Proffered papers

1392 ORAL

SEXUALITY FOLLOWING TREATMENT FOR UROLOGICAL CANCER

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The treatment of urological cancer is often accompanied by a loss of organ function which can affect sexual functioning. Patient information given by physicians appears to be primarily directed towards the structural changes following the operation/treatment. Therefore nurses have an important role in providing additional information over the functional and psycho-social consequences as well as offering counselling and referral services for patients at risk for sexual dysfunction. Unfortunately this role has received insufficient attention due to the following problems:

(a) Patients have difficulty discussing sexual issues;

(b) Nurses have limited knowledge regarding sexuality and the functional and psycho-social consequences following oncologic treatment;

(b) Nurses have insufficiently reflected on personal feelings regarding sexuality.

During this presentation, I will address these problems and focus attention on what we have learned about the sexual problems facing the urological patient with cancer. In addition, the nurse's role and nursing interventions will be presented.

1393 ORAL

A NURSING ASSESSMENT OF REHABILITATION NEEDS FOLLOWING TREATMENT FOR CANCER

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Rehabilitation needs in individuals with cancer have long been a Cinderella area of care, despite the fact that cancer can cause physical changes, disruption of daily activities, psychological issues, communication and relationship problems and social concerns. This research study used both qualitative and quantitative methodology in a triangulation approach to explore the level of physical and psychosocial adjustment which patients undergo on completion of a radical course of anticancer therapy. Respondents were assessed using a questionnaire and semi-structured interviews. Thirty-four respondents participated in the study. The median age was 59 years (range 21–78). All the respondents had been treated with radiotherapy and 9 had received adjuvant chemotherapy.

The four most frequently reported problems on the questionnaire were tiredness, lack of energy, pain and difficulty sleeping. At interview the most frequently reported problems were tiredness, pain, depressed mood and difficulty sleeping. There was little alteration in these symptoms over time. Of the two assessment methods, the questionnaire appeared to be the most sensitive in detecting particular problems, although important information was gathered from both sources.

Rehabilitation has been defined as the restoration of the individual to the optimal level of ability within the needs and desires of the individual and his or her family and commensurate with the limitations imposed by the disease and its treatment. Despite excellent treatment this study has identified that patients have ongoing needs which can be easily assessed using a questionnaire approach. These needs will be reviewed and the importance of rehabilitation assessment emphasized.

1394 ORAL

ON COMPLETION OF HEAD AND NECK RADIOTHERAPY: IS IT REALLY OVER?

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Although head and neck cancers account for only a small percentage of malignancies in the U.K., the morbidity associated with both the disease and its treatment can be particularly severe. The side-effects of radiotherapy are debilitating and often exacerbate existing functional difficulties.

Radiation reactions are at their peak at the very time when the day to day link with the hospital is severed; the end of treatment.

This qualitative study of twelve head and neck cancer patients explores the experiences of the first month after completion of radiotherapy. The triangulation of data from diaries, taped interviews and symptom cards reveals the extent of physical discomfort and emotional disturbance experienced. Treatment is 'complete' yet recovery is not; patients are confronted with physical and emotional changes which demand personal explanation and often a re-evaluation of life.

Aspects of the data analysis will be presented, demonstrating the implications for nurses to assess end of treatment needs and to play an important role in the rehabilitation of head and neck cancer patients.

1395 ORAL

AN EVALUATION OF VOLUNTEER/ NURSE/ PATIENT RELATIONSHIP AT ISTITUTO NAZIONALE TUMORI IN MILAN, ITALY

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The characteristics of the Institute are: 480 beds of which 395 are for surgery and 85 for chemotherapy. There are also 20 out-patient beds. There are 11000 hospital stays; and 150000 out-patient follow-ups are done annually. Since 1984 the "Lega italiana per la lotta contro i tumori" has been developing a project in agreement with the Scientific Director to select and train a group of volunteers to help doctors and nurses to provide adequate psycho-social support for patients. At present there are 180 active volunteers distributed in three areas: reception, in-patient and out-patient departments. The volunteers, nurses and patients were surveyed by questionnaire to evaluate: patient background, patients' most important problems, nurses opinion of volunteers' most important problem, reaction of patients to volunteer activity, opinion of the kind of support/activity offered by volunteers. The data analysis showed: volunteers are not a continuous presence; patients require equal attention; sometimes volunteers may devote more care to patients at the expense of others; patients from other parts of the country required more attention; the volunteer programme was seen as positive by both nurses and patients. Volunteer training is seen as adequate and their professionalism is valued in the Institute environment, and by other members of the caring team.

