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

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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

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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.