

Proffered papers

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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;
- (c) 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.

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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 anti-cancer 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.

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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.

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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.

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ORAL

THE USE OF VAGINAL TRAINERS IN ATTEMPT TO MINIMIZE 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.