assessment and monitoring of the client's signs and symptoms, including appropriate laboratory tests, alert the nurse to the onset of toxicity. Nausea and vomiting, diarrhea, inflammation and ulceration of oral mucous membranes, hair loss, skin changes, anorexia, and fatigue require specific medical and nursing actions (*Black& Hawaks, 2009*). Another aspect of managing clients undergoing chemotherapy is to teach them how to care for access sites and to dispose of used equipment and excretions safely. Nurses also teach clients to increase fluid intake to flush out the drugs; to get extra rest, which can both assist therapy and help the client avoid other illnesses; to identify major complications of their particular drug protocol; to know when to call the physician or emergency medical services; and, if their WBC count is low, to limit their exposure to other people . (*Lemone & Burke, 2008*)

Justification of the problem

Ovarian cancer is the fourth most common cancer in women worldwide accounting for 6% of deaths in women . the prevalence cases of ovarian cancer is about 4.2% in the year 2005 in Egypt (*Elattar,2006*).

Nausea and vomiting are considered one of the most distressing side-effects of chemotherapy approximately 13% of patients receiving chemotherapy have vomiting in the acute phase and almost 50% in the delayed phase(*Gómez etal,2006*)-Fatigue is prevalent symptom in cancer patients receiving chemotherapy(*Cameron,etal,2011*).

Diarrhea is a common side effect of chemotherapy regimens, can occur as often as 50%-80% of the time depending on the chemotherapy regimen (*Benson et al., 2004*). Alopecia still remains one of the most untreatable side-effects induced by cancer

chemotherapy(*Gardani et al.,2007*). Oral mucositis is a frequently encountered and potentially severe complication associated with administration of chemotherapy (*Saadeh,2005*).

Several studies reported that patients with cancer undergoing chemotherapy are practicing poor health behaviors as result of severity of side effect, versus inability to manage side effects, previous researches emphasized the need for patient education, and clarification of instruction to each individual patient (*Ali,2004, Mohamed, 2009,*)

So this study was designed to evaluate the effect of instructional guideline for relieving chemotherapy side effects on women with ovarian cancer.