1396a ORAL

THE USE OF VAGINAL TRAINERS IN ATTEMPT TO MINIMALIZE RADIATION DAMAGES

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Women treated by internal or external radiation to the pelvic area are guided to return to sexual activity as frequently and as soon as possible, in order to minimize possible damages to the vagina.

When the genital area is associated with a life-threatening disease, with pain, anxiety and invasion to privacy—many women experience difficulties in restoring the perception of sexual activity as a source of pleasure and satisfaction.

If there is one definite way to destroy intimacy between partners, who anyway, are experiencing stress because of a life-threatening illness, an illness that has such a destructive impact on body image and sexual functioning—this is the right way. Make what is supposed to be a pleasurable activity into homework that has to be accomplished frequently and if not . . .

We think it is absurd to create a situation where a husband serves his wife as a vaginal dilator. It must be taken into account that not all women have an available partner, let alone a gentle, sensitive partner who is also free of prejudices and anxiety.

For many years, and in spite of caregivers' awareness, there was no way to pass responsibility to the women in terms of doing something active to preserve vaginal elasticity.

Vaginal trainers are now available in Israel at a special reduced price for women who have had cancer. A specially-trained nurse meets women before radiation to guide them to buy the kit and teach them how to use it.

The goal is to pass the knowledge to all women who may benefit from the use of the trainers. A small group of women trained to use the vaginal trainers is being followed up in an attempt to find out whether the use does in fact minimize the damage caused by radiation, and does improve sexual functioning and thus the patient's and the partner's well being.

1396b ORAL

HOPE IN CANCER PATIENTS—AN IMPORTANT ISSUE

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During the last years more and more people are diagnosed with cancer. Hope enables people to cope with difficult situations and suffering. Hope is frequently referred to as an important strategy in coping with a disease such as cancer, and as an important aspect in nursing care.

The objectives of this paper are to (1) give a review of the importance of hope for cancer patients and (2) suggest one type of nursing intervention that might strengthen the hope in cancer patients.

The following six attributes are often stressed in definitions of hope: active involvement, the relationship to others, spiritual beliefs and faith, see that the future is possible, confidence and the affective dimension (comes from within). Based on this definition of hope an intervention program is made. This intervention is now evaluated in cancer patients.

1397 POSTER

BEAUTY IS IN THE EYE OF THE BEHOLDER

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The conception of beauty in ourselves and others is learned. This learning process is influenced by family, society, culture, religion and the media. Many individuals measure beauty by comparison with others. A beautiful body is typically depicted as clean, healthy and intact with all parts symmetrical and in proportion to each other. Beauty is a pleasing quality which is gratifying to the viewer. In society it is assumed that a body which does not meet these body norms is consequently not beautiful.

A patient who has cancer can be confronted with alterations in body structure which can be unpleasing to the viewer. The viewer generally has a significant impact on the way the patient adjusts to their changed body. This can have a detrimental influence on the rehabilitation of the patient who experiences this change in body appearance (altered body image).

Nurses assist patients in coming to terms with their altered body image. Coming to terms with body image is dependant on internal factors such as perceived images of what is beautiful and external factors such as society's perceptions of body norms. A change in our conception of beauty would create a new reality and make the world more accepting to patients with an altered body image.

The aim of these 4 posters is to exhibit artistically the changed bodies of patients with cancer. Our goal is to contribute to the formation of new conceptions of beauty.

