

- To stimulate participants to bring up problems in the internal tune of care in a more constructive way and to help to solve the problem.
- To give participants more selfconfidence in supporting the oncology patient.

The construction of one single group of participants consists of: GPs, district nurses, oncology nurses, nurses, medical assistants, specialists, social workers, psychologist and other caregivers.

Such an extensive construction, which has a multidisciplinary as well as a transmural character, should be called unique. Especially through such an extensive construction the oncology care process in all her aspects can be mapped very well.

The participants will gain insight in each others part around the oncology patient's process of treatment and care. They will become aware of the bottlenecks that can arise in this process of care.

During the training a declaration of intent is made up which the participants subscribe unanimously. Appointments of continuation about issues of improvement between the different disciplines are made. At this moment the results of the training on short terms as well as on long terms are examined. The results of this exam will be presented at ECCO 11. The results of this exam can also be used to evaluate and readjust the training.

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POSTER

Nurse consultation for patients prior to surgery for breast cancer and Sentinel Node Biopsy

G. Baron-Merle. *Dept. of Surgery, Institut Gustave Roussy, Villejuif, France*

Problematic: Axillary lymph node status is an important predictor of outcome in the management of breast cancer patients. In early breast cancer (tumour < 2 cm) 70–80% of node dissections are negative. However in order to determine node status most patients until recently underwent axillary sampling or lymphadenectomy with its associated morbidity of increased risk of lymphoedema and paresthesia. The advent of sentinel node biopsy (SNB) in breast cancer has focused examination on a single node and is a minimally invasive method of staging the axilla. As a result lymphadenectomy can now be confined to patients who have a positive SNB. A nurse counselling service for breast cancer surgery patients was set up to explain the modifications in the operative procedures and reinforce the information given by the surgeon prior to surgery.

Method: The nurse first sees the patient, preferably with a relative, one week prior to surgery, following the preoperative anaesthesia consultation. The information needs of the patient with regards to the administrative aspects of hospitalisation and the type of surgery are explored and psychosocial problems evaluated. The information given by the surgeon concerning the procedure for SN mapping is further reinforced, by the nurse.

- The patient is hospitalised either 24 h before surgery or on the day of surgery. In the Dept of Nuclear Medicine four subcutaneous injections of 0.2 ml of a radio-colloid are injected around the periphery of the breast tumour. A scintigraphy is performed 4 hours later or on the day of surgery.

- The sentinel node is identified per-operatively by means of a miniature probe, and by patent blue staining, and routine histology is performed extemporaneously.

- If the SNB is negative surgery is confined to a lumpectomy and SNB biopsy

- If the SNB is positive lumpectomy is extended to include axillary dissection.

Results: Since 1999 patent blue and radio-colloid mapping have been used to localise SN at Institut Gustave Roussy and lymphadenectomy has been restricted to patients with positive SNB, thus reducing surgical morbidity.

- In the case of negative SN, the patient is discharged the day after surgery.

- In the case of positive SN, drains are withdrawn on Day 4 and the patient is discharged with a prescription for physiotherapy.

- In the case of a false-negative axillary dissection is performed 10 days after lumpectomy.

Conclusion: SNB in patients with breast cancer can predict axillary nodal status. (tumour size < 2 cm) Nurse counselling is important in making patients aware of the inherent surgical procedures related to negative, positive and false-negative SNB and is paramount in allaying patient anxiety.

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POSTER

Collaboration between oncology unit and pharmacy department - benefits for nursing practice

G. Lokajner¹, K. Laznik², D. Penovski-Plevcak³. ¹ Medical Centre Ljubljana, Gastroenterology-oncology unit, Ljubljana, Slovenia; ² Medical Centre Ljubljana, Gastroenterology-oncology unit, Ljubljana, Slovenia; ³ Medical Centre Ljubljana, Pharmacy dep, Ljubljana, Slovenia

Treatment of oncology patients requires good collaboration of the whole healthcare team. In all Slovenian medical departments, that prescribe and administer chemotherapy, nurses prepare and administer cytostatic drugs by themselves. With this poster we would like to show the influence of collaboration between two departments in our Medical Centre on providing the best care for our patients.

Our oncology unit within Department of gastroenterology was established in June 2000. At the same time we started to collaborate with specially equipped unit of Pharmacy Dep. In almost one year period 50 patients in our unit were treated with chemotherapy, and the Pharmacy Dep. was involved in all of them. They were in charge to provide, prepare and transport the cytostatic drugs, by doctors order, to our unit. All pharmacy standards and safety requirements were implemented. We had monthly meetings to discuss and solve all possible problems. Nurses were co-ordinating the whole procedure.

This kind of collaboration enabled the nurses to gain a valuable time for a nursing process implementation as foundation for nursing practice. The time we used to spend for preparing the cytostatic drugs is now used for gathering the information about patients needs and formulating the nursing diagnoses. The nursing care plan can then be developed and implemented for each patient individually. This kind of nursing practice ensures good care of oncology patients.

We are going to continue with the collaboration to make sure that our patients will have the best care in the future.

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POSTER

The needs of the post-basic course development in cancer-related fatigue management

I. Laze. *Latvian Oncology center, Riga, Latvia*

Cancer is one of the most serious health problems in Latvia. In 2000 cancer incidence rate was 358,3 per 100 000 population. Cancer nurses in new millenium are being challenged to think about their practice in new ways. All cancer patients who have received three basic treatment approaches either alone or in combination such as surgery, radiotherapy and chemotherapy suffer from fatigue to some degree and nurses have play important role to identify cancer - related fatigue and to provide management of fatigue and support cancer patients. Lack of information about cancer - related fatigue and fatigue management has hindered nursing practice in Latvia. Appropriate knowledge of fatigue is essential for effective nursing practice to improve quality of life in the cancer care. Although fatigue is a common experience for all individuals it is often a major problem for cancer patients.

In interviews with cancer patients fatigue has repeatedly been identified as one of the most common and often one of the most distressing problems for them especially exacerbated by chemotherapy and radiotherapy treatment. Most of them allow that fatigue often has a profound negative impact on the quality of life. Patients usually employ traditional methods of reducing this symptom, such as sleep and rest, but it is not successful during treatment.

Nurse is the person who spends most time with the patient. Alleviation of fatigue is one of the central nursing responsibilities to care cancer patients suffering from fatigue. These aspects are important and had influence to develop and adjust completed post -basic course in cancer -related fatigue in cancer nursing. Advances in cancer -related fatigue require new nursing skills.

The aims of the course is:

1. to provide nursing information and nursing practice for cancer patients with fatigue, identify fatigue as cancer patients problem;
2. to identify fatigue risk factors;
3. to determine nurses role in fatigue management reducing fatigue.

During the course nurses get a schedule for analysing nursing contributions in fatigue.

This education course will facilitate nurses to support the patients with fatigue.