Method: More than 1,000 patients per annum are referred to the Palliative Care Support Team at this regional cancer centre. Service provision for difficult pain problems include opioid rotation, non-pharmacological interventions, intrathecal/epidural techniques and nerve blocks. 10 patients who received ketamine were randomly selected to be included in the retrospective evaluation during March 1997–February 1999. All of this patient group had advanced cancer.

Results: Approximately half the patients experienced side effects some of which were manageable (details outlined in the poster). However, for two patients the burdens of this treatment outweigh the benefits and the ketamine was discontinued. Specific details will be given with regards to the route of administration, the dose range and the duration of treatment. The patient group included those on oral ketamine discharged home, as well as those approaching the terminal phase of their illness.

Conclusion: Sub-cutaneous and oral ketamine can be effective when combined with more conventional methods of pain control for neuropathic pain. There are implications for the patient and staff in hospital and community settings.

Good clinical practice

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Multi-professional core care planning: A model to ensure evidence based practice

H. Porter[1]. [1]*University Hospital Birmingham NHS Trust, Nursing, Birmingham, United Kingdom*

The Policy Framework for Commissioning Cancer Service (Calman Hine 1995) states that 'all patients should have access to a uniformly high quality of care wherever they live'. This statement can be applied to the provision of care within a large organisation where patients with cancer are to be found on many wards and departments. The implementation of Clinical Effectiveness initiatives promote evidence based care within nursing and other disciplines. In order to ensure clinical effectiveness and evidence based care the nurse needs to base decision making on the best evidence available.

The development of multi-professional, evidence based, core care plans ensures that care for patients throughout the hospital is evidence based, provides an easy form of references for nurses unfamiliar with the management of patients with cancer and identifies best practice. They also enable expertise within the hospital to be explored and disseminated and provides a philosophical basis on which to plan care.

This paper will discuss the process used to develop a comprehensive manual of multi-professional core care plans covering all aspects of the management of the patient with cancer. This will include the method, problems, acheivements, audit framework and plans for the future together with examples of the 108 core care plans developed.

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The information needs of women contemplating breast reconstruction after a diagnosis of breast cancer: A pilot study

H. Dryden. *Ninewells Hospital, Plastic Surgery Dept., Dundee, United Kingdom*

Cancer of the breast affects over 3,000 women annually in Scotland (Scottish Needs Assessment Programme 1996). Between 5–10% of women opt for breast reconstruction postmastectomy, although the figure could be as high as 50% for women offered immediate breast reconstruction (Antony 1995). The information needs of women contemplating breast reconstruction after a diagnosis of breast cancer has not been investigated in any depth. Therefore this qualitative study aimed to investigate this important topic, particularly from the perspective of the women concerned. Seven women were interviewed prior to their consultation with the plastic surgeon; two had previously undergone mastectomy and five women were contemplating mastectomy/reconstruction as a simultaneous procedure (immediate breast reconstruction). Data was analysed using the "Framework" method (Ritchie & Spencer 1994). The findings indicated that women welcomed discussion regarding breast reconstruction at the time of diagnosis and that their preferred source of information would be the breast care nurse. All women identified information needs relating to: breast cancer, available methods of reconstruction and possible complications of surgery. All women voiced concerns relating to the silicone controversy. Although partners were generally supportive regarding possible breast reconstruction, some women had received overt criticism from other family members. As treatment options diversify, it is essential that women receive tailored information relating to their needs at the optimum time. Implications for nursing practice are discussed

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After mastectomy: The nurse's counselling role in breast reconstruction

Regina Ferrario. *With collaboration of Nurses of Plastic Surgery Department, Istituto Nazionale Tumori, Milano, Italy*

Breast cancer is one of the most serious health threats facing women. Even in today's age of liberation a woman's physical attractiveness determines her status and security rather than her skills interests and values. The treatment of breast cancer is particularly emotionally charged because it requires partial or total removal of an organ that is tied intimately to self-image, self-esteem, sense of actractiveness, femininity, sexuality and reproductive and nurturing capacity. Understanding the impact of mastectomy as a distortion of the woman's body image, enhances the nurses ability to promote patient and family adaptation to this disfiguring operation. Response to loss of a body part will be related to: 1) the visibility of the loss 2) the functional loss 3) the emotional investment in, or the significance to the patient of the part affected. Of course, the nurse who has continuous contact with the patient is a powerful force in the patient's early efforts to adapt to the experience. Nursing intervention must be carried out in three areas: 1) the patient's perceptions of the event 2) the patient's coping strategies 3) the situational support available to the patient. So specific nursing counselling intervention falls into three main categories. 1) expression and exploration of feeling 2) inclusion of partner or significant others 3) rehabilitation. The emotional support provided by expert nursing staff, well informed about women's needs for rieducation, reassurance and understanding makes the several days' hospitalization conforting. All women agree that breast removal would lead to a loss of their sense of being a woman, this loss of self-esteem may result in decreased sexual satisfaction following mastectomy. Nowaday that breast conservaion and reconstruction procedures are more widely performed, it is important that women who must undergo a mastectomy are given realistic information about reconstruction which is an important point in the process of physical and psychological reahbilitation. The degree of satisfaction with the results is strictly related to expectation. A good acceptance of reconstruction is a balanced and realistic attitude which avoids the disappointment of idealization. For the nurse it is necessary to give correct information and to thorough by explore the woman's motivations and expectation. 84% of 38 patients who replied to a follow-up satisfation-evaluation questionnaire said they would not hesitate to recommend reconstruction to other mastectomized women.

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How safe are the patients in your care? The nurses's responsibility for equipment safety-selection, purchasing, maintenance, training and the millennium issues

Shelley Dolan. *Clinical Nurse Specialist Critical Care, Royal Marsden NHS Trust, London, United Kingdom*

As the 21st Century approaches our dependence on a variety of mechanical devices is growing. As the number of devices grows so too does the number of adverse incidents reported to the department of Health in the UK. Indeed not only has the number of incidents increased but also the number resulting in death or serious injury. It is when the incident is concerned with high risk devices such as infusion pumps or anaesthetic/critical care equipment that the risk of death is heightened.

As the treatment for cancer becomes ever more aggressive our patient's dependence on 'high risk' equipment is increased. More of our patients are also being treated in their own homes utilising equipment from community agencies or the cancer centre.

It is therefore imperative that every practising nurse is able to ensure that the device used is:

- appropriate to the clinical situation; conforms to European standards
- is well maintained and serviced; staff who are using it have been trained.

This paper will set out guidelines to manage these 4 issues utilising recommendations from the Medical Devices Agency and the Health and Safety Executive of the Department of Health, UK and the greater European directive.