that otherwise would not be documented but is accepted practice e.g. pre, during and post chemotherapy blood tests, fluid requirements and drug reactions etc. The advice sheets have been placed with the chemotherapy protocol to ensure they are accessible. It is anticipated that evaluation of the advice sheets will be carried out in 6 months time and appropriate changes made according to staff needs. However first impressions seem to suggest that these advice sheets are much appreciated.

Rehabilitation

1253 POSTER

Effectiveness of rehabilitation for mastectomized woman, before breast reconstruction

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Background: The aim of this study was to measure the effectiveness of the rehabilitation treatment which follows mastectomy and precedes reconstructive surgery. The reconstruction performed was with Latissimus Dorsi or with Rectus Abdominis miocutaneous flaps. Particular attention was paid to posture disorders and modification of normal daily activity.

Material and methods: 60 patients were examined of whom 28 were to undergo breast reconstruction with Latissimus Dorsi miocutaneous flap and the others with Rectus Abdominis. All the patients had at least one physiatric examination. Follow up was planned for one, three, six and twelve months. The Latissimus Dorsi patients were divided into 2 groups; 8 were given just the examination, the remaining 20 were given an additional group rehabilitation program, once a week, for a minimum of 3 months, before the reconstructive operation. The Rectum Abdominal flap group was also divided in a similar way into 20 and 12 respectively. Altogether 32 patients took part in the three months preparation. Patients participating in the study fulfilled the following requirements: – operated on for mastectomy not more than 6 year previously; – illness free; – free of orthopedic and neurological pathology.

Criteria for exclusion were: – previous skin radiation treatment; – presence of scars due to previous abdominal or thoracic surgery; – lower limb asymmetry greater than 0,5 cm.; – severe deformity of the spinal column. The psychiatric examination comprised measurements standing and lying down. Attention was devoted most of all to the posture co-ordination and breathing rythm, articulation of the limbs and muscle tone. Moreover patients were asked about their daily activity, work routine, sports and hobbies. The rehabilitation program for both groups consisted of exercises to extend muscle structure, to loosen up joints, to stimulate muscle reflexes, to become aware of breathing and co-ordinate walking.

Results: From an analysis of the data of both groups, it was evident that the patients who had participated actively in the program had improved their posture, their muscle reflex and their ease of movement. For these reasons resumption of normal daily activity was easier, more rapid and more sustained.

Conclusion: In conclusion: our results shows that a dedicated rehabilitation program is beneficial for those awaiting this kind of breast reconstruction. The objective is the maintenance of a good quality of life which would otherwise collapse (and never recover). For the same reasons we could argue that such rehabilitation is valid prior to any kind of breast reconstruction, because it offers a good functional recovery.

1254 POSTER

A European perspective of lymphoedema management: travels in The Netherlands, Austria, Germany and Sweden

J.-A. MacLaren. *Royal Marsden Hospital, School of Cancer Nursing and Rehabilitation, London, United Kingdom*

During summer 2002, a travel fellowship to mainland Europe was funded by the Winston Churchill Memorial Trust. The aim of the travel fellowship was to investigate the different methods and schools of management of cancer related lymphoedema. Clinics and independent practitioners in the Netherlands, Germany, Austria, and Sweden were visited to illuminate the broader picture of Lymphoedema management in the European setting and how this contrasts with what is offered within the UK.

As a result of this travel fellowship, it is possible to see that lymphoedema treatment within the UK follows much along the lines of wider European practices, in terms of both treatment modalities and research input. Organisation of care varies greatly as does the mode of funding for treatment. Each country or treatment method has a different emphasis within its treatment protocol, for example, Földi and Vodder methods have a strong focus on Manual Lymphatic Drainage (MLD), whereas the Skin therapists of Holland also focus on MLD but with a holistic focus on skin health. Treatment provision in the UK is often piecemeal with few centres of excellence able to offer a full range of treatment options, despite a great deal of enthusiasm and willingness of practitioners to develop skills in lymphoedema management. However, the study tour has highlighted several key recommendations to improve provision and application of care, to improve the experience of lymphoedema for cancer patients.

1255 POSTER

Supervised walking program for cancer patients

L. Jonasdottir. *Landspitali University Hospital of Iceland, Oncology/Hematology Outpatient, Reykjavik, Iceland*

Since the fall of 1998 patients at the outpatient oncology/hematology/and radiation departments have been invited to participate in a supervised walking program which is run by nurses employed at the outpatient departments.

