followed by the neck with 21%. The appearance was mainly ulcerating. The main difficulties nurses experienced in the management of patients related to malodour (48%), pain (46%) and difficulties in applying the dressings to the wound (38%). Different dressings were used to medicate these wounds. The most frequently used dressing was an absorbent dressing with 49% followed by gauze with 35%.
Despite the increasing number of publications about the appropriate use of wound care dressings the respondents show an uncertainty of the correct use of dressings concerning the treatment of fungating malignant wounds. This appears to be due to a lack of knowledge of best practice in fungating malignant wounds and may lead to the lack of evidence based guidelines.
Conclusion and implications for the practice: Confusion about what dressing and when they should be applied is partly a result of the many dressings available. Furthermore the complexity involved in using these dressings is reflected in their lack of use and difficulties experienced by nurses in their use. Strategies need to be explored to help understand the diverse range of wound problems including physical and psychological components.

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Sores lips during chemotherapy – a "Cinderella" symptom

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Background: Chemotherapy affects the lips by damaging the rapidly dividing basal cells in the vermilion border causing drying, cracking, soreness, bleeding and secondary infection [1]. Uncomfortable and disfiguring, this side effect is rarely mentioned in patient information materials or recorded as an event within chemotherapy studies, with very little advice on how to prevent or alleviate soreness. This survey recorded the incidence and severity of sore lips during chemotherapy, and discovered which over-the-counter remedies patients found helpful.
Methods: Following Ethics approval, 105 consecutive patients receiving chemotherapy were given a study specific questionnaire between 2nd July and 31st October 2008, at the Primrose Oncology Unit, UK. They were approached by their oncology nurse who collected 100 (95%) completed questionnaires, which were subsequently evaluated independently by the research unit attached to Cranfield University.
Results: Twenty eight percent of patients reported regular sore (chapped) lips before chemotherapy, but this figure increased to 69% during chemotherapy. Sixty six percent of these used lip salves but 82% of these reported little or no benefit. Eighty three percent used petroleum-based creams, and of these, 9% reported that they were moderately or very helpful. Seventeen used non-petroleum (natural oil based) creams and of these 63% reported that they were moderately or very helpful. Ten of 19 who reported cold sores during chemotherapy, indicated their episode was worse than normal in terms of number of individual sores and length of active lesions. Patients were 2.5 times more likely to have cold sores if they had chapped lips.
Conclusion: As the incidence of chapped lips more than doubles during chemotherapy, this side effect, together with preventative lifestyle advice, has now been included in our patient information leaflets and website [2]. This survey suggested a potential association between chapping and cold sores, and a difference of effectiveness between petroleum and non-petroleum based (natural) creams. These issues are now being investigated within a double blind, randomised study comparing a specifically designed natural anti-inflammatory lip salve [3] against a standard petroleum-based salve with quality of life, severity of soreness and incidence of cold sores as it's end points.

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4163 ORAL

Cancer pain management and perceived satisfaction of hospitalized Hellenic patients

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Background: The purpose was to explore hospitalized cancer patients' satisfaction with the effectiveness of pain management plans in Hellas.
Material and Methods: The sample (N = 201) consisted of hospitalized patients in a metropolitan public cancer hospital in Athens during a 9 month period. Inclusion criteria were patients reporting pain, who had no surgical procedure the previous 30 days, with good verbal communication in Greek, consenting to participate. Eligible patients were interviewed 48 hours after admission by one of the investigators, while another one collected data from their charts. The Patient Pain Interview by Dr B. Ferrell, and the Chart Audit Form by Dr M. McCaffery, validated for use in Hellenic patients were used for data collection.
Results: Patients' mean age was 61.53 (±11.7) years and 56.2% of them were female. At a scale 0−10, patients rated their pain at the time of the interview 4.94 (±3.05), during the previous 24 hours 6.75 (±2.85) and the previous week 7.04 (±2.78). The total daily dose of analgesics in morphine equivalents collected from charts (169.17±177.95) was significantly higher than the one reported by patients (121.46±146.88, $p = 0.019$). Despite that at a scale 0−10, on the average, patients rated their satisfaction with the prescribed pain management plan as 6.23 (±3.31), 31.7% of them were taking extra analgesics on their own regularly in addition to the prescribed ones. Moreover, participants rated the effect of pain on daily activities as 7.46 (±2.9) and on quality of life as 7.66 (±2.7). The reported satisfaction with the effectiveness of pain management associated negatively with the pain intensity reported at the time of the interview (rho = −0.326, $p < 0.0001$), and the previous 24 hours (rho = −0.211, $p = 0.005$). However there was no association between the degree of satisfaction with the reported effectiveness of pain management and equanalgesic doses of medications as reported by the patients or as documented in the charts. Additionally all measures of reported pain intensity associated with the perceived degree at which pain had affected patients' daily activities, and quality of life (rho = 0.244−0.359, $p < 0.0001$). However, no significant associations were detected between the degree of satisfaction with pain management and either the effect on patients' daily activities, or the quality of life.
Conclusions: The paradox of reported patients' satisfaction from cancer pain management despite the reported high pain intensity and pain impact on quality of life and activities of daily living, needs further investigation.

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Improving cancer pain management through self-care: protocol for a cluster randomized multicenter trial

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Background: Pain is with more than 80% prevalence one of the most frequent and distressing symptoms in cancer patients particularly in advanced stages of disease (Cheung 2009). For up to 90% of patients, sufficient pain relief can be obtained if adequate guideline-based treatment is provided (Meuser 2001). However pain remains often under treated due to institutional, health-care professional and patient-related barriers (Jacobsen 2009). This trial protocol is aimed to test the SCION (Self care improvement through oncology nursing)-PAIN program, a multi-modular structured intervention to improve self management in oncologic patients with pain (funded by German Ministry of Education and Research (BMBF FKZ 01GT0601).