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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, gastric-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 divided into two categories. EARLY: Defined as intra operative and post implantation period to first use. LATE: Defined as after first chemotherapy administered. 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 questionnaire (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 nurse'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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POSTER

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