Purpose of the program:

1. Mitigate some of the side effects of the cancer treatment, i.e. fatigue, nausea, sleep disturbances, weight changes.
2. Increase the strength and activity of patients.
3. Develop group support.

Method: The walk is supervised by one nurse and one physiotherapist each time, three times weekly, all year around, in all weather, in a large, delightful park approx. 4 km away from the hospital. The group is usually divided into two smaller groups according to level of activity and fitness. Members of the fitter group walk briskly 3 km and members of the less fit group walk 1,5 -1,8 km with less intensity. Both groups participate in warm-up exercises in the beginning and stretching exercises after the walk. During the walks the supervisors are asked to place emphasis on individual and group support as well as to share information regarding rehabilitation and ways to cope with side effects of the cancer treatment.

Attendance: For the past four years the mean number of patients attending each walk has increased from four to seven, with attendance ranging from 0 to 10.

Patient satisfaction: Participants communicate both verbally and in writing on their satisfaction with the program. They describe lower intensity of some symptoms (nausea, fatigue, weight changes) and also better well-being. All patients who attend on a regular basis say the group support and the support and information of staff were most important. We hope to be able to conduct a study on cancer patients who participate on a regular basis in a supervised walking program compared to a group who does not exercise on a regular basis. We are interested to see if the groups differ in terms of fatigue, nausea, sleep disturbances, weight changes and quality of life.

1256 POSTER

The meaning of lymphedema in the life of women with breast cancer

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Background: This qualitative study aimed at, in the light of Symbolic Interactionism, understanding the meaning of lymphedema to women with breast cancer, observing their relations with themselves, with others and with the world.

Material and Methods: Data were obtained through interviews and record analysis with 14 women with lymphedema in the arm after the breast cancer surgery who attended a service specialized in post-mastectomy rehabilitation. The author searched to identify thematic units through Content Analysis in the selected categories.

Results: The selected categories were: 1) the meaning of lymphedema in relation to themselves, and 2) in relation to others and to the world. With respect to themselves, the lymphedema meant concern with the arm increasing volume and complications, habit changes, several difficulties, emotional alterations and the search for justifications about the presence of the lymphedema, concluding that it is a stigmatizing problem.

Regarding the others and the world, they indicated institutions such as science, work, family, health services and society, in the construction of knowledge on lymphedema, and recognized themselves as having a different body due to the increase in arm volume, transforming them in stigmatized people.

Conclusions: The women revealed signs for possibilities of others' actions and for the creation of new social instruments, evidencing signs of mobilization for the construction of a symbolic world more positive and rich in contributions.

1257 POSTER

An exploration into the health seeking behaviour of men and women with cancer

K. Lansdell. *Plymouth Hospital NHS Trust, Oncology/Haematology Directorate, Plymouth, United Kingdom*

With the advances made in cancer therapies over the last 25 years the cancer paradigm has shifted from one of inevitable death to a focus on quality of life. One of the outcomes of these advances is a growing population with specific health promoting needs, who require assistance and encouragement to actively pursue a healthy lifestyle.

Several studies have shown that people with cancer do not equate their illness with being unhealthy. In fact, not only have these studies shown that health is possible in the presence of illness but that serious illness such as cancer can be the stimulus that encourages people to engage in health promoting behaviour. This is supported by other evidence which shows that maintaining a healthy lifestyle while experiencing cancer can enhance both the quality and quantity of peoples lives.

Consequently, the health seeking behaviour of people with cancer should be a concern of health care professionals throughout the cancer continuum. Despite a lack of research in this field there is a very strong case for exploring what people with cancer actually do to keep themselves healthy and how health care professionals can help to reinforce this healthy behaviour.

This study will use a qualitative methodology to explore the health seeking behaviour of 10 men and women with cancer. The results from this study will contribute to a growing debate about how important it is for health care professionals to promote healthy behaviour in individuals with cancer.