1398 POSTER

QUALITY OF LIFE (QL) AND PSYCHOLOGICAL ADAPTATION (PA) TO THE REDUCED FUNCTIONS OF THE LIMBS IN PATIENTS WITH OSTEOSARCOMA OF THE EXTREMITY (OSE) TREATED WITH AMPUTATION (A) OR LIMB SALVAGE (LS)

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Adjuvant (AC) and neodjuvant chemotherapy (NA) have improved the prognosis for pts with OSE, yielding the cure rates in the range of 60–70%. In addition, today more than 80% of these pts are surgically treated with LS instead of A. Although LS procedures have some risks and give in about 50% of pts functional results that are no better than those that follow A, they are performed because, regardless of the functional results, the conservation of the limb is psychologically believed to be very important. To verify this belief, the QL and PA to surgical sequels have been evaluated in pts with OSE treated at Rizzoli between 1972 and 1990 by either LS or A. Surprisingly the results of this study show that in the two groups there are no differences in term of schooling, working, earning capacity and sexual relationships. In addition, in comparison with pts who underwent A, resected pts have more episodes of depression and seem to adapt with more difficulty to the reduced functionality of the limbs.

We conclude that in OSE, before deciding what kind of surgery to perform, a careful study of the psychological personality of each pt should be carried out.

1399 POSTER

ROLE OF TOTAL PARENTERAL NUTRITION IN THE PROVISION OF NUTRITIONAL SUPPORT IN CANCER PATIENTS

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Total parenteral nutrition (TPN) is a method of providing nutritional support to an individual whose gastrointestinal tract is either inaccessible or not functioning.

This study will be a review of the nutritional support provided parenterally to cancer patients at the Clatterbridge Centre for Oncology July 1993–July 1995.

The diagnosis, reasons for implementation, method of delivery, duration of nutritional support, percentage weight changes, alteration in body mass index (BMI) and outcome measures will be analysed.

Preliminary results indicate 86% (n = 12) had head and neck cancer. TPN was implemented in 64% (n = 9) of cases due to the difficulty of passing a nasogastric (NG) tube, 14% (n = 2) refused an NG tube, 7% (n = 1) had bowel obstruction and the remaining 14% (n = 2) were referred to the centre with TPN in situ.

Feeding via this method was usually short, mean period of 9 days (range 3–29 days) and predominantly via the peripheral route [72% (n = 10)] rather than via a central line [28% (n = 4)].

Body weight was maintained successfully (range −1.7% to +4.5%).

Enteral feeding was resumed in 64% of patients on cessation of TPN. 36% (n = 5) were transferred back to the referring hospital on TPN, 7% (n = 1) were discharged home with TPN in situ.

Body weight can be maintained successfully using TPN. It is predominantly used as an interim feeding method whilst the gastrointestinal tract is inaccessible. The peripheral route is implemented in preference to a central line due to fewer associated complications.

1400 POSTER

NUTRITIONAL SUPPORT IN HEAD AND NECK CANCER PATIENTS

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Nutritional support is an important consideration in the overall management of the head and neck cancer patient. Anti tumour therapies impair nutritional intake: extensive surgical resection can interfere with mastication and deglutition; radiotherapy may limit oral intake by reactive changes.

This study is a review of the nutritional management provided for all patients undergoing enteral feeding via nasogastric (NG) and gastrostomy (PEG) routes concurrent to radiotherapy treatment at the Clatterbridge Centre for Oncology July 1993–present.

Mean nutritional requirements, method of delivery, type and composition of enteral feed, duration of nutritional support, percentage weight changes and alterations in body mass index (BMI) for each method of enteral feeding will be analysed and the outcome of each feeding method determined.

Preliminary results indicate the feeding methods to be equally effective at maintaining body weight (NG = −10.8% to +20.1%, PEG = −9% to +19%) and BMI (NG = −2.3% to +3, PEG = −2.4 to +4).

There are marked differences in the method of delivery of the feed between the two groups; NG feeding is predominantly administered continuously [n = 42 (85.7%)]. Whereas PEG feeding is delivered via bolus [n = 11 (39.3%)] and continuous methods [n = 10 (35.7%)].

PEG feeding via bolus method allows an increase in the quality of life for the patient by allowing normal feeding patterns and increased mobility. The placement of a PEG in preference to an NG tube is considered to be more discreet and cosmetically pleasing for the patient.