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### Central venous access ports-pros and cons: A nursing perspective

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**Introduction:** Central venous access ports (CVAP) are commonly used in modern oncology practice. These devices facilitate administration of cytostatic treatment, especially prolonged treatments. The need arises due to poor availability of peripheral veins. However, placement of a CVAP is costly and may lead to life-threatening complications. We studied the complications and the influence of nursing practice on the prevention of these complications.

**Methods:** 71 patients with CVAP were studied. The median age was 41.5 years. Tumour types were breast, lymphoma, lung, melanoma, soft tissue sarcoma, gastic-intestinal and genitourinary. Positioning of the CVAP was assessed by means of a chest X-ray. The time interval between implantation and the first chemotherapy delivered through the device was ± 24 hours. If early complications occurred, chemotherapy was delayed until resolution of the problem. Blood samples were sent for culture in case of suspected infection.

**Results:** Median implant duration was 545.5 days. Complications were devided into two categories. EARLY: Defined as intra operative and post implantation period to first use. LATE: Defined as after first chemotherapy administrated. 9 CVAP were removed before the expected time. Complications included: 1. Symptomatic infection in 7%, 2. Venous thrombosis in 1.42%, and 3. Mechanic problems in 2.13% of patients. No patients died due to CVAP complications.

**Conclusion:** CVAP have become essential in the treatment of cancer patients. Complications are infrequent but still occur. Infection is the most common complication of these devices and the leading cause of early removal. Adequate patient information and meticulous nursing practice contributes towards a lower complication rate.

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### Pain of cancer patients in radiation therapy

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**Purpose:** In Germany the use of morphine analgesics in cancer therapy is commonly more restrained than in other european countries. The purpose of this study is to analyse the degree of pain of cancer patients in radiation therapy and to show how they express their pain to the hospital staff.

**Methods:** N = 33 patients of a radiological clinic received a newly developed questonnaire (SKFB) for assessing the intensity, frequency, cause, and location of pain and also the psychological stress associated. Furthermore, a member of the nursing staff estimated the intensity and frequency of pain for a patient on a short version of the SKFB.

**Results:** 27% of the patients reported strong and very strong pain for the last three weeks, 6% even intolerable pain. Half of the patients experienced pain every day of the last week, and of these patients every second had strong or even intolerable pain. Also, 48% felt psychological distress.

In 40% of the cases the members of the nursing staff underestimated the patient,s pain for the last week. The psychological stress was underestimated in even 50% of the cases.

**Conclusions:** Although the nursing staff has often contact with the patient, in many cases the nursing assessment resulted in an underestimation of the patients pain. This leads to the conclusion that at least some patients are not capable of expressing their pain adequately or are not willing to do so. We therefore have to ask: how can patients be encouraged to express their pain so that further initiatives will follow (e.g. increase of analgetic drugs)

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### Cancer care: Priorities for nurses – Evaluation of a workshop on infections

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**Purpose:** Infections are a major cause of morbidity and mortality in people with cancer, and the nurse's role is critical in their management. This study examines the effectiveness and acceptability of a two day workshop in developing nurses' knowledge of infections and their management in people with cancer. The workshop formed part of Cancer Care: Priorities for Nurses, an educational initiative by EONS to highlight and develop the nuse's role in assisting patients to manage the effects of cancers and their treatment.

**Method:** Twenty-eight registered nurses from a variety of clinical backgrounds participated in the workshop, which consisted of a mixture of didactic and experiential methods. Each participant completed a 10 question test of their knowledge of the immune system, infections and their management, both pre- and post-course. A written evaluation was also completed by all participants. Test results were analysed using SPSS for Windows.

**Results:** Mean total score pre-course was low for registered nurses, with a significant improvement post-course ($p < 0.001$). Knowledge of the complications of infections was poor pre- and post-course. Knowledge of the immune system was very poor pre-course, with mean score $< 2$ when asked to name the components of the cellular immune system and the body's natural barriers to infection. This improved significantly post-course. Participants showed significantly increased knowledge of blood parameters, with 75% able to state when a patient is defined as being neutropenic, compared to 18% pre-course ($p < 0.001$); and 93% able to state the upper and lower limits of a normal white cell count, compared to 4% pre-course ($p < 0.001$). A significant improvement was also found in knowledge of patient self-care strategies to minimise infection risk, although it was disappointing to note that, post-course, only 50% could state 3 or more such strategies.

