Support the Family

The postoperative period is frequently difficult for parents. The shock of seeing their child immediately after surgery may be the first realization of the seriousness of the diagnosis. From surgery, the stage and pathology of the tumor are determined. The physician discusses this information with the parents. The nurse's presence during this conversation is important to provide additional support and assess the parents' understanding of this information.

Older children need an opportunity to deal with their feelings concerning the many procedures to which they have been subjected in rapid succession. Therapeutic play can be beneficial in helping children of any age understand what they have undergone and express their feelings.

Rhabdomyosarcoma

Rhabdomyosarcoma (*rhabdo* means striated) is the most common soft tissue sarcoma in children. Striated (skeletal) muscle is found almost anywhere in the body, so these tumors occur in many sites—the most common of which are the head and neck, especially the orbit. The disease occurs in children in all age groups but is most common in children 9 years old or younger and is slightly more common in males (Wexler, Skapek, and Helman, 2016). Its incidence is approximately 4.5 cases per million children annually (National Cancer Institute, 2015e).

Rhabdomyosarcoma arises from embryonic mesenchyme with three recognized subtypes (Box 25-5). These malignant neoplasms originate from undifferentiated mesenchymal cells in muscles, tendons, bursae, and fascia, or in fibrous, connective, lymphatic, or vascular tissue. They derive their name from the specific tissue(s) of origin, such as myosarcoma (*myo* means muscle).

Box 25-5

Subtypes of Rhabdomyosarcoma

Embryonal: Most common type; most frequently found in the head, neck, abdomen, and genitourinary tract