

Proffered Papers

Rehabilitation

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ORAL

Rehabilitation - an integral part of treatment and nursing care for cervical cancer patients undergoing concomitant chemotherapy.

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Background: In 2001 the Copenhagen Hospital Corporation (H:S) and the Danish National Cancer Society granted funds for describing a project of which the scope is rehabilitation needs at the hospital for women with cervical cancer undergoing concomitant chemotherapy. Focus is to be on rehabilitation regarding the individual woman's body, family, and job situations. During 2002 a pilot cancer school (patient education) was developed as well as information retrieval for the project plan and interviews with formerly treated cervical cancer patients. The project was initiated at the Copenhagen University Hospital in March 2003 and will progress until the summer of 2005. The project is funded with 500.000 kroner (75.000 \$ a year) by the H:S. The purpose is to improve the cancer patients' knowledge, support and self help ability to the extend that their lives after the treatment will be minimally influenced by the cancer and the side-effects from the treatment, and that the hospital staff will know to improve their focus and knowledge on rehabilitation for this matter.

Material and methods: The project consists of three parts: research, intervention, and evaluation. The research part will include using the new ICF classification (International Classification of Functioning and Disabilities) developed by WHO. During the project the managers of the involved units will describe treatments, procedures, organization, information etc. with the purpose of minimizing misunderstandings and improving collaboration between the units. The involved units are the radiation unit, out-patients' clinic, surgical ward, and oncology ward. The description of the course of patients events include describing the tasks and actions of the nurse, the doctor and the interdisciplinary team. The intervention part will include both patients as well as the nurse staff in contact with the patients. For the nurse staff there is a 3 day course optimizing their skills on the disease, treatment, nursing care, and rehabilitation. For patients there is a rehabilitation conversation at the end of their treatment period. 6 weeks after treatment the patient has to choose between either a second individual rehabilitation conversation or cancer school with other female gynaecological cancer patients. During the project period an weekly dedicated telephone consultancy with a nurse specialist is established. The evaluation part consists of questionnaires on the subjects right after the treatment and after three and six month. Furthermore focus interviews will be held for both patients and nurse staff.

Conclusions: The project will include patients from September 2003 through July 2004 and ideally include around 50 patients. A total of 16 nurses from involved units will be educated as cervical cancer specialists.

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ORAL

Surviving cervical cancer: sexual health and psychosocial morbidity

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Background: Cancer and its treatment is well known to cause adverse effects which can influence patients' physical and psychosocial well being. In particular, for women, multi-modality treatment for gynaecological cancers can have a major impact on sexual health and quality of life. Research evidence demonstrates that more than 50% of patients treated for cervical cancer experience sexual morbidity. This view is supported by the Department of Health Guidelines, which emphasise the importance of research in this area. The evidence suggests the need for further investigation in order to develop the evidence base.

Materials and Methods: The aim of this study was to explore patients' sexual health following treatment for cervical cancer. A phenomenological research design was used to investigate the lived experience of women following treatment for cervical cancer. Qualitative interviews were conducted to explore experiences with an emphasis on psychosexual issues, particularly those relating to sexual health. A purposive sample of 13 patients was recruited from a primary group of 28. Eligibility criteria included women who were disease free but who received radical radiotherapy 2-3 years previously. Descriptive and interpretive codes were used to generate a series of themes from the data following Colaizzi's framework. Inter-rater reliability was obtained with a high degree of correlation between independent researchers.

Results: The study identified four major findings. First, the physical effects following treatment highlighted that 62% (n=8) of women experienced both bladder and bowel morbidity which in some cases affected their sexual health. Secondly, evidence of sexual morbidity, demonstrated that the late effects of treatment impacted on sexual health. Thirdly, a number of women demonstrated a high degree of adaptability to their changed lifestyle following radiotherapy. Finally, respondents expressed a need for more information regarding sexual health and the late effects of treatment.

Conclusions: The study raises a number of issues associated with the management of late treatment effects following cervical cancer. In particular, sexual morbidity and the need for more advice and information about the long-term implications of treatment. The study also has implications for the provision of effective health care and the psychosexual needs of cancer patients within a multidisciplinary framework.

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ORAL

SKUB-Nurses' consultation for women, who have received curative radiation therapy for breast cancer.

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We have taken the initiative to a development project based on our thesis, "The primary nurse as bridge builder", at the in-service training of oncology in West Denmark 2001/2002.

The thesis was based on a visit to the radiation therapy ward at Malmø Hospital and on literature by Grethe Davidsen and Marlene Knøss.

In the thesis we concluded that patients felt a lack of quality in the transitional period between having finished their radiation therapy and their first doctors check-up, which is a period of 2-3 months. Some patients lack a sense of coherence in the process and this period is related to a feeling of insecurity and anxiety concerning their illness. It shows that some patients in this period are in need of discussing issues of physical, mental, social and spiritual character and for this they need counselling, active listening and support of self caring.

- **Physically:** insecurity concerning whether skin reactions, fatigue and site-effects to antihormonal treatment are normal

- **Mentally:** anxiety, fear, anger and difficulty in accepting a changed body image.

- **Socially:** a change of role from ill to well, and problems related to the job situation

- **Spiritually:** thoughts of faith, hope, life and death.

We want to evaluate the value of the nurses' consultation and decide whether it is the right way to prevent lack of quality and create support and sense of coherence, in the period of time from finishing radiation therapy and to the first doctors' check-up, for women who have received curative radiation therapy.

We plan to include 200 women in this evaluation. The patients are offered two visits at the nurses' consultation, 10 and 30 days after finishing the radiation therapy. Patients will meet the same nurse, who has been their primary nurse during the period of treatment. We plan to give the patients a questionnaire after each visit. Results of this project will, according to the time schedule, be ready for recommendation by December 2004

It is a demand from the Ministry of Public Health, that a general quality assurance of radiation therapy is being made. We see this development project as part of making a quality of assurance of the patients period of