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REDUCTION OF PAIN ASSOCIATED WITH LUMBAR OR CRISTA PUNCTURE IN CHILDREN WITH A EUTECTIC MIXTURE OF LIDOCAINE AND PRILLOCAINE (R Emla)

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Cure may not be the eventual outcome for children with cancer, and any improvement in the psychological effects of medical therapy represents an important improvement in their quality of life. The psychological stress of physical pain is nowhere more clearly than in the pediatric oncology ward. Considerable stress results from the repeated lumbar and / or crista puncture which is necessary; this has a profound effect on parents and medical staff, as well as the child. Since 1,5 year, Prilocaine was used for all our lumbar or crista punctures. At our department 70 children, from 6 months to 15 years for approximate 120 interventions : 80 lumbar & 40 crista punctures. The cream was put on one hour before the puncture. As a result we can say that : children who have been exposed to "Emla" often request it unsolicited for further lumbar or crista puncture.

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REHABILITATION IN CANCER CARE

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Rehabilitation - Cancer Care

New developments in medical technology have made current treatment modalities for cancer more effective than ever. Advances in early detection mean that many new cancer patients are treated earlier and with greater success. This has changed the look of cancer from one of a terminal illness to one of a chronic disease in which some cases can be cured and in others remissions can be achieved.

Patients who achieve a remission and/or cure are often confronted with residual effects of the disease or treatment. In order to help patients deal with these residual effects, nurses must consider long term goals which focus on rehabilitation.

Rehabilitation is an adjustment process to handicaps encountered as a result of crisis, disease or treatment. During the rehabilitation process patients are assisted to recognize and realize holistic goals: physical, psychological, social and spiritual. These goals usually focus on attaining or restoring optimal biopsychosocial functioning which includes self care, coping and communication.

Rehabilitation is achieved through education and various types of therapy. Early detection of possible problems, identifying patients in high risk categories and initiating timely interventions should assist in minimizing residual disabilities.

Individuals who readapt to their old life style or adapt to a new lifestyle are an asset to themselves, their family, friends, their employers and ultimately society itself. If we are committed as nurses to optimal health for all individuals we will adopt the principles of rehabilitation and apply them to our cancer patients.

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THE NORWEGIAN CANCER SOCIETY - PATIENT CARE - EXPERIENCES FROM PATIENT CARE THROUGH GROUPS IN A COMMUNITY

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The Norwegian Cancer Society (NCS) has established over the last years caring-centers throughout the whole country. The headcentres are situated in Oslo, Bergen, Trondheim and Tromsø. From the headquarter in Oslo there are five smaller centers run by two nurse-consultants. One of these centers is situated in a smaller town and is meant to give help to a county which population is 238.000. The frequency of cancer in this county involves 1.100 new cases a year. The nurse-consultants in the NCS have two approaches in their direct contact with patients and their families. Home visits and groups for either patients, relatives and couples. Group leaders are a nurse-consultant and a nurse from the hospital. Experiences show that this helps the patient and his family to live and die with cancer. It assists in the grief-process of the relatives. It is important to share thoughts, feelings and problems with others who understand what they are talking about. This is an important issue in the aspect of rehabilitation. This service from NCS is free of charge and fully paid by the NCS through its fund raising.

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ARE 5HT3 ANTAGONISTS FULLY CROSS-RESISTANT? A PILOT EXPERIENCE.

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5HT3 antagonists induced a major breakthrough in anti-emetic treatment. However after failure to these drugs it is generally assumed that hardly any other anti-emetic therapy is effective. Moreover, though comparative studies are still lacking, anti-emetic efficacy of the available 5HT3 antagonists seems similar and in view of similarity in the mechanism of action, cross-over between drugs is mostly refuted. We presently use Tropisetron (T) in preventing nausea and vomiting during 6 cycles of weekly Cisplatin (C). C is administered at a dose of 70-80 mg/m², patients (pts) who are treated with 70/mg/m² concurrently receive Etoposide 50 mg daily. T is administered as a single dose of 5 mg i.v. in 15 minutes immediately before C on day 1, followed by a single daily oral dose of 5 mg, day 2-5. The response is assessed separately for day 1 and 2-5 (worse response analysis). Pts. who fail only on day 2-5 receive T at subsequent courses only on day 1. The definition for failure is ≥ 5 Vomits (V) and/or > 4 hours Nausea (N) / 24 hours. Pts who failed on T were at subsequent cycles treated with Ondansetron (O) for the corresponding period to pilot possible differences in efficacy. O was administered as a 8 mg i.v. dose in 15 minutes before C on day 1, on day 2-5 8 mg orally twice daily. Of 49 patients treated with T, 14 were switched to O during the next course of treatment. Patient characteristics are: median age 53 years (range 30 -72), male:female 12:2. 2 Pts had failed on T on day 1. Both had complete protection against N/V (CR) on day 1 on O. 3/12 patients who received O on day 2-5 after previous failure on T had a CR. These limited data suggest that there is an indication for the retreatment with a different 5HT3 antagonist after an initial failure to another and also stress the need and relevance for comparative studies with 5HT3 antagonists.

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SPECIAL NEEDS OF WIDOWERS OF CANCER PATIENTS.

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Objectives: To examine the needs of widowers and the influence of their ability to cope during the first two years of bereavement. **Assumptions:** The death of a wife constitutes a crisis, creating special needs for the widower, that may affect his health. The means used for coping would be influenced by demographic factors, by the couple's relationship prior illness, by available sources of support. **Methods:** Data were collected from 20 widowers aged 30 to 50. Each was interviewed according to a structured questionnaire from 1 to 24 months after his wife's death. **Provisional Results:** widowers experience: a significant decline in health. Profound loss of love, A decline in self-efficacy. Difficulties with children. Factors that influence the widower's coping ability are: degree to which the family was prepared for the death. Widower's health. Degree of outside support. Relationships with his children. Time elapses since the wife's death. **Conclusions:** The widower of cancer patient needs professional support before and after death. Further studies are needed to identify the precise needs of this group and the appropriate type of professional support they require.

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THE ESTABLISHMENT OF A NEW STOMA REHABILITATION SERVICE IN THE NEGEV

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Since 1990, 190 stoma patients have been treated by a nursing managed stomal service established in the Negev area which includes 300,000 population.

This service is a joint project between the Soroka Hospital, Kupat Holim (the General Sick Fund) and the Israel Cancer Assn.

We treated 163 colostomies which included 143 Ca of Colon, 20 for benign diseases. 13 pts with ileostomies and 14 pts with Urostomies. Nursing interventions included: preoperative counselling, stoma site marking, discharge planning, ongoing teaching and psychosocial assessment. Treatment, referral and continuous follow up in the community and/or hospital settings. Quality assurance is promoted through continuing individual and group nursing education.