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ORAL

PREOPERATIVE NUTRITIONAL ASSESSMENT OF PATIENTS WITH COLORECTAL CANCER

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The study is a prospective descriptive study of 90 patients undergoing major surgery for colorectal cancer. The nutritional status of the patients was assessed by the use of a modified Subjective Global Assessment (SGA), earlier described by Detsky *et al.* and by the use of s-albumin and Body Mass Index. Six months postoperative the same assessment was performed.

The results show weight-loss (> 10%) pre- and postoperative and gastrointestinal symptoms in 7% of the patients. The special needs for nutritional support of these patients are evaluated in relation to the findings. The methods of nutritional assessment are evaluated.

In conclusion, the modified SGA may be further simplified and nevertheless be of value in preoperative assessment of nutritional status. Such an instrument is vital in surgical oncology nursing care.

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ORAL

LOCOREGIONAL HYPERTHERMIA FOR RECURRENT CERVICAL CARCINOMA ASKS FOR A DIFFERENT NURSING APPROACH

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Locoregional hyperthermia comprises local heating of the tumour region by means of electromagnetic waves (70 MHz). The effect of the combination of hyperthermia with cisplatin is based on a reinforced tumour-killing capacity together with an improved absorption of cisplatin influenced by warmth. Treatment in the AMC is done in co-operation with the gynaecological group of the European Cancer Centre (ECC). Patients with recurrent cervical carcinoma for whom radiotherapy or surgery is not possible, are qualified for locoregional hyperthermia. The treatment consists of once a week hyperthermia + cisplatin, depending on the response, 12 sessions are given. The response is evaluated after 4 sessions. So far, 10 out of 19 patients showed a response of at least 50% of tumour reduction. Three of them were operated upon, and one has been free of disease for three years. Nursing diagnosis: The treatment is a psychosocial and physical burden because: (a) the technique is threatening, (b) cisplatin gives serious side effects, (c) treatment is every week, (d) there is great uncertainty about the effects and the results because of the limited clinical experience. Nursing interventions: (a) one nurse is responsible for all the care given to the patient during the 12 sessions/hospitalisations, (b) one-to-one care during the sessions and during the admission, (c) generating the possibility of rooming in of the partner or other relatives during the admissions, (d) before the first treatment introduction to the hyperthermia machine and the attending staff, (e) regular visits of the social worker, (f) instrumental and technical care based on the integrated medical/nursing protocol, (g) psycho-social nursing support guided by a care plan with standard and individualised nursing diagnoses. *Conclusion:* Locoregional hyperthermia has such an influence on the quality of Life that quality of care can only be guaranteed if (a) there is an individualised care plan for the patient throughout the whole treatment period, and (b) one responsible nurse for each patient.

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POSTER

STUDY OF THE CONSTIPATION IN CANCER PATIENTS WITH TREATMENT OR IN TERMINAL CASES, AND IN NO CANCER PATIENTS

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Objective: A descriptive study about the incidence of constipation in cancer patients with active treatment (A) or in terminal cases (B) and in no cancer patients (C) of our area comparison of the incidence efficacy of the treatment.

Material and Methods: Sixty-two patients of our hospital divided in 3 groups are questioned about the presence of constipation and its origin and the treatment received. Age, sex, place, situation, Karnofsky index, hours in bed, days with evacuation versus days in the hospital and treatment with opiodes were also questioned.

Results: Twenty-five (41.6%) patients suffer from constipation but its presence is different in the 3 groups: 9 (81.8%) of the 11 B, 6 (33.3%) of 18 A and 10 (30.3%) of 33 C. A and B refer to the origin of constipation disease and treatment, C refer to it as a chronic constipation. All the patients with constipation received treatments, C received laxant occasionally and A and B daily. But for 7 (31.8%) of the 22 patients with constipation the treatment is not effective with less than one evacuation every two days. All of these 7 patients received treatment with opiodes. Age, days in the hospital and hours in bed/day are directly related with group B and Karnofsky index are inversely related with groups A and C.

Conclusions: All the patients with constipation received treatment, but this treatment is more regulated in cancer patients (A and B). Nevertheless, treatment is only effective in around 70% of patients.

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POSTER

A FLEXIBLE AND VARIED APPROACH TO CANCER AND PALLIATIVE CARE EDUCATION

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Programmes have been developed covering a wide range of areas relevant to cancer & palliative care. It is recognised that it is becoming increasingly difficult to obtain sufficient time out of the clinical area for study. Therefore, to facilitate access, courses are run using a variety of designs including day release, secondment & distance learning. Individual educational needs differ from general interest to specific professional & academic requirements. In recognition of this courses are offered at a variety of levels from unassessed attendance through to masters level.

Courses

Diploma of Higher Education Palliative Care;

Diploma of Higher Education Cancer Care.

The Marie Curie Advanced Award in Palliative Care.

Post Graduate Diploma in the Ethics of Cancer & Palliative Care.

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POSTER

CORD BLOOD CELLS TRANSPLANTATION: NURSING IMPLICATIONS

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Is a 15 years old girl, with a CML Ph⁺(+) in 2nd chronic phase?

A Cord Blood Cell mismatch transplant from her sister, was performed in September-94. Isolation precautions were used with a positive high pressure, filtered air. She received bacterial, viral, fungal and VOD, prophylaxis pretransplant. The conditioning regimen that was used was TBI, cyclophosphamide and ATG. The GVHD prophylaxis was only made with Cya. Recovery of granulocytes on day + 17, and recovery of platelets on day +29. On day +14 she developed acute GVHD, grade II.

Nursing Problems: Problems related to admission to Hospital; Blood Cord Cell infusion; Anaemia, Neutropenia and Trombopenia; Drugs side effects; EICH and Discharge from Hospital.

In March/95, 5.5 months after transplant she is alive and well.

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POSTER

ATTITUDES, KNOWLEDGE AND SKILLS OF NURSES CARING FOR PATIENTS WITH GYNAECOLOGICAL CANCER

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Better post-treatment rehabilitation could be achieved by gynaecological cancer patients if their special information and support needs were more satisfactorily addressed. A baseline measure of current local nursing practice across the treatment spectrum using a self-report questionnaire was completed by 83 nurses.

Findings reveal knowledge deficits in treatment rationales, procedures and outcomes, with significant differences between nurses in the surgical (gynaecology) and non-surgical (oncology) settings. Competency to meet patients' physical needs is reported in both areas. While awareness of patients' and their partners' integral psychosocial and sexual concerns is demonstrated, nurses recognise their limited knowledge