

Procedure: Instruments: HADS, QLQ-C30, QLQ-BR23, BIS, PATSAT.

Statistical analysis: Descriptive analysis, "t" Student peer groups for independent and related samples, and analysis of variance of one factor.

Results and Conclusion: Surgery: radical (CR) (40.5%), conservative (CC) (47%), prophylactic (CP) (5%) and restorative (CRE) (7.4%). In the whole group, anxiety and depression are high. The overall quality of life is average, the symptoms in breast/arm and sexual activity is low. The satisfaction with medical care is excellent, with good nursing and the institution is adequate.

There are differences between the four types of surgery: body image is worse in CR versus CC and CRE. Anxiety is higher in CR versus CC, and CP and CRE versus CC. CRE has better overall quality of life than CC and CP. CP refers more pain than CC, CR and CRE. CP refers more fatigue and more symptoms in breast/arm CC and CR. The symptoms of the arm is lower in patients with CC compared with CR and CRE.

Regarding the differences between CR/CC against the CRE/CP: CRE/CP are younger, more anxiety and satisfaction with medical care, worse body image and quality of life (fatigue, pain, economy, breast/arm) after surgery, and more pre-surgical problems scales and social role. CR/DC have worse quality of life values (role and social) and CRE/CP have more pain and abnormal breast/arm. The functioning and sexual enjoyment is better in CRE/CP versus CC/CR.

The data help identify groups at risk, and implement treatment.

Wednesday, 24 March 2010

18:15–19:15

POSTER SESSION

Nursing

88

Poster

Decision making styles of older women with breast cancer

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Medical decision-making in breast cancer care has been the paradigm of patient participation for about two decades. During these years, much research has been done to examine the experience of women's decision-making in breast cancer care. In many of these studies, age has been shown to be an influencing factor in shaping both women's preferences, values, decision style and participation in treatment decision-making. Younger women tend to prefer a more collaborative, deliberative style of decision-making, opposed to older women who showed a more passive, dependent and deferring style of decision-making when faced with such a situation.

This study examined the decision-making styles of older Israeli women with breast cancer. A sample of women attending breast screening mammography was asked how they would go about making a treatment decision if they were diagnosed with early stage breast cancer. Fifty three women over 65 years of age attending a routine screening mammography were given two questionnaires. One is a simple demographic data questionnaire and the other is the MADS (Michigan Assessment of Decision Style, as developed by Pierce, 1996) translated to Hebrew. The MADS is a valid 16-item questionnaire assessing decision-making styles characterized by four factors including: Avoidance, Deferring, Information seeking and Deliberation.

The Deliberation and Deferring factors had the highest mean scores (4.49 and, at 2.01 4.02) followed closely by Information-Seeking (M = 3.86). Avoidance was much lower. Correlations among the sub-scales indicate a significant, positive correlation between Deliberation and Information-Seeking and a significant negative correlation between Deliberation and Deferring Age, family history of breast cancer, and having a current mammography were not significantly associated with responses on the MADS factors. These results will be discussed in relation to the decision support we provide older women diagnosed with breast cancer and the nursing role involved in tailoring these interventions, as well as sensitivity to cultural differences.

89

Poster

Fast-track surgery and nursing care

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Background: At Rigshospitalet, the largest university hospital in Denmark, the department for Breast Surgery has reduced the admission time after surgery from 3.6 days to 1.2 days.

The patients are discharged after surgery according to a set of discharge criteria developed as a means to secure quality of care. The patient is in touch with a contact nurse no less than 2 times between discharge and the final result of the operation.

Material and Methods: The department set out to introduce fast-track surgery for breast cancer patients in November 2008. Previous findings show that the time between discharge and the final consultation with the surgeon are perceived as particularly difficult for the patients; not knowing what to expect from the future and not knowing which adjuvant treatment is recommended. The department therefore set out to design a nursing care system, where patient care was not compromised with the introduction of fast-track surgery. The main feature of the nursing care system is a nurse-led outpatient department where the aim is to provide emotional and psychosocial support and give the patient an opportunity to ask questions and air concerns regarding their illness and the future. Furthermore, it gives the nurse a chance to check the wound and to secure adequate pain treatment. The nurse can decide whether the patients need more visits to the outpatient department, and it is also up to the nurse to refer the patient to a surgeon, if she finds it necessary.

The nurse-led outpatient department is in contact with the patient 2–5 and 7–9 days after discharge. The emphasis is on:

- Ensuring that the patient has understood information given before and after discharge
- Answering the patient's questions
- Providing emotional support
- Ensuring that the patient gets proper support at home
- The nurse also talks about the following: body image, prostheses, wound management, pain management, fatigue, sexuality etc.

Results: Patient satisfaction was measured before and after the initiation of fast-track surgery. This showed that the overall satisfaction amongst patients was higher after fast-track surgery implementation. Patient satisfaction is to be measured again in January 2010.

Conclusion: Fast-track surgery can be implemented without compromising the quality of care. It is possible to set up a system in an outpatient setting, ensuring nursing care of a high standard while taking into consideration the needs of the patient.

90

Poster

Patient satisfaction with a breast prosthesis service

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Background: The majority of women undergoing mastectomy without breast reconstruction will be fitted with an external breast prosthesis. Breast Cancer Care have produced standards of care for prosthesis fitting services. A patient survey was undertaken to evaluate our service.

Methods: Women undergoing mastectomy between January 2007 & May 2009 were sent a postal questionnaire. Women who had bilateral mastectomies or who were receiving palliative care were excluded. The questions related to the service received were based on the published standards of care. In addition, women were asked to rate how well the prosthesis matched the natural breast in terms of size, shape, feel/texture and skin colour match using a categorical rating scale of 1 (poor) to 10 (excellent).

Results: 121 of 174 questionnaires were returned (response rate 69.5%). Six patients were excluded as they had declined a prosthesis or had bilateral mastectomies, leaving 115 replies for evaluation. The median age was 63 years (range 31–90, IQR 54–70). Most women were white (71%) with 15% asian, 12% black and 2% of other ethnic background.

87% women were provided with a temporary prosthesis prior to being discharged after mastectomy. Nearly all women (96.5%) were satisfied with the comfort & privacy of the fitting room and were provided with advice on prosthesis care (95.7%). Fewer women (70.4%) recalled receiving information on bras. Most women (74.6%) wear their prosthesis on a daily basis and there was no difference by patient age.

Most women were satisfied that the prosthesis matched the other breast well in terms of size, shape and feel (median scores 8, 9 & 8 respectively). The median score for colour match was lowest at 7. The poorest colour match reported was in black women. However women with a poor colour match generally did not report this was an area of great concern but there was wide variability.

Conclusions: The results show high satisfaction with the service. There needs to be greater attention paid to the needs of black women and to improve the rates of temporary prosthesis provision.