

Conclusion: Loperamide hydrochloride remains the first line therapy for management of radiation induced diarrhoea although further research is required to investigate the efficacy of the other agents. Whilst dietary advice is an important part of the management process, it is evident that further research is necessary in this area to provide the evidence base for the advice that is generally given to patients receiving radiotherapy. Structured care is considered to be more effective in the management of symptoms and accurate assessment forms a key part of symptom management.

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POSTER

Treatment of oral mucositis for head and neck cancer patients

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Introduction: Head and neck cancer patients are being treated more successfully with combined methods including radiotherapy in combination with chemotherapy, surgery, or both (Shaha et al 2001). Radiotherapy does remain the primary method of treatment. The irradiated field often includes the salivary glands and all or a large portion of the oral mucosa, thereby increasing the risk of oral mucositis. Oral mucositis is an inflammatory reaction resulting in ulcerative lesions of the mouth and or pharynx. Morbidities include oral pain, local and systemic infections, insufficient nutritional weight loss, taste changes and xerostomia (Shih 2003).

Methods: The high prevalence of oral mucositis in patients with head and neck cancer makes it important for cancer nurses to understand the mechanisms and manifestations of the problem so they can perform more comprehensive assessments. Bristol oncology centre is the regional unit for head and neck cancers, offering a combination treatment approach. A high percentage of patients are admitted to the inpatient ward with severe oral mucositis. There are no multidisciplinary clinical guidelines, in place as to how assess to or treat mucositis for this group of patients. A retrospective audit is being conducted of both medical and nursing notes. The aim is to identify:

- Assessment on admission
- Daily assessment
- Pain Control
- Prevention of infection
- Patient education
- Documentation

Results: The interim results have shown that there is no formal assessment tool in place, and assessment is subjective rather than objective. Pharmacological management is used, but once again there are no formal guidelines in place. Nursing documentation was very poor, with little reference to mucositis in daily reviews and evaluation of patients.

Conclusions: In today's climate practice should be evidenced based, and multidisciplinary guidelines will be developed in response to the audit. A formal assessment tool will be developed, with guidelines in place about pharmacological, pain and infection management. Teaching sessions and packs will be developed on patient education and documentation.

References

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POSTER

A consultant nurse's experiences of the nurse's role in the administration of oral capecitabine treatment and control of adverse effects

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As the number of oral treatments at the Helsinki University Central Hospital, Department of Oncology is increasing, these patients' need for guidance, support and contact during treatment has been recognised. In connection with oral treatment, the patients' regular contact with a chemo nurse decreases, but the need for information and support increases as the patients administer the therapy themselves. Symptomatic treatment of adverse effects (AE's) is not enough, and the management of chemotherapy (treatment pauses and dose adjustments) also plays an important role.

The Department started an outpatient clinic for patients receiving oral chemotherapy, where a full-time nurse with dedicated training focuses on patient guidance and follow-up. The nurse works in cooperation with the oncologist, and the contacts with the patient have been scheduled in a treatment plan made by the doctor. For example, during eight cycles there can be three doctor and eight nurse scheduled check-ups

(reception, call and/or laboratory results check). The aim is to maximise the patients' quality of life and control over their lives, to ensure the success of treatment according to the plan with minimal AE's, and to reduce the incidence of adverse reactions. The methods used are pretreatment counselling, monitoring of treatment success and the patient's condition during treatment, and the nurse's availability in all queries or problems.

In my experience, patients who received thorough, appropriate pre-treatment counselling are motivated/compliant and administer treatments according to the treatment plan. If necessary, they are able to prevent and treat AE's and pause their chemotherapy independently. The existence and availability of a consultant nurse has made the patients feel secure and improved the likelihood of the treatment being administered appropriately. The fact that the patient has sufficient information about the course of treatment and a low threshold for contacting the nurse has allowed efficient intervention in toxicities, and also prevention of AE's through early timing of treatment pauses and dose adjustments.

The centralised treatment management has enabled me to gain a wide range of knowledge. Having extensive experience and training on capecitabine treatment, I am able to ensure the patients' appropriate, consistent counselling, advice during treatment and an early intervention in problematic or rare situations, as well as, the training of health care staff.

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POSTER

The nurse discussing self-care in breast cancer treatment

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Self-care consists in the performance on the part of the individual of activities aiming at preserving life, health, and well-being. When there is any hindrance or restriction to the attainment of self-care, there is said to exist a deficit, which points to the need for action on the part of the nurse. When dealing with women who have undergone radical breast surgery with axillary drainage at the Cancer Hospital [Hospital do Câncer III (HC III/INCA)] specializing in the treatment of breast cancer, those women, upon discharge from hospital, have been shown to need help for carrying out self-care of the surgical site and for facing the biopsychosocial effects of the surgery and of the disease. Thus, the performance of recently recommended self-care measures, which are complex and demand knowledge and development of special skills through training and experience, may overburden a person who is facing a disease both serious and disfiguring in its treatment. Resorting to some of the methods pinpointed by Orem which promote the performance of self-care: orientation and guidance; extension of physical and psychological support, and teaching; the nurses at the HC III have held operative group meetings for discharge from hospital with the women and their relatives, aiding in the development of skills for self-care, for rehabilitation, and for the improvement of life quality. In that sense, the purpose of this paper is to describe the nursing care rendered to the woman who is discharged from hospital after radical breast surgery with axillary drainage; to point out the possibilities for self-care as an effective therapeutic measure. With this report of the practical experience of caring for the woman subjected to radical breast surgery, with axillary drainage, we hope to contribute to amassing knowledge in breast cancer nursing; and to point out that the nurse does make a difference when preparing the woman for self-care, taking over the role of instructor and agent for therapeutic care.

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POSTER

Good practice in the manipulation of chemotherapy drugs

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Background: The chemotherapy drugs have a high toxic potential. For that reason, the health professionals that manipulate these kinds of drugs, should take all the measures to avoid personal contamination in the preparation and administration stages.

The aim of this work is the following:

- to sensitize the health professionals for the risks connected with the manipulation of chemotherapy drugs;
- to compare the different methods of preparation and administration of these kinds of drugs.

Resources and Methods: In the chemotherapy manipulation we should care about the protection, as a safety way for the health professionals, namely in what concerns the following aspects:

- individual protection equipment
- collective protection

When we manipulate the chemotherapy drugs we must use close punch systems with Luer-Lock connections and prolongers (connection system