

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.

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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.

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POSTER

### **Incidence of malnutrition in head and neck cancer patients on commencing radiotherapy treatment at a regional oncology unit 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.

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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 McWhirter J. P. (1994) *Incidence and recognition of malnutrition in hospital* British Medical Journal Vol. 308 p. 945-948

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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.

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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