

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 displeasing 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.

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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 neoadjuvant 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 sequelae 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.