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The critical care of the person with cancer

KEYWORDS: Medical Oncology; Cancer Care Facilities; Critical Care Units; Critical Care; Education Medical; Medical Staff; Nurses

People with cancer require the support of critical care for many different reasons. Patients may be admitted following complex major surgery, or because of toxicities due to the cancer or its treatment such as sepsis, major bleeding, acute graft versus host disease. Cancer patients also need critical care for non cancer related emergencies such as ischemic heart disease, chronic pulmonary disease, or metabolic emergencies. In this presentation the experience of the only critical care unit dedicated to cancer patients in the UK will be described together with the supporting research. The Royal Marsden Hospital in London has had a critical care unit for over 20 years and opened its new Critical Care Unit (CCU) 2 years ago seeing over 1000 patients a year both in the CCU and on the wards as part of its Critical Care Outreach programme. All critical care modalities are offered on this purpose built unit with nursing staff that are trained in both cancer and critical care. The multidisciplinary CCU team work in collaboration with their oncology colleagues offering each patient expertise from both cancer and critical care. The CCU also runs a critical care follow up clinic and has a rapidly growing portfolio of both scientific and health services research and data will also be presented from current studies. Finally the CCU facilitates emergency and critical care education for medical and nursing staff across the hospital and an overview of this essential programme will be provided.

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National guidelines for cancer prevention in Serbia: The role of nurses in the implementation

KEY WORDS: Medical Oncology; Practice Guidelines; Health Promotion; Preventive Medicine; Nurse's Role

National guidelines for cancer prevention were designed for the primary health care in Serbia. Nurses, through continual education, should become involved in both primary and secondary prevention and, in that way, facilitate the implementation of the Guidelines and actively contribute to the decrease of mortality of malignant diseases in the population. Guidelines consist of recommendations for cancer primary prevention and screening for breast, cervical and colorectal cancers. Guidelines are based on the current epidemiological situation in Serbia and the health-care system organization. In the domain of primary prevention, through the individual work with patients or through organized lectures, campaigns or distribution of printed material, nurses should promote elimination of risk factors and of so-called “positive” behavior. In secondary prevention, nurses should provide information on importance of early detection of malignant diseases, provide information on importance of screening program, recognize families or individuals at high risk, provide support to patients who are waiting for the screening results and patients with positive test results. These guidelines are the first official document related specifically to cancer prevention on the national level. It is time for nurses to increase their knowledge on cancer prevention strategies and make them an integral part of nursing practice.

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Follow-up of side effects in patients with breast cancer treated with combination of capecitabin/paclitaxel

KEYWORDS: Breast Neoplasms; Antineoplastic Combined Chemotherapy Protocols; Deoxycytidine; Paclitaxel; Drug Toxicity; Nurse's Role

Background: Application of capecitabin and paclitaxel can have different side effects, i.e. toxicities, of which intensity depends on drug dose and way of application. The treatment is conducted by team (physician and educated nurse) who will acquaint the patients with possible side effects. Aim of this research is to present importance of nurses' interventions regarding patients' education, prevention of the side effects and treatment of already occurred complications of chemotherapy.

Patients and methods: In the period of April 2002, up to June 2004, clinical study of phase I was conducted at Institute of Oncology and Radiology of Serbia, which included totally 11 patients with metastatic breast cancer. All patients received combination of capecitabin dose of 2.000 mg/m^2 during 2 weeks, with pause lasting one week and paclitaxel dose of 60-90 mg/m^2 in weekly intervals.

Results: The most common side effects were: diarrhoea, stomatitis, dermatitis, alopecia, nausea and vomiting, feeling of fatigue and weakness and sensory neuropaty, mildly expressed in all patients. All the patients kept diary on the side effects once a week, and this education decreased their anxiety and fear related to application of new chemotherapy. Stomatitis prevention resulted in fact that only 2 patients had stomatitis grade II from 55 cycles of given chemotherapy, and due to skin prevention only 3 pts. had dermatitis grade 2 out of 55 cycles. Toxicity related to nails of grade 3 and syndrom of hand/foot grade 3 were registered in two patients. These toxicities were treated with aseptic bandaging technique, so the changes were healed for less than 2 weeks.