**Conclusion:** Overall the study revealed a low baseline knowledge which was significantly improved during the course, although there is still room for significant improvement in knowledge in this group. Course evaluations were positive, indicating that the mixture of didactic and experiential methods is acceptable. Further research is necessary to establish the success of this format in improving knowledge and clinical skills.

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### A comparative study of fatigue in patients who have completed a course of chemotherapy and health individuals

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**Purpose:** Evidence has demonstrated that patients who are undergoing or have just completed a course of chemotherapy experience increased levels of fatigue over the general population. However it is not known how long increased levels of fatigue persist. This study assessed the level of fatigue experienced by patients 6 months after chemotherapy for a variety of malignancies and compares it with healthy individuals.

**Methods:** A quantitative research strategy was adopted using the Multidimensional Fatigue Inventory. Fifteen patients and fifteen healthy individuals completed the study.

**Results:** There was no difference in the levels of fatigue between the healthy individuals and the cancer patients.

**Conclusion:** This study demonstrates that fatigue levels in patients undergoing a course of chemotherapy have returned to normal population levels by 6 months. All studies of fatigue in chemotherapy have used differences in fatigue during illness as compared to normal life experience. To confirm the resolution of fatigue a prospective study is required using an instrument, which is sensitive to all levels of fatigue experienced by both the patient and healthy individual.

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### Assessment of alternative and complimentary medicines and devices in cancer patients attending a Multi-Disciplinary Cancer Centre

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Alternative and complimentary therapies for patients with cancer have become more available and although many patients have relative faith on their benefits, they find themselves under considerable pressure from family members, friends, the media, etc. In an attempt to assess the impact of natural/alternative/complimentary medicines and devices in use by cancer patients attending the Sandton Oncology Centre, a questionnaire on 22 specific questions was prepared.

Patients with cancer, (regardless of the form of treatment) who were willing to anonymously answer the questionnaire were eligible. During October and November 1998, 250 consecutive patients received this questionnaire from the receptionist of the Sandton Oncology Centre who was blinded regarding the patient's diagnosis and treatment. The questions were divided into 5 specific groups detailing:

(1) Age/social status/education
(2) Disease/previous and current types of therapy
(3) Use of alternative/complimentary medicines
(4) Use of alternative/complimentary devices
(5) Nutrition/diet/habits

A detailed and updated analysis of the above groups and their findings will be presented at the meeting.

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## Continous infusion therapy: For how long can a Huber needle be left in situ without being changed? Use of a non adherent silicone dressing (Mepitel) under the Huber needle in order to prevent sores in obese patients and in patients with a deep port-a-cath

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**Purpose:** in 71 patients with port-a-cath who were undergoing continuous infusion chemotherapy no sores arose when the Huber needle was left indwelling for 21 days without change, except in those patients who were obese or those with a deep Port. In such patients an irritating ulcer was presented. Since continuous infusion therapy is the top grade treatment in oncology patients, this situation is one which deserves close attention.

**Methods:** all patients undergoing continuous infusion chemotherapy are taught to change the dressing of the Huber needle every 48 hours. The needle itself is changed at the end of the 21-day period when the patient comes back to undergo a new cycle of chemotherapy. On that occasion we evaluate the site of injection while replacing the needle. In patients at risk we leave a non adherent silicone dressing under Huber needle, which must not be removed by patient.

**Results:** 67 patients did not demonstrate any adverse cutaneous reactions when the needle was left in for 21 days. In four patients who presented sores we were able to leave in the needle, while treating the sore, using this kind of dressing.

**Conclusion:** a nurse must continuously aim to improve patient safety. We were currently trying to modify a standard procedure leaving the needle indwelling for the entire time that the patients is at home during the intercycle. This avoids undue patient stress and anxiety over the substitution of the needle.

