

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/m<sup>2</sup>) 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.