Conclusion: Education on possible toxic side effects related to drugs' use, then prevention of occurrence and correct and timely treatment of the side effects, significantly influenced better tolerance of the therapy application in our group of patients.

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Need for psychosocial support in early breast cancer patients treated with adjuvant endocrine therapy

KEYWORDS: Breast Neoplasms; Antineoplastic Agents, Hormonal; Psychology Applied; Quality of Life; Social Support

Background: The body defect in early breast cancer (EBC) patients can cause psychological disturbances and loss of self-confidence. The adverse events during adjuvant therapy may additionally hamper the quality of life. Aim of the study was to assess the need for psychological support in EBC patients on endocrine adjuvant treatment.

Patients and methods: We created a questionnaire, which was filled in by EBC patients during adjuvant endocrine therapy. Patients were asked about their integration into the normal life after breast cancer surgery. The answers were correlated to the presence of symptoms of concomitant diseases, and specific endocrine therapy-related adverse events. Finally, their need for psychosocial support was correlated with the number and seriousness of their complaints. Thirty EBC patients filled in the questionnaire. A half of them were postmenopausal, aged from 51 to 77, and were treated with adjuvant tamoxifen. The other half of patients were premenopausal, aged from 28 to 46, and were treated with adjuvant ovarian suppression with goserelin.

Results: Regarding the question whether they have the symptoms of any other concomitant disease, 80% postmenopausal patients responded positively, while only 20% denied other symptoms. However, on the question of their integration into normal life after BC surgery, 93.3% responded positively, while only 6.7% had difficulties with their reintegration. On the question about the need for psychological support, 33.3% postmenopausal patients responded that they needed it, while the remaining 66.7% did not need any support. In the group of premenopausal women treated with Zoladex, the answers were different, as compared to postmenopausal women: only 33.3% of patients had the symptoms of other concomitant diseases. The identical proportion of patients was successfully reintegrated into normal life, as in postmenopausal group (93.3%). However, significantly higher proportion of patients experienced the need for psychosocial support during their reintegration into normal life (86% vs. 33.3% in postmenopausal group, respectively).

Conclusion: 1. Most of our patients needed the psychosocial support. 2. The need for psychosocial support was irrelevant of the presence of symptoms of other concomitant diseases. 3. The need for psychosocial support was significantly more prominent within the group of premenopausal patients, treated with Zoladex. 4. The coordinated and multidisciplinary role of the medical professionals, both physicians and nurses, is important in supporting the EBC patients to reintegrate into normal life.

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The program of patients staying in the nuclear medicine therapeutic block for the radioactive iodine thyroid gland carcinoma treatment

KEYWORDS: Thyroid Neoplasms; Carcinoma; Iodine Radioisotopes; Patient Isolation; Nuclear Medicine Department, Hospital; Clinical Protocols

The therapeutic dose of radioactive iodine treatment of thyroid gland carcinoma requires the hospitalization of the patient in the isolated therapeutic block. The block is built in the marner that enabies the maximum radiological care, constant control and complete comfort of the patient. We have showed the whole procedure of the stay in the hospital from the administration of the patient, beginning of the therapy, evaluation of the patient radioactivity level to the discharge. All diagnostic and therapeutic procedures are performed according to the protocol for thyroid gland malignancy diagnosis, therapy and control of the Institute for Oncology in Sremska Kamenica.

