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Picking up the pieces: moving forward after surviving cancer

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Introduction: Equiping women diagnosed with ovarian cancer and living as survivors after treatment is vitally important. As more women become ovarian cancer survivors, it is clear they are living with the after effects of their cancer treatment. For many, life will never be as it was before their diagnosis. The Picking Up the Pieces workshop was designed as an aid to cancer survivors moving forward in the journey of cancer recovery. The objectives of the workshop include:

- Facilitating a process that assists participants to move through the transition from survivor to living well
- Assisting in integrating the pre-cancer and post-cancer self
- Supporting the participant in regaining a sense of control
- Assisting the participant to rebuild confidence in their choices and hope in the future
- Assisting the participant in identifying new-found insights and strengths
- Encouraging the participant to ignite or renew their own healing spirit

In partnership with the National Ovarian Cancer Association, a number of ovarian cancer survivors took part in the workshops. Two workshops were conducted. The workshop participants were asked to evaluate the workshop.

Methods: The evaluation involves a two-step process. The participants complete a post-workshop survey and then are contacted in six months post-workshop for an interview. The results from the post-workshop surveys are available.

Results: The results are based on analysis from four workshops that were conducted across Canada. A total of fifty-two surveys were completed. The participants rated the training sessions as good (n = 18) or excellent (n = 34). The workshops are continuing.

Conclusions: The participants thought the workshop provided valuable tools and information for survivors on healing and growth. The participants plan to encourage others to take the workshop, use the information to move forward, and share the information with others, including family friends, and other survivors.

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Nail changes due to docetaxel – a neglected side effect and nuisance for the patient

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Background: The objective of this study is to estimate the frequency and severity of nail changes due to treatment with the cytotoxic drug docetaxel and, secondly, to estimate how the nail changes effects the patients cosmetically and functionally in their daily activities. Finally, we want to clarify whether fungal infection could contribute in causing the nail changes.

Materials and Methods: Fifty-five patients with metastatic breast cancer in treatment with the cytotoxic drug docetaxel participated in the study. They filled out two questionnaires about their experience with possible nail changes. The frequency of fungal infection was examined. At each of the two visits, information about the number of treatment cycles, dose of docetaxel the patient received, frequency of lymph oedema, previous treatment with chemotherapy and the reason of discontinuance of treatment if relevant were registered. Finally photos were taken to document the nail changes in hands and feet.

Results: Fifty-eight percent had some degree of nail changes and an increase to 88, 5% was seen after three additionally cycles. A large proportion of the patients experienced the nail changes as a cosmetic nuisance, and more than 32% had functional problems.

Conclusions: Nail changes occur more frequently than previous studies have shown. Furthermore, our study indicates that the nail changes are affecting a large proportion of the patients, both cosmetically and functionally, which may lead to a decrease in their quality of life. No significant association was found according to the possible relation between nail changes and fungal infection.

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Helping women facing mastectomy to shape their future – the invaluable role of breast care nurses

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Background: In the UK, all women undergoing mastectomy should be offered breast reconstruction. The provision of reconstruction services is variable across the UK, both in terms of local availability and the type of surgeon offering the service. The uptake of women opting for reconstruction is dependent on a number of factors. Peri-operative counselling for reconstruction plays a pivotal role in patient choice and post-operative satisfaction. This study assesses the amount of time spent by breast care nurses counselling women considering and subsequently undergoing breast reconstruction.

Method: A 6 month audit of the Breast Care Nurse (BCN) timesheets was undertaken. These timesheets document the patient details, the reason for contact and the length of the contact time in minutes. Patients requiring a mastectomy were offered counselling routinely. Counselling was extensive and included all options, photographs of completed surgery and the opportunity to meet patients (‘buddies’) who had undergone reconstruction. Subsequent visits to the BCN following the decision for reconstruction were also documented.

Results: 40% of women undergoing mastectomy for breast cancer in our hospital chose to undergo reconstruction. 10% of women undergoing mastectomy did not receive breast reconstruction counselling due to patient choice, age or ill health. Of those women who received counselling but did not undergo reconstruction, 5% were ineligible due to medical problems or did not ultimately require mastectomy. The mean number of preoperative visits to the BCN for women undergoing breast reconstruction was 3, with a total mean time of 120 minutes (range 100–180 minutes). Routine daily post-operative visits by the BCN’s were made whilst in hospital, with further visits made once discharged for results, seroma aspiration and wound checks. The mean number of post-op visits was 7, with a mean total time of 150 minutes (range 75–185 minutes).

Conclusion: Women contemplating breast reconstruction are helped in their decision-making by the provision of comprehensive information about the options available. The availability of photographs, a ‘buddy system’ and extensive counselling is helpful. Breast care nurses are in an excellent position to provide this impartial counselling. Delivering such a service is highly time consuming but contributes significantly to patient decision-making and may increase uptake. Other centres offering reconstruction may wish to consider this model of care.

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The influence of patients’ education about cancer pain management on patients’ quality of life and self care

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Introduction: The aim of the study is to assess if an adequate cancer patients’ teaching can affect patient’ quality of life and self care.

Material and Methods: The study was performed in University hospital of Lithuania. Adult cancer patients with cancer pain score $\geqslant 4$ were randomly assigned into to two groups: group I – patients (n = 30) who had received adequate teaching about cancer pain management and educational material about cancer pain management was provided. Teaching course lasted 20−25 min. (control) group II – patients’ who had received standard care. The anonymous questionnaires were distributed to bough patients groups a day before first group education. Second time patients completed questionnaires a month after first group education. There were used questionnaires EORTC QLQ-30, supplementary 21 questions questionnaire that contained questions about pain assessment, knowledge about opioids, concern about side effects, fear of addiction and tolerance, questions containing sociodemographic and disease related information. For assessing pain intensity numerical 0−10 scale was used.

Results: The results of the study show that following patients’ teaching mean score of QOL increased from 35.3 to 58.9 points ($p < 0.05$). Pain mean intensity in group I decreased from 7.01 to 3.1 ($p < 0.05$). Pain intensity correlated with QOL ($r = -0.64$). There were no significant changes in control group. Patients’ knowledge about cancer pain management and self care were significantly better in group I comparing with control group.

Conclusion: Patients’ with cancer pain teaching should be provided to all cancer patients as it helps them to gain knowledge, increase participation