

missing it on earlier examinations.

The preoperative period is one of swift diagnosis. Typically, surgery is scheduled within 24 to 48 hours of admission. The nurse is faced with the challenge of preparing the child and parents for all laboratory and operative procedures. Because of the little time available, keep explanations simple and repeat them often, with attention to what the child will experience. In addition to usual preoperative observations, monitor blood pressure, because hypertension from excess renin production is a possibility.

There are several special preoperative concerns, the most important of which is not to palpate the tumor unless absolutely necessary because manipulation of the mass may cause dissemination of cancer cells to adjacent and distant sites.

Nursing Alert

To reinforce the need for caution, it may be necessary to post a sign on the bed that reads “Do not palpate abdomen.” Careful bathing and handling are also important in preventing trauma to the tumor site.

Because radiotherapy and chemotherapy are usually begun immediately after surgery, parents need an explanation of what to expect, such as major benefits and side effects, although the timing of the information should be considered to avoid overwhelming the family. Ideally the nurse should be present during physician-parent conferences to answer questions as they arise.

Postoperative Care

Despite the extensive surgical intervention necessary in many children with Wilms tumor, the recovery period is usually rapid. The major nursing responsibilities are those following any abdominal surgery. Because these children are at risk for intestinal obstruction from postsurgical adhesion formation or side effects from the chemotherapy and radiation, the nurse monitors gastrointestinal activity, such as bowel movements, bowel sounds, distention, and vomiting. Other considerations are frequent evaluation of blood pressure and observation for signs of infection, especially during chemotherapy.