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Sentinel lymph node biopsy in differentiated thyroid carcinoma – the new technique

KEY WORDS: Thyroid Neoplasms; Carcinoma; Sentinel Lymph Node Biopsy

Background: Sentinel lymph node (SLN) was defined as the first lymph node that the tumor would drain to, within that tumors regional lymphatic basin. The concept of SLN mapping was introduced by Ramon Cabanas in 1977 using vital dye in penile carcinoma. If the SLN was negative on pathohistology examination further dissection was not necessary in all cases of early stage carcinoma with low expectation of lymph node metastases. With minimal biopsy surgical complications could be avoided. The concept of SLN biopsy was successfully applied in melanoma and breast cancer. In 1998, Kelemen and co-workers have published the first results on SLN lymphonodectomy in thyroid carcinomas followed by several similar studies.
Patients and methods: Different methods have been used in a goal of lymphatic mapping (application of vital blue dye and/or radiocolloid). All removed lymph nodes were examined on frozen section and definitive pathohistology.
Results: In the surgical department of the Institute for Oncology and Radiology of Serbia, in a period from 2001 to 2004, 40 patients with differentiated thyroid carcinoma underwent SLN biopsy using methilen blue dye. The identification of SLN was successful in 92.5%. The accuracy of the method was 95%.
Conclusion: The SLN biopsy for thyroid carcinoma is good, feasible and accurate technique for estimating the cervical lymph node status. If the SLN in lateral neck compartment are not metastatic, there is a 95% of confidence that the other lymph nodes are free of metastases. In that case modified radical neck disection is not indicated, which could lower the rate of possible complications.

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How to help patient to measure pain intensity: Nurses' role

KEYWORDS: Pain Measurement; Neoplasms; Nurse's Role

Background: Pain is the most common and severe symptom in patients with cancer. Pain is a subjective feeling, and patients usually find it difficult to describe its intensity. The aim of this paper is to study the use of pain scales and the role of nurses in helping patients to measure pain intensity in cancer patients.
Patients and methods: In the ambulatory pain service, the intensity of cancer pain was measured in 93 outpatients since May 2005. Two pain scales were used: Numerical Rating Scale from 0 to 10 (0 = no pain; 10 = the worst pain possible) and Verbal Rating Scale (no pain, mild, moderate, severe). The patients were given the questionnaires by the nurses and instructed how to use them.
Results: Total of 93 patients answered the questionnaire. Measuring the pain intensity by the Numerical Rating Scale from 0 to 10 revealed the average intensity of 7/10. In the Verbal Scale the pain was described as moderate by 44.2% of patients and severe by 54.2% of patients. The ratings of pain intensity by both scales were largely corresponding.
Conclusion: Appropriate instruction of patients by the nurses about proper use of pain rating scales is of utmost importance in helping the patient to measure the intensity of cancer pain.

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The cancer of the elderly

KEY WORDS: Medical Oncology; Neoplasms; Aged; Palliative Care; Terminal Care

Background: The Institute of Gerontology, Home Treatment and Care Belgrade is a medical institution that provides care for the elderly at their homes. It vas founded in 1987 with the aim to meet the needs of growing number of the elderly in Belgrade. Nowadays the Institute is modern institution in whose framework there is the team for palliative care, founded in 2004, since its patients are very often untreatable. The team is interdisciplinary and consists of physicians: general practitioners, clinical pharmacist, and psychiatrists as a consultant members, nurses, social workers, physiotherapist and nutritionist. The aim of this paper is to show the basic characteristics of the observed patients.
Patients and methods: The team provided palliative care for 90 patients in the period between October 1, 2004 and December 31, 2005 (15 months), but the number of the patients is growing – for the first six months of 2006 there was 62 patients who were treated in that manner.
Results: The average age of the most people who belonged to the observed population were 75 years and more (54.8%). Very important fact is that the number of people who was 59 or less, increased (21.0%), compared to the earlier period (8.8%). The fact which mirror a very serious condition of our patients is that most of them (74.2%) were incontinent and bed-ridden. Out of total number of patients (62) who were treated during the observed period, 29 died, and all in the first three months after admission. Most of them (19) were 70-84 years old.
Conclusion: Palliative care in terminal cancer is rational and effective type of health care. It provides care and allows patient to die with dignity at its own home, with family support, but with adequate health care as well.

