

**Goals:** Offering various products and services that suit the needs of the members of the association: the cancer nurses/nurse working in oncology. Maintain expertise of the members.

Contributing to the development of the profession themselves by stimulating scientific research and the use of scientific results and insights.

The optimization of the oncological nursing care by developing a quality system.

The strengthening of the collective within the entire force of healthcare in general and in oncologic care in particular.

The forming of a transparent internal association to support aforementioned goals.

**Strategy:** For the purpose and goals, the SIG breast care deals with the following topics:

- Professional continuing education.
- Commitment to the national guideline.
- Information.
- Prevention: education, breast self-examination, Screening programme breast cancer heredity
- Offer overview around nursing and medical scientific research within sub specialisation breast care
- Consultancy

**Structure:** The SIG breast care consists of a core group with members who work on a project. The core group meets three times a year and is for a period of three years in function.

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#### A breast cancer education programme

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**Background:** Patients need for information and self-care education have been identified in several studies. There is little evidence that routine follow-up visits after breast cancer surgery influence patient satisfaction or have psychological benefits.

**Aim:** To develop an education programme for women who have undergone surgery for primary breast cancer

**Method:** All patients treated for primary operable breast cancer at our hospital were invited to the education programme 3–6 months after the end of primary therapy, e.g. surgery, chemo- and/or radiotherapy.

Four sessions of 2 hours each were held. The maximum number of participants in each group was 25. The counsellor and breast nurse chaired the meetings. Each session included lectures, group discussion and coffee break.

In the end of courses categorized evaluations were performed.

The counsellor addressed crisis, coping and psychological adjustment mechanisms.

The breast nurses informed of their professional skills, accessibility and taught self-care and self-palpation.

The breast surgeon gave a lecture on breast cancer including topics the participants have raised in written beforehand.

The physiotherapist informed about the benefits of physical activity and of exercising the thoracic and axillary region on the operated side.

The lymph therapist described the lymphatic system and potential post-treatment insufficiency.

The patient organisation, BRO, informed of their aims and activities.

**Results:** Approximately half, 165/318, of invited patients attended the course. The age span of participants, 34–78 years of age, reflected that of all invited.

All patients were satisfied, also those that hesitated to take part in the beginning.

All patients increased their trust score and reduced the score of fear and anxiety. The increased understanding of physical and psychological reactions due to being diagnosed and treated for breast cancer was particularly appreciated, as was the possibility to discuss with others sharing similar experiences.

**Conclusion:** The education programme improved the psycho-social quality of breast cancer care.

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#### Selected aspects of the quality of life of women after mastectomy and breast reconstruction

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**Introduction:** Only in 20% of women cancer is diagnosed early enough to perform breast conservation surgery. Unfortunately as many as 8.500

women undergo mastectomy, and only in 10% of that group breast reconstruction is performed.

**Aim:** The study was an attempt to determine the differences in the quality of life of women after mastectomy and breast reconstruction.

**Material and Method:** The presented results come from the studies of the group of 82 women which included 41 women after mastectomy and 41 women after performing of breast reconstruction (the target group size is 200 women). Social and demographic characteristics of both of the groups were comparable. The evaluation method using numerical scale technique with the three questionnaires ERTOC QLQ – C30 (version 3.0), ERTOC QLQ – BR 23 was applied.

**Results:** It was found that the quality of life in the aspect of physical functioning was significantly higher in the group of women after breast reconstruction. Highly significant statistical differences exist between the quality of life of women after mastectomy and breast reconstruction in the aspect of their functioning in basic social roles (family member, employee). The women after breast reconstruction were significantly more satisfied with their physical appearance in comparison to the women after mastectomy; the difference was 17.28 points in favour of the women with reconstructed breasts and was highly statistically significant. Also in the aspect of emotional functioning the women after breast reconstruction showed better quality of life. The women after breast reconstruction functioned better in social sphere (e.g. social life) compared to the women after mastectomy. No statistically significant differences were found in the aspect of cognitive functioning, however it was slightly higher among the women after breast reconstruction. Also outlook for the future – despite generally low values obtained in the evaluation of the quality of life in his area in both groups – was significantly higher in the group of women after breast reconstruction.

**Conclusions:** Preliminary results confirm the main thesis of the study that breast reconstruction has a positive effect on the quality of life of women after mastectomy.

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#### Transmural project breast care

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**Introduction:** One of the highlights of the Jeroen Bosch Hospital (JBH) in 's-Hertogenbosch is to reproduce an admit time as short as possible and transparent care. Part of the continuity of care for the patient is a good cooperation with all the caretakers. One of these caretakers is the homecare association *Vivent*.

**Subject:** In January 2003 the surgical department of the JBH started, together with *Vivent*, a project with the aim to send operated breast cancer patients with wound drain home within 3 days after the operation with the guarantee of professional care in the home situation.

This *transmural project breast care* (replacement hospital care for patients undergoing breast surgery (breast amputation or axillary lymph node dissection) go home with wound drain), started in 2003 with the development of creating a protocol, checklist, flow chart, instruction and training for nurses of *Vivent*.

**Results:** Between December 2003 and December 2004, 48 patients used the hospital replacement home care after breast surgery and were dismissed with a drain. Patient were satisfied with the information about going home with a drain (given by the hospital nurse). Second they were satisfied with the care they got at home (given by the homecare nurse). These patients had no more complications than the patients who stayed in the hospital for the time they had a drain. A new analysis in 2006 revealed an increased patient satisfaction.

**Conclusion and Assessment:** The *transmural project breast care* leads to positive experiences in patients and healthcare providers. Based on the results, transmural breast care is now regular care. Some adaptations were done in the protocol. Now it is important to continue paying attention to the quality and continuity of such care.

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#### A study on quality of life in breast cancer patients who underwent breast reconstruction

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This is a descriptive research study which measured the quality of life in breast cancer patients who have undergone breast reconstruction. A total of 114 breast cancer patients who previously underwent breast reconstruction between September and November, 2007 at Asan Medical Center located in Seoul were included in this study. Korean version of EORTC QLQ-BR23