Supportive care

1258 POSTER

Counselling: a new door opens for cancer patients

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The caring relationship is as old as human beings. It is the meeting between two persons one of whom seeks in the other an answer to a specific need of advice and support.Good quality of life of our patients is such a complex thing that it is too often reduced to a simple administration of an analgesic or an antiemetic or any other pharmaceutical substance that will control the symptoms. Certainly, eliminating vomiting and reducing pain helps. But the quality of life of our patient may be equally low, because they feel isolated with their disease, because they feel psychological pain worse than physical pain, because they feel they are a burden on their family, because they do not see any future and because the illness is not responding to treatment any more. A good quality of life depends on many factors which together maintain the delicate balance between physical and psychological wellbeing. Our attention will be focused on these aspects, each patient is unique with their own life experience, their own family and their own emotions. Counselling can be placed in the gray area between health education and therapy. It is a new way of enabling a person to use their own resources to solve problems. Thus there is a need for a more human "psychology", more concerned with a state of unwellness than with disease, in order to concentrate on wellness, leading to a new self-confidence. Counselling is a profession which crosses over many existing professions and which involves not only psychologists but also health-care providers. If the listener is able to emphatise with the person seeking assistence, that person will feel listened to, understood and accepted. Counselling is resorted to by those who are sufficiently ill to need help and sufficiently well to be able to motivate themselves to find a solution for their pain. Counselling is more an art than a technique. It is an art because like all arts it inevitably uses technique but its outcome depends on sensitivity of the operator and on the ability to use the right technique correctly at the right time.

Results: The cancer patient in particular has need of such an art. Talking is the main instrument of relationship and through it counsellor and patient can begin to know each other and establish the mutual trusting rapport that is essential for a good recovery. The main goal of the counsellor is to be able to open themselves completely to the other person suppressing their own prejudices, fears, and personal problems, without asking inappropriate questions, without giving solutions. It is essential for the counsellor to get on the same wavelength as the patient is on, to the point of entering into empathy with them. Since this approach in general is relatively new to Italy and to Italian Cancer Nurses in particular; last year we held seminars with nurses to introduce them to counselling and help them to enroll for courses where the tecnique are tought.

1259 POSTER

A presentation of the project: Adolescents' reactions when diagnosed with cancer

E. Mattsson, G. Ljungman, L. von Essen. *Department of Public Health and Caring Sciences, Section of Caring Sciences, Uppsala, Sweden, Sweden*

The project is a continuation of the project: Adolescents with cancer-their concerns and ways to cope. Adolescent, physician and nurse perceptions.

Importance: A. Identification of factors that influence psychosocial function among young people diagnosed with cancer during adolescence.

B. Increase the possibility to offer support to adolescents diagnosed with cancer who are at risk for psychosocial dysfunction.

Background: Today there is a limited knowledge about psychosocial function over time for adolescents diagnosed with cancer.

Aims: To investigate:

A. Adolescents' reports of depression, anxiety and wellbeing over time from diagnosis.

B. Whether adolescents' reports of depression, anxiety, wellbeing, intensity of distress, use of strategies to cope with distress and physical/medical function predict depression, anxiety and health related quality of life.

C. Whether reports of health related quality of life from young people diagnosed with cancer during adolescence differ from a group of healthy young people.

D. Potential negative and positive consequences of being diagnosed with cancer during adolescence.

Design: Aim A: Longitudinal
Aim B: Longitudinal and comparative
Aim C: Comparative
Aim D: Explorative

Study group: – Young people diagnosed with cancer during adolescence who are treated or have been treated at the university hospitals in Lund, Uppsala and Umeå.

– Healthy young people with a distribution of the variables age, sex and geographic area comparable to that for the group of young people diagnosed with cancer during adolescence.

Instruments: Physical and Medical condition
– Karnofsky Index
– Diagnosis and prognosis
Anxiety and Depression
– Hospital Anxiety and Depression Scale (HADS)
Intensity of distress and Strategies to cope with distress
– A structured interviewguide constructed by the researchers
Well-being and Health related quality of life
– SF-36
Consequences of being diagnosed with cancer during adolescence
– Semistructured interview questions

1260 POSTER

Swedish mothers and fathers of a child diagnosed with cancer - a look at their quality of life

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Background: Evidence on differences between mothers and fathers of children with cancer with regard to quality of life is inconclusive. Some studies report mothers to be more at risk for negative outcomes than fathers, whereas others find no differences. Purpose: Quality of life was investigated among Swedish mothers (n=118) and fathers (n=83) of children on (n=57) and off (n=68) cancer treatment.

Methods: Parents completed the self-report measure The Göteborg Quality of Life Instrument, measuring a) burden of 30 symptoms organized in seven scales: depression, tension, head, heart-lung, metabolic, musculo-skeletal and gastrointestinal-urinary symptoms, and b) experience of wellbeing with regard to 18 items organized in three scales: physical, social and mental wellbeing.