Conclusion: A service evaluation will be carried out on the new patient pathway with a patient questionnaire sent to all patients who have attended the pre assessment clinic examining their experience and support needs during their reconstruction pathway. The results of this will enable us to evaluate our current input into the service.

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4230 POSTER

Surgical Oncology: Multidisciplinary Approach in Robotic Surgery, New Challenge for Operating Theatre Nursing

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Background: Throughout the history of nursing, the discoveries and system of belief of yesterday have served as a platform for the innovations of today. That is especially true for minimally invasive surgery (MIS) approach, exactly indeed perioperative practitioners have been challenged to stay abreast of technology in a field that is a constantly changing landscape of new techniques and improved instruments and equipment.
The "laparoscopic revolution" of the 1980s propelled and encouraged the changes towards a less invasive approaches and new techniques, such as modern robotic-assisted surgery. Science and technology are advancing at an incredible pace and a critical analysis of these new developments become a duty in the perioperative nursing.
Currently, minimally invasive surgeries, including robotic-assisted surgeries, are performed as routine in European Institute of Oncology (E.I.O.), especially in genitourinary, gynecologic, general, thoracic and head & neck surgery.
The *goals* of our investigation were:
1. To assess needs of cancer patients undergoing robotic surgeries in different specialties, regarding preparation, mentioning physical and psychological needs,
2. To assess a multidisciplinary team collaboration during robotic surgeries,
3. nursing role description, and the specific 'learning-curve' of the beginner nurses.

Methods: The investigation conducted at the European Institute for Oncology in Operating theatre by nurses involved in robotic surgery procedures. During three thousand robotic surgical procedures in different surgical specialty was registered a data using specifically designed form and analyzed daily, weekly, monthly and yearly.
Results: The professional nursing staff has an important responsibility to work following best-practice rules, and to analyze periodically roles and habits could be an effective instrument in order to improve every-day practice. A team training that involves all members of the robotic surgical team learning together, is the main key to ensuring patient advocacy and safe care. Creation and application of guide lines and specific protocols is giving positive results in daily practice.
Conclusion: The role of robotics nurse specialist is both challenging and exciting because the technology is so new and the role is open to interpretation and definition − needs of job description. Results showed us the needs of continues education, especially regarding e nursing skills, creation of guide lines and specific protocols. Nurses, as a member of Robotic Surgical team must represented very good level of professional knowledge, and be an expert in robotic technology. Playing a key role in data collection, analyzing trends and outcomes, and identifying safety issues.
In European Institute of Oncology in 2010 was open School of Robotic Surgery providing training for robotic surgery staff.

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4231 POSTER

A Review of the Literature for Non-pharmacological Interventions for Arthralgia in Non-cancer Conditions

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Background: Following aromatase inhibitor (AI) treatment for early stage breast cancer, women have increasingly experienced joint or muscle pain and stiffness referred to as arthralgia. This is an area of increasing concern (Fenlon et al 2008). There are suggestions that changes within the joints might be similar to inflammatory arthritic processes (Burstein 2007). Women are often reluctant to take medication to treat their pain. Therefore non-pharmacological treatment options used in the field of arthritic pain may be appropriate to alleviate such arthralgia. A systematic literature review was conducted to identify evidence to support the use of non-pharmacological interventions in non-cancer conditions that could be tested in women with breast cancer related arthralgia.
Methods: Using systematic review methods, electronic databases were searched for existing literature in the fields of breast cancer, AI treatment and arthralgia. Primary research studies were scored according to the Jadad score, literature reviews and systematic literature reviews were included.
Results: Three studies, 12 literature reviews and 9 meta-analyses met the set inclusion criteria. The quality of the evidence to support non-pharmacological treatment options was low. Controlling for placebo effect, adequate control groups, small sample size and adequately powered studies to detect statistical differences were some of the limitations. Many studies focused on functional ability and quality of life more than on pain outcome. Strong evidence supported supervised exercise programmes over a set period of time to reduce Osteoarthritis knee pain. Benefits were seen with aquatic exercise and aerobic capacity training combined with muscle strength training, a heat-retaining knee sleeve, extra-depth shoes, moulded insoles and mineral baths. Acupuncture showed statistically significant benefits for pain versus control groups. However no significant difference was seen between sham and real acupuncture. Low Level Laser Therapy and ultrasound over placebo showed conflicting outcomes.
Conclusions: There was little evidence to support the use of any non-pharmacological intervention for the relief of pain in arthritic conditions. Methodologically robust studies and further research into the effectiveness of exercise, acupuncture, localised heat treatment, and low level laser therapy is needed.

4232 POSTER

Patient Reported Outcome Measures (PROM) for the Delivery of Supportive Care to People With Lung Cancer − Identification and Selection of Existent Tools

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Background: People with lung cancer (LC) present with significantly more unmet supportive care needs compared to people with other cancer types; yet, often these needs are not fully met. Patient-reported outcome measures (PROM) may be seen as an effective way of identifying supportive care needs in this population, especially when their application is informed by patient preferences and clinician expectations. As part of a bigger project on the use of PROM by Lung Cancer Nurse Specialists (LCNS), an innovative three-step approach was followed to identify and select appropriate Supportive Care Need Tools (SCNT) for people with LC: (a) a systematic review of the literature was conducted; (b) LCNS were consulted during selection of the most appropriate SCNT; and (c) the tools were discussed in focus groups with patients with LC.
Methods: Via use of key words and synonyms, five databases (Medline, CINAHL, PsychINFO, EMBASE, BNI) were systematically searched from 1/2000 to 11/2010 to identify SCNT introduced in studies with people with LC. As well, a similar search was performed from 1/2004 to 11/2010 to identify SCNT introduced for use in cancer care. Additional information was extracted from the findings of relevant topical reviews.
Results: The searches yielded 495 potentially relevant articles. Based on specific eligibility criteria, 19 original studies were included introducing 15 generic SCNT. Thirteen additional SCNT were included based on previous literature reviews, leading to a pool of 28 well-established, self-report, generic tools. After consensus was reached within the team, 10