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Early postoperative bleeding after thyroid gland surgery – the role of intensive care unit nurse

KEYWORDS: Thyroid Diseases; Surgery; Postoperative Complications; Hemorrhage; Intensive Care; Nurse's Role

Background: Thyroid gland is positioned in the central anterior part of the neck, firmly adhered to the trachea and in close topographic contact with parathyroid glands, recurrent laryngeal nerves, carotid artery, internal jugular vein and vagus nerve. It is also the organ with the richest blood vessels supply. Thyroid operations should be performed by specialized surgical teams with special attention on excellent haemosthasis, and preservation of parathyroid glands and recurrent nerves. The thyroid operations are ranged from lobectomy to total thyroidectomies with dissection of central and lateral neck compartments in cases of locoregional advanced carcinomas. Because of to its anatomic position early postoperative bleeding in the neck could be life threatening.
Patients and methods: From 2002 to 2006 there were 1.472 thyroid gland operations preformed in the Institute for Oncology and Radiology of Serbia. All patients were admitted and continuously monitored in intensive care unit. Monitoring comprised of breathing control, Fovler position, vital parameters, bandages and drainage control together with continuous communication with the patient. Signs and symptoms of early postoperative bleeding in the neck: crepitations, local swelling, patient is upset, perspiration, dispnea, stridor, hypotension and tachycardia in severe bleeding.
Results: Early postoperative bleeding occured in 7 out of 1.472 patients (0.47%). All cases were recognized by intensive care nurse 3 to 9 hours after the operation. Following procedures and measures were done: inspection and palpation of the neck, drainage control, Fovler position, breathing, tension and pulse control. Immediate call the doctor and check up of anti shock and surgical set. In three cases of subcutaneous bleeding the haemosthasis was done in intensive care unit. In 4 cases of severe bleeding haemosthasis was established in the operating room under the general anesthesia. All patients had a good postoperative recovery.
Conclusion: Early postoperative bleeding after the thyroid gland operations is very rare complications if performed by well trained surgical team. Nevertheless, the bleeding could be a life threatening condition if not recognized by experienced nurses. Continuous monitoring in intensive care unit is mandatory in postoperative management of patients after thyroid gland surgery.

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Treatment of patients with metastatic colorectal carcinoma – the role of oncology nurse

KEY WORDS: Colorectal Neoplasms; Neoplasm Metastasis; Antineoplastic Agents; Drug Toxicity; Nurse's Role

Background: Colorectal cancer is the second most common cause of death from cancer. Colorectal carcinoma can occur anywhere in the colon or rectum. Treatment is surgery, whenever possible, following with adjuvant chemotherapy, with or without palliative irradiation. The most common chemotherapy is with 5-fluorouracil that has been the main treatment more than 40 years both in adjuvant treatment and for treatment of metastatic disease. Other more potent new drugs include irinotecan and oxaliplatin, and also an oral fluoropirimidine, capecitabine. Recently, monoclonal antibodies (bevacizumab and cetuximab) broadly came at market. From oncology nurse's point of view, the most important issue is recognizing the side effects of treatment. Nurse should be able to recognize these side effects and educate patients about necessary treatments that sometimes, might be conducted at home, regarding the grade of toxicity, of course.
Material and methods: In this study, author utilized experience of oncology nurses who are dealing with chemotherapy and data prepared by oncology nurses in medical files paying attention to kind and grade of non-hematological (mostly mucositis and diarrhea) or hematological toxicities of different chemotherapy regimens used in the management of colorectal cancer patients. For that purpose, additive hematological toxicity to non-hematological one has been also carefully studied as well as very specific toxicity profiles of newer biological agents.
Results: Results of the study will be presented during the 20th Annual Meeting of Oncology Nurses of Republic of Serbia.
Conclusion: Trained oncology nurse should be able to recognize chemotherapy side effects and because of close and particularly the first contact with patients should promptly inform medical oncologists about their occurrence. Oncology nurse should be able to provide proper information to patients about necessary treatments that sometimes, regarding the grade of toxicity, might be managed in home setting.

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The specific care needs in elderly patients with advanced colorectal cancer

KEYWORDS: Colorectal Neoplasms; Adaptation, Psychological; Intensive