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## The research nurses role in the study of patients recieving once weekly radiotherapy for locally advanced or recurrent rectal cancer

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**Purpose:** To asses, document and analyse symptomatic response from and tolerability to, a weekly 6 Gy regime of palliative pelvic radiotherapy, for patients with symptomatic locally advanced, inoperable, or recurrent cancer of the rectum and to asses, document and analyse these patients quality of life.

**Methods:** 30 patients, 14 women and 16 men, median age 75 years (Range 45–92 years) were assessed prior to each 6 Gy fraction of radiotherapy and one month following completion of radiotherapy, using LENT SOMA and RTOG scoring systems and EORTC quality of life forms.

**Results:** Overall symptom response rate was 83%; 13% CR and 70% PR. The research nurse collecting this data could concur with these findings from her knowledge of the patients involved. The continuity she provided in the assessments, enriched the data and the overall appreciation of what this treatment schedule could offer.

**Conclusions:** The research nurses detailed knowledge and understanding of this study, and of the participating patients, provided benefits in terms of the quality of data collected, patient support and confidence, and in the medical staffs ability to concentrate on medical problems. This level of involvement provides useful insights for the analysis of the current study and design of future studies.

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## Does exist an oncological patient profile who use alternative therapies?

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**Introduction:** The alternative therapies (T. A.) are offered as a complementary chance to add to the standard treatment to encourage the active paper of the person toward his disease.

Aims of the study: *To know the prevalence of the T. A. user.

*To describe the profile of the oncological patient that uses them.

*To know the reason and the motives which they appealed to them.

**Methods:** A questionnaire with multiple election items, consists in open items graduated as a scale EVA, to measure the physical/emotional state described by the patient. The type of coping toward the cancer disease perceived by the patients, which has been measured through the Coping test M.A.C.M. by Watson and S. GREER (1998).

100 cancer patients in treatment, carried out the complementation of both. Obtained and tabulated the both survey results, were interrelated the different variables to establish a profile able to define to the cancer patient T. A. user.

**Conclusions:** The alternative therapies more commonly used in our culture are homeopathy, phytotherapy and dietetic complements.

The users of the T. A. defer express better health state, as well as results with better and more positive values in coping, and a most holistic concept from his person and his disease, in congruity with values, beliefs in a global perception toward his own health and life.

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## Empowering the cancer patient with chronic pain

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Chronic pain is a major problem for cancer patients with advanced disease. An educational program has been developed tailor-made for this patient category. A randomized clinical trial evaluated the effectiveness of this program in 313 patients (de Wit et al, 1997). Results of this nursing research study demonstrated that patients who received the educational program knew significantly more about their pain and pain management, were more compliant to the prescribed treatment, and experienced less pain than patients from the control group.

As a result, a project is being financed by the Dutch Cancer Society to implement the Pain Education Program. Nurses on the wards will be instructed by a clinical nurse specialist to educate patients with regard to pain and pain treatment and prepare patients for the home situation. The training method used by the clinical nurse specialist will consist of a series of courses and bedside teaching. A manual for nurses will be developed and problem areas for pain management on the ward will be identified. The project will take four years. During the first two years, the project will be conducted in the University Hospital Rotterdam and in the Netherlands Cancer Institute, Amsterdam. Following the initial evaluation, the program will be offered to at least four other hospitals.

[1] de Wit, R. et al. 'A Pain Education Program for chronic cancer pain patients: follow-up results from a randomized controlled trial'. Pain 1997, 73, 55–69.

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## Relating information needs to the cancer experience: The perspectives of people with cancer

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People with cancer frequently express dissatisfaction with the information to them and experience difficulty in retaining and processing information.

A hermeneutical phenomenological study was conducted to determine the important issues that arose for six individuals with cancer. The stories of their cancer experience were told through in-depth interviews. Narrative analysis was on the data to uncover thematic aspects of the lived experience.

The cancer experience begins before the point of diagnosis and information needs of an individual's self-identity, including body image, family, social and work relationships. Cancer was viewed as an intrusion and the