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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, vital, 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

and inexperience in dealing with them usefully. Self-identified learning needs are stated.

Results will inform the content of a training and development package to be devised and facilitated by a Nurse Specialist in Gynaecological Oncology. Improvements in liaison between nurses in the different treatment sites will be made. Impact on nursing practice will be measured by repeat assessment at 1 year.

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POSTER

CLINICAL SUPERVISION—GOOD PRACTICE OR A LUXURY?

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There is increasing awareness of the need for clinical supervision to allow nurses to develop self awareness, to analyze and monitor their nursing practice thus enabling them to deliver high quality care to clients. Nowhere is this more appropriate than in cancer nursing where nurses are working constantly with distress and stress. BACUP's information nurses have weekly clinical supervision. This paper describes this experience illustrating the benefits, the scope for change and the way in which other cancer nurses may benefit from this.

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POSTER

THE EFFECT OF MOUTH CARE ON ORAL YEAST INFECTIONS OF LEUKEMIC PATIENTS RECEIVING CHEMOTHERAPY

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The aim of this research was to find out the prophylactic effects of three times daily toothbrushing and four times mouthwashes with 1% sodium bicarbonate solution on oral yeast infection of acute leukemic patients receiving chemotherapy.

The patients who were hospitalized in the Ege University Hematology Department between October 1989–January 1993 for chemotherapy were included in this research. Mycologic cultures were taken in the admission day and in every seventh day and neutrophils were accounted two days every week.

It was found out that the described mouth care method had significantly prevented oral candidiasis; and there was a relationship between oral candidiasis and the count of neutrophil in the control group patients.

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POSTER

WOMEN'S EXPERIENCE OF BREAST CANCER AND THE MENOPAUSE—A CASE STUDY

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This was a descriptive study using interviews to gain information about the experience of menopause for women who had breast cancer. Four women with menopausal symptoms were interviewed and major themes identified.

Five themes were identified. They were future, interaction with cancer, loss, lack of information and self image/sexuality.

The women all wanted to put what had happened behind them and get on with living a normal life, however they felt they had lost their health and normality. They viewed the cancer experience as over and it was the menopausal changes that still took away their normality.

None of the women really knew what to expect during the menopause. Some had not expected to go through it at this time and there was confusion as to what problems were caused by the chemotherapy, the menopause or by tamoxifen. There was little knowledge about what precipitated flushes or what helped and no-one else was able to give them this information.

All the women had suffered some changes in their self image and in their sexuality.

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POSTER

THE DEVELOPMENT OF A NETWORKED CHEMOTHERAPY SERVICE

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Clatterbridge Centre for Oncology (CCO) is a specialist centre which caters for non-surgical cancer care. It serves a catchment area of three regions and contains a total population of 3.2 million.

The principle underpinning the establishment of a networked chemotherapy was to provide the most effective and efficient service to patients requiring cytotoxic chemotherapy. It is the firm belief of this centre that this can best be achieved by utilising the knowledge and skills built up over many years by the expert staff working within CCO. For these reasons, it was agreed that networked chemotherapy clinics would be exclusively staffed by CCO medical oncologists and nurses. This would ensure that the existing high standards of practice would be transferred to the host hospitals.

There are now six networked clinics in operation, and, with the establishment of each successive clinic, knowledge has been gained which has been incorporated into the structure of the next. This means that there now exists a system that can be fairly easily transferred to any peripheral hospital given the goodwill of the host. The numbers of patients are growing as would be expected, and although the total workload of the network clinic plus the Day Case Unit at CCO should be similar, there has been a significant increase in the number of patients treated, illustrating that there is indeed a need for a local specialist service.

The benefits to the patients include continuity of care and consistency of information, treatment delivered by expert staff, support to patients and families and reduction in travelling time and expense. There is also a designated area in each hospital for the clinic to be held, instead of being part of a busy ward area.

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POSTER

EVALUATION OF QUALITY OF LIFE (QOL) WITH LATE NAUSEAS AND VOMITING

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Late nausea (N) and vomiting (V) are still an unsolved problem during chemotherapy (CT). It seems interesting to quantify and evaluate them in order to know how they affect the patients (Pts) QOL. *Materials and methods:* A list of questions was proposed to Pts receiving CT with Cisplatin (80–100 mg/m²) every 3 weeks. Questions were about conditions of life (in couple, alone, helped or not), and habits (activities, hobbies, health, family life). During CT, all Pts received the same antiemetic protocol: 5 HT3, corticotherapy, metoclopramide IV. At home, alizapride wasn't systematically advised. This period is the subject of this study. 20 Pts were evaluated: 42–75 years, 16 men, 4 women. *Results:* We could identify 2 groups (G) of Pts. GI: 9 Pts graded OMS 0 for digestive toxicity, GII: 11 Pts graded OMS I to 3 (G1: 2, G2: 4, G3: 5). Out of these 20 Pts, only 3 had systematic antiemetic treatment at home. They belonged to GII. In GI, all of the 9 Pts had a stable weight. They defined a helping circle of family and friends and were able to fulfil themselves with hobbies or social activities. In GII: 10 out of 11 Pts lost weight from 1 to 6 kg and described a perturbation in their QOL (7 out of 10 fell alone, in distress or with a family life perturbed), 8 Pts underlined having no social activity, not being able to fulfil themselves. None of GII Pts used non medical methods to face N.V. (relaxation, fizzy drinks...). *Conclusion:* This study suggests that psychological factors, and not only drugs, could influence late N.V. after Cisplatin. This study is still going on, in order to confirm or not these observations.

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POSTER

PROPOSAL OF PRACTICAL NURSING RECORD SYSTEM FOR PATIENTS WITH MALIGNANT DISEASES IN THE SURGICAL DEPARTMENT

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Nursing means "the diagnosis and treatment of human responses to actual or practical health problems (American Nurses' Association, 1981)". For these purposes, nursing records play one of the important roles for nursing. It should be simple, clear and practical to nurse individual patients. In this presentation, we report a practical pre and post operative nursing record system for patients with malignant diseases in the surgical department. The nursing record includes assessment of data, nursing diagnoses, nursing problems, nursing treatments and evaluations for individual patients. It is described according to the nursing manual for patients with each malignant disease which we made for ourselves. Application of this system enables us to nurse more practically patients with malignant diseases in the surgical department, as a result it is of great benefit to the patients.