Workshop: Spanish

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Body image and sexual problems in cancer patients

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Introduction: Oftenly discussed as main problem in nursing cancer care, the adjustment disorder with body image is the result from aggresive medical therapy and from the illness itself as can be changed body image and therefore it is needed new cancer care nurse interventions.

Losing a part of the body it's a feeling that can be compared to those ones who experiment in front of someone loved death. Because of this part function has and because of the personal and social meaning it has for persons, there is mourning. The sensation of beeing incompleted, asimetric, defective and having suffered such important loss, To the fear of suffering stigmated disease as it is the cancer, it must be added the doubt if illness will continue to be life-threatening.

Many of the studies in oncology patients conclude that the mayority of them believe that having had cancer means that they will never be able to have a normal sexual life. And that is the most frequent in gynecologic, breast, colon and rectal cancer. Patients, due to the social connotations of those parts of the human body, could feel as beeing attacked in their feminity or masculinity, keeping in mind that the total health must include complete sexual health

Aims of the Workshop:

– To identify nurses attitudes, knowledges and skills behind body image.

– To know about pathology and sexual disturbances in cancer patients.

– To help workshop participants to get into familiar problems related to cancer.

– To learn about the Sucessive Aproximations Programme to the new body image.

Workshop Methodology: The methodology used in the body image and Sexuality Workshop will be active interaction during the workshop and it will imply participants implication. Brief introduction to the specific contents and later individual/group discussion will conduct to results.

Conclusion: Conclusions and results will be obtained within the workshop experience.

Debate

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Home care of allogeneic stem cell transplant patients during pancytopenia

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After myeloablative treatment and allogeneic stem cell transplantation (ASCT), patients are isolated to prevent infections. All ASCT patients living within two hours driving distance from our hospital and judged eligible, were offered home care from the day of ASCT, between 1998–2000. 56 patients have been asked and 18 could not be treated at home and served as a control group. In the home care group, the median age was 44 (range 14–58), compared to 45 (15–64) in the controls. Diagnoses were AML 11/7 (study group/controls), ALL (9/3), CML (8/3), lymphoma (3/2), MDS (4/0), CLL 1/1 and among the controls, one patient each with adrenoleukodystrophy and myelofibrosis. Disease stages were 1st remission or chronic phase in 20/10, later remission or more advanced in 16/7, in the two groups, respectively. Donors were unrelated HLA-A, -B, -DR compatible (25/11), HLA-identical siblings (10/7) and one twin (1/0). In the home care group, 9/36 developed septicemia, compared to 10/18 in the controls ($p < 0.04$). In the home care group, days on TPN was less (median 4 (0–39) vs. 22.5 (0–55) ($p < 0.001$), erythrocyte transfusion 4 (0–12) vs. 7 (0–40) p. 0.03, less days with i.v. antibiotics, (median 7 vs. 12) p. 0.055, and less days with analgetics (median 1 vs. 15), compared to the controls (p.0.014). Days with fever, time to engraftment, days with G-CSF and acute GVHD were the same in the two groups. 30/36 patients treated at home were readmitted to the ward for median 4 (1–32) days due to fever or lack of care giver at home. All home care patients were very happy to stay with their family, do the home activities and take a walk whenever they felt like it. To conclude, home care after ASCT is safe and advantageous, compared to isolation in the hospital.

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This house believes that care in the home is preferable to institutions for patients with advanced cancer. Against.

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During this debate I will argue that care in the home is not preferable to care in institutions for patients with advanced cancer. Patients with advanced cancer have the right for optimal treatment, comfort and quality of life in de remaining lifetime. Patients with advanced cancer do need day to day symptom control management. Symptom control is a professional activity, and today's symptom control is more technical than ever. Many studies reveal that patients with advanced cancer suffer unnecessary pain and other symptoms even when the drugs were readily available. Many patients felt that they, when at home, were not visited frequently enough by health care professionals. When at home professionals are called in too late and family support was felt as inadequate. Professional community support that is needed has been described as fragmented care which may lead to stress by professionals carers, lay carers and the patient. Changes of household structures makes care at home more difficult. Changing family structures mean that there are fewer people available to provide the 24 hours care at home.

Economic factors influence also health care provision at home. Nowadays institutions like hospices and palliative care units in nursing homes are more prepared to give the care needed for patients with advanced cancer.