role in easing the cancer journey is acknowledged. As a result supportive services are increasingly being provided as an adjunct to physical treatment. Yet few studies have examined the ways in which this kind of formal support is offered, and the effect of structural factors on its delivery.

This paper seeks to explore the ways in which different professionals construct 'support' in cancer care, and thus their supportive role. It draws on qualitative data from interviews with specialist breast care nurses and complementary therapists working in a cancer care organisation. Using a dialogic analysis, the paper argues that each professional group constructs 'support' in different ways, and that this differential positioning reflects not only professional issues, but is highly influenced by structural and local conditions. It is suggested that such factors should be considered in the setting-up of formal support services.

1430 ORAL

Are patients with lymphoedema being given enough information to manage their own programme of care?

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Purpose: Lymphoedema is a chronic condition which needs to be managed and controlled. It has been found that some patients cannot manage their swollen limb for long periods of time. Therefore, this pilot study was done to establish how many patients can manage their own care with the information given them at the present time.

Methods: New patients attending the lymphoedema clinic over a period of three months, will be asked to participate in this study. They will be questioned before and after their first attendance at the clinic. The conversations will be taped for reference at a later date. When they return to clinic in one month they will be asked the same questions, plus extra questions regarding their management and quality of life. This conversation will again be taped to aid the research to review the answers.

Results: The results of this pilot study will be presented at ECCO 9 in September 1997. If it is found necessary, a longitudinal study may be done to gain further insight into this area of information and compliance for the management of a chronic condition.

Conclusion: The conclusion will also be presented at the ECCO 9 conference.

1431 ORAL

"Cured of testicular cancer – Then what?". A pilot study describing issues of sexuality and self-concept among survivors of testicular cancer

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Background: The incidence of testicular cancer has increased all over the world during the last 5 decades. The cure rate exceeds 90% and it is therefore reasonable to pay some attention to this vast group of survivors. Their rehabilitation is poorly described and we do not know enough about how they are coping. This investigation high-lights issues such as sexuality, body-image, infertility and self-esteem.

Purpose: To optimize the quality of *nursing* (counselling) to these men, due to increased knowledge concerning the above mentioned topics.

Methods: In the light of the literature, statements from patients and experts, 5 qualitative interviews have been made as research. In the pilot study, 25 patients have filled in a questionnaire and participated in telephone interviews. The main target is here to develop a useful questionnaire for a large cross-section investigation in The Finsen Center. All the men have been offered optional analysis of the quality of their semen and a blood test to check out their level of sex-hormones.

Results: According to some of the men, they are suffering from a wide range of side effects to their treatment. Chemotherapy and radiotherapy is reported to cause a decidedly diminished libido, fatigue and fear of infertility. Some men have poor self-esteem and body-image due to orchidectomi. Fortunately many of the men are coping extremely well and are pleased with their quality of life.

Conclusion: Matters such as sexuality and infertility are encumbered with taboos. The pilot study confirms the need for further investigation.

1432 ORAL

How does sex life affect or change a ca-patients life?

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Purpose: Can a reduced sex life be of importance to patients who are first and foremost occupied with the illness and the treatment of same? In which way can nursing assist in coping with this problem.

Methods: Our extensive experience and scientific studies reveal that the subject of a changing sexual behaviour is not brought up by the patient unless explicitly interrogated by the doctor or nurses. This discrepancy shows that discussing sexuality belongs to the taboos of modern society.

Results: Evoking the word "Cancer" or "Sexuality" leads to various reactions and evaluations. This is all the more true for the two topics combined. Nursing must be aware of the influence caused by the illness and suggest ways of assistance.

We have to be prepared to identify the crises and corresponding assistance of ca-patients including difficult subjects such as sexuality.

Conclusion: Although a cancer patient may well be limited in his ability to have sexual intercourse due to the effects of medical treatment it does, however, not mean that his sexuality ceased to exist.

1433 ORAL

Counselling to help people with gynecologic cancer to adjust to their illness

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Purpose: was describe the experiences of patients with gynecologic cancer concerning counselling intended to help them to adjust to their illness and the patients experiences of the effects of counselling on their adjustment to cancer. The research questions were addressed 1) What opinions did the patients have concerning the counselling given by the hospital staff, 1a) what things were included in the counselling, 1b) what were the counselling situations like? 2) How did the patients find themselves to have adjusted to their illness? 3) How did the patients find the counselling to have affected their adjustment to cancer?

Methods: The data were collected by presenting a structured questionnaire to patients wiht gynecologic cancer (n = 70) in the University Hospital of Oulu. The questionaire was presented to the patients three months after the diagnosis of cancer. The data were statistically. The results were presented as frequencies and percentages, using cross-tabulation and p-values.

Results: The cancer patients found they had been informed adequately of the possibilities of surgical and other treatment and the side-effects of treatment but not of the typical progress and recurrence rate of the disease, its effect on everyday life and the different support systems. The counselling situations were found to be characterized by helpfulness, safety, equality and expertise. In patients' opinion there should be more time available for counselling. The oldest patient, the widows and the patients with the lowest educational level reported most deficits in the quality of interaction. The cancer patients found counselling to have helped them to accept the side-effects and restrictions, to have promoted their desire to fight against cancer and their hopefulness towards the future to have alleviated the fear of pain.

Conclusion: The counselling of patients with gynecologic cancer should be developed to correspond better to the patients' needs. The informative counselling related to treatments meets the patients' needs for information and thus promotes their adjustment. Matter central to adjustment and independence include problems of everyday life. The therapeutic staff have a real possibility to support cancer patients' adjustment by finding solutions to these problems.

1434 POSTER

Care principles of chronic oedema management

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Chronic oedema, which includes lymphoedema, is not uncommon and can arise from many causes; it is a frequent and distressing side effect of cancer and its treatment. National initiatives have been proposed by the British Lymphology Interest Group (BLIG) to co-ordinate treatment of and specialist training in chronic oedema management. In order for practitioners to deliver effective chronic oedema management, they will be expected to exercise higher levels of decision making whilst making critical judgements, thus ensuring clinical competence. In doing so the practitioner will become a key