

1401

POSTER

THE ESTABLISHMENT OF A VOLUNTEER TEAM IN A CANCER CENTRE

G.F. Oliver

Clatterbridge Centre for Oncology, Wirral, Merseyside, U.K.

Enormous goodwill and generosity is evident in the public who regularly raise money for the Centre. Until now there has not been a method of channelling the goodwill in any other way. To change this a proposal for the establishment of a volunteer team to complement and support the services already available was drawn up. The scheme was supported at senior level and a philosophy and operational policy agreed. In December 1995 advertisements were placed in the local media and an enormous response received. A programme of Open Evenings was planned followed by informal interviews, training sessions, registration and an orientation period. The views of staff throughout the hospital have been sought and the service has been evaluated following its inception. The care and support of cancer patients cannot be seen solely as the domain of clinical services. The volunteer team provides assistance in the main reception area and patient library, will facilitate craft and music sessions, provide company and help with letter writing and reading and provide activities and support that together with the skilled input of professional clinicians are significantly raising the quality of the services available in this Centre of excellence.

21.9 per cent after the physiotherapy. Obturative ventilatory impairment is a frequent post radical treatment of breast cancer, particularly post mastectomy and radiotherapy. Pulmonary dysfunction is reversible under the influence of physiotherapy.

1403

POSTER

TOWARDS BALANCE—ADAPTATION COURSES AS PART OF CANCER PATIENTS' REHABILITATION IN FINLAND

L. Salo, H. Salovaara

The Cancer Nursing Society of Finland, Lahti, Finland

Objectives: The aims of the courses are to start and support the psychosocioadaptation process of a cancer patient and his/her family in the crisis caused by cancer, to enhance information of illness and possibilities of selfcare to promote health.

Target group: The courses are for patients having cancer for 1–5 yrs, profiled according to the type of cancer, age and family situation.

Implementation: A course providing primary information can be held in the evenings supplemented by a follow-up course in 6–12 months or as a 5–10 - day course concentrating on group work and the social contacts between participants. The costs are run by Public Health Authorities and cancer societies. Adaptation is free to patients and their partners and it's part of the statutory rehabilitation of cancer patients in Finland.

1402

POSTER

PULMONARY FUNCTION POST RADICAL TREATMENT OF BREAST CANCER

K. Rożek-Mróz

Department of Rehabilitation, AWF Wrocław, Poland

Pulmonary function was examined in 123 women post radical mastectomy and radiotherapy. Pulmonary dysfunction was observed in 48.7 per cent of the patients. Obturation was stated in 42.3 per cent of the patients and restriction in 4.9 per cent. Pulmonary dysfunction was observed in 4.0 per cent of post mastectomy only, and in 38.3 per cent post mastectomy and radiotherapy. During a two week period 32 patients underwent physiotherapy. Decrease in ventilatory lung function was observed in 43.8 per cent of the patients before the physiotherapy and in

1404

POSTER

LYMPHOEDEMA ASSESSMENT AND REHABILITATION

M.E. Woods

Lymphoedema Services, The Royal Marsden NHS Trust, Sutton, Surrey, U.K.

Lymphoedema occurring after treatment for cancer can be a debilitating, longterm problem influencing patients in a physical, psychological and psychosocial way. Recent research will be discussed which has highlighted the extent of these problems and how patients sometimes undergo significant changes in their life-style because of their swelling. The development of an assessment tool based on the research findings, has enabled patient problems and concerns to be identified and encouraged a multi-disciplinary approach to the management of the condition and rehabilitation of the patient.