responsibility for their own health. Alternative models of follow-up care need to be evaluated that address patients needs and concerns rather than the current approach of searching for recurrent disease. Specialist oncology nurses have the necessary skills and expertise to develop this area of service provision and practice.

1587 ORAL

Can we move to a paperless patient information system?

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Background: Adequate patient information is now a fundamental humanitarian right for all patients attending oncology units. Better informed patients are more satisfied, have improved compliance and better psychological well-being. Written information materials can become inflexible and hence the risk of being irrelevant to patients needs. We are investigating whether it would be feasible to move to an internet only system.

Methods: Every two years, for the last 6 years, we have performed an audit enquiring whether patients have easy access to the internet, either at home or in the office. A questionnaire was handed to patients in the outpatients department of the Primrose Oncology Unit to 100 consecutive patients over a one week period in the spring of 2005, 2003, 2001 and 1999. 90 (90%) patients returned this year's questionnaire (41% female, 59% male, <40 yrs 6%, 41–59 yrs 36%, 58% >60 yrs). Over the same period we have developed and expanded our patient information website *www.cancernet.co.uk* which archives the peer reviewed 1–3 page patient information sheets for the commonly used chemotherapy, radiotherapy, immunotherapy and hormone therapies, together with advice on diet, exercise, research trials, international support groups, etc. Up to now, we have been printing out the relevant patient information pages for each patient, and inserting them into a hand-held file on computer terminals available in the out-patients chemotherapy and radiotherapy suites. Although this ensures a bespoke information system for patients, it does require nursing resources and printing expenses.

Result: The proportion of patients who have access to the internet has increased from 11% in 1999 to 23% in 2001 29% in 2003 to 51/90 (57%) 2005. The proportion of patients with access to the internet is equal between male and female, but highest in patients less than aged 40 yrs 96%, next 41–60 (88%), the least highest >60 (30%).

Conclusions: This data has confirmed that it is feasible to start a study evaluating paperless information provision in over half the patients attending an oncology unit. Instead of us printing out the individual sheets patients could be given the URL's for each page and print them out themselves at home. Our planned study will compare satisfaction and cost effectiveness between a paperless and paper rich system, within those patients who indicate they have internet access.

References

[1] Cancer treatment information online *www.cancernet.co.uk*

Poster session
Nursing research

1589 POSTER

Occlusion in totally implantable vascular access devices: what is its incidence and what actions do nurses take to restore patency?

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Background: Totally implantable vascular access devices (TIVAD) are considered safe and reliable for the administration of intravenous therapies, including chemotherapy and blood sampling. They provide direct vascular access through a simple percutaneous puncture. However, in order to avoid paravenous injection, it is mandatory to check for blood withdrawal before administering medication: this simple procedure confirms both the system's patency, correct needle position in the chamber and the catheter tip's intravascular location. This study's objective was to evaluate the incidence of partial and total blood withdrawal impairment in TIVADs directly after accessing the port system.

Material and Methods: From November 2003 to March 2004, nurses from 20 hospitals in Flanders (Belgium) agreed to take part in a prospective cohort study and collect data on TIVAD access procedures in cancer patients. In case of blood withdrawal problems or device occlusion, they recorded all actions needed for diagnosing the cause of the problem and restoring patency. In each hospital, TIVAD maintenance and solutions for troubleshooting were performed according to individual institutional protocols.

Results: The data included 8685 accesses in 2853 patients. The incidence of blood withdrawal occlusion and total occlusion were 11.11% and 0.24% respectively. Overall incidence varied between hospitals from 3.05% to 28.37%. Nurses restored full device patency in 53.25% of cases, mostly by changing patients' position or intrathoracic pressure, additional flushing and repositioning of the Huber needle in the port septum. In 83.51% of persistent occlusions, no further investigation into the cause of the functional impairment was undertaken. Thirty-one events of occlusion (3.14%) were treated by thrombolytics or device replacement. Altogether, blood aspiration was regained in 55.17%.

Conclusions: Withdrawal and total occlusion problems occurred in 11.35% of TIVAD access and were resolved by nurses' interventions in 53.25% of cases. The incidence expressed in function of the number of punctures reflects accurately the impact of this problem in daily practice. The differences between hospitals revealed that prevention of occlusion and established protocols for maintenance or troubleshooting solutions are important factors to maintain optimal TIVAD patency and deserves further analyses.

1590 POSTER

I am well, apart from the fact that I have cancer, which is fatal, but that's a different story – living with bodily problems as narrated by men with advanced prostate cancer

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Prostate cancer is the most frequent form of male cancer in Sweden, and in 2003, more than 9,000 men in Sweden were diagnosed with PC, the majority being >70 years of age. Having advanced prostate cancer means living with considerable bodily problems, a living we know little about. Thus, the aim of this study was to illuminate meanings of living with bodily problems, as narrated by men with advanced metastasized hormone refractory prostate cancer (HRPC). Eighteen participants from northern Sweden (md: 72.0 years) were interviewed and the text analyzed using a phenomenological-hermeneutic approach. Findings show that pain and fatigue was the major problems and has different meanings. Pain symbolizes a painful death, a threat of death in agony, while fatigue is more of an emissary of death, representing the natural course of death, and is experienced as less threatening than pain. However, fatigue was the hindrance in the present that could be done little about. Findings also show that meanings of living with bodily problems are to live in a circular movement between experiencing wellness and experiencing illness. New, or changed, bodily problems mean losing wellness and experiences of being ill. When understanding, and being in some kind of control of, bodily problems, it is possible to reclaim wellness and to again experience oneself as being well. In other words it is possible to experience wellness despite being gravely ill and bedridden. One clinical implication for nursing is the risk of obstructing the patients' possibility to reclaim wellness by focusing on symptoms and disease. To experience wellness the ill person must find meanings of the bodily problems and thus construct a new understanding of the illness. High-quality biomedical and complementary interventions are of obvious and immense importance in this struggle. However, of paramount importance in this process is also the narrative, that is, the process of telling the story of, and reflecting on, one's situation. By telling the story of one's bodily problems it becomes possible to understand and ascribe meaning to the problem, and by this hopefully, gain some kind of control of one's situation and be able to once again perceive oneself as well, and life as normal despite the disease.

1591 POSTER

Newly diagnosed Greek lung cancer patients' quality of life and symptom distress: comparison of patients and their partners perceptions

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Background: The purpose of this study is the comparison of Greek lung cancer patients' and their partners' perceptions about patients' quality of life and symptom distress.

Material and Methods: All newly diagnosed with lung cancer patients admitted at six oncology clinics in the metropolitan area of Athens in a year