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?

Gene Green. *Clinical Nurse Specialist Lymphoedema, Clatterbridge Centre for Oncology, Bebington, Wirral, L63 4JY, UK*

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

P.V. Nielsen. *The Finsen Center, Copenhagen University Hospital, Denmark*

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?

Christa Arendt, Brigitte ten Venne. *Strahlenklinik Allgemeines Krankenhaus, Hagen, Germany*

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

L. Väisänen. *Department of Nursing Science, University of Oulu, Finland*

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

A. Bird. *Marie Curie Centre, Liverpool, Speke Road, Liverpool, L25 8QA, England*

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 worker within the multi-professional health care team and must therefore, be equipped with the appropriate knowledge and skills to function effectively within this role.

In collaboration with North West Regional Health Authority and Edge Hill University College, the Marie Curie Centre, Liverpool has developed a course in the Care Principles of Chronic Oedema Management. The course is available to nurses and members of the professions allied to medicine.

The course aims to:-

offer a range of opportunities to enable the practitioner to acquire additional knowledge and skills to meet the specialist clinical needs of the patient with chronic oedema, their family and other carers.

prepare the practitioner to set, monitor and evaluate the quality and standard of care given to individuals and groups within the specialist clinical setting.

This poster will outline the aims, structure and content of the course and will look at the effects of lymphoedema education in practice.

1435 POSTER

A pilot study to compare two physiotherapy treatment regimes for patients receiving radiotherapy for carcinoma of the respiratory tract or lungs

B. Taylor. *Superintendent Physiotherapist, Clatterbridge Centre for Oncology, Bebington, Wirral, Merseyside, UK*

Purpose: The value of humidification and prophylactic chest physiotherapy in the form of teaching patients forced expiratory technique, has been proven to be of benefit in clients with chronic respiratory conditions. However, no studies examine its use in patients receiving radiotherapy. This study compares the effects of such prophylactic intervention with intervention in acute exacerbation of respiratory problems only, on respiratory status and quality of life in patients receiving radiotherapy to the respiratory tract or lungs.

Methods: Simple questionnaires assessing patients' respiratory status and quality of life were assembled. The study was of a cross over design: two wards in an oncology unit were allocated to one of the regimes. All patients admitted to the ward for radiotherapy to the respiratory tract/lungs, (excluding C.H.A.R.T. patients) were admitted to the study and treated with the regime allocated to that ward. At the end of a two month period, the regimes on each ward were switched over and the study repeated for a further two months.

Results: This research is on-going, and results for the two regimes and respective physiotherapy workloads will be compared.

1436 POSTER

Incidence of malnutrition in head and neck cancer patients on commencing radiotherapy treatment at a regional oncology united in the United Kingdom

J. Lees, E. Cuthbertson. *Clatterbridge Centre for Oncology, Bebington, Wirral, Merseyside, UK*

Purpose: 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. Malnutrition associated with malignancy has substantial prognostic significance. It has been found that patients without weight loss enjoy significantly longer survival than do those with weight loss (Dewys *et al*, 1980). This prospective study will determine the incidence of malnutrition among 100 patients with head and neck cancer admitted consecutively to the Clatterbridge Centre for Oncology, Wirral, for radiotherapy treatment.

Methods: Each patient's nutritional status will be assessed anthropometrically by measuring their weight and body mass index (BMI) on commencing radiotherapy treatment and comparing this value with their usual weight and BMI. The period of weight change and percentage weight change value will be determined. The incidence of causative factors for the development of cancer cachexia, i.e. abnormalities in taste perception, dysphagia, difficulty masticating foods, early satiety, dry mouth, sore mouth, nausea, vomiting and constipation will be measured, thus illustrating the extent of eating difficulties experienced by patients prior to starting radiotherapy treatment and a baseline for dietetic intervention for this group of patients.

1437 POSTER

Evaluation of catering services and introduction of a cook freeze meal system at a regional oncology unit in the United Kingdom

J. Lees, E. Cuthbertson. *Clatterbridge Centre for Oncology, Bebington, Wirral, Merseyside, UK*

Purpose: A study conducted by Pennington, 1994 showed that 22% of patients admitted to a District General Hospital had a mean weight loss of 5.4% during admission. Since it is recognised that patients undergoing radiotherapy and chemotherapy are at a great risk of developing malnutrition owing to the side effects of treatment, a decision was made to evaluate and improve catering services at the Clatterbridge Centre for Oncology, Wirral, United Kingdom.

Methods: This poster will briefly describe the process of market testing for catering services, the evaluation of the catering tenders submitted and the cook-freeze meal system introduced into an oncology unit. The catering standards set for the temperature and nutritional content of meals served to oncology patients at the Clatterbridge Centre for Oncology, U.K., will be presented.

Results: The new catering system introduced will be evaluated by auditing satisfaction with the choice of meals, the portions of food served; the temperature, presentation and quality of meals provided by the new cook-freeze system by oncology in-patients undergoing radiotherapy and chemotherapy treatment regimes. A catering information booklet for oncology patients will also be provided.

[1] Pennington C R. and McWhiner J. P. (1994) *Incidence and recognition of malnutrition in hospital* British Medical journal Vol. 308 p. 945–948

1438 POSTER

Review of dietary advice given to patients undergoing total body irradiation (TBI) at a regional oncology centre in the United Kingdom

E. Cuthbertson, J. Lees. *Clatterbridge Centre for Oncology, Bebington, Wirral, L63 4JY, UK*

Purpose: Movement away from 'clean' diets in bone-marrow transplant units instigated this review. Prior to bone marrow transfusion patients receive chemotherapy combined with total body irradiation. Once donor marrow has been transfused, patients are maintained in an isolation cubicle. Dietary restrictions are then usually commenced.

Methods: Patient confusion over these dietary restrictions and when they were initiated was apparent due to the fact that hospitals referring patients to Clatterbridge Centre for Oncology for TBI treatment differed in their 'clean' diet policies. Discussion with Dietitians at the referring hospitals and review of current literature led to implementation of a compatible policy at this Regional Centre.

Results: An information sheet for patients has been produced. Nursing and Medical staff have been educated with respect to this information. Both the policy and information sheet will be presented.

Conclusion: Staff feedback has been supportive. Implementation of compatible dietary advice has reduced patient concern over one aspect of their treatment.

1439 POSTER

Lymphoedema – Is Current Management Effective? – An Audit

Gene Green. *Clinical Nurse Specialist Lymphoedema, Clatterbridge Centre for Oncology, Bebington, Wirral, L63 4JY, UK*

Purpose: To establish whether current intensive and maintenance programmes of care in lymphoedema management, were effective in aiding the patients to manage their lives as they would wish.

Methods: A retrospective audit of 22 patient records from October 1995 to October 1996 was carried out. These showed how many patients lost fluid through bandaging techniques and how much fluid was lost. An audit of 25 patient records of patients on the maintenance programme were reviewed over four months. These showed some fluid loss with just wearing sleeves, doing exercises and skin care. A questionnaire sent to 50 patients in the care of the lymphoedema service, tried to establish how their quality of life was affected by their care management.

Results: 22 patients bandaged in the period October 1995 to October 1996. 13 patients had their swollen arm bandaged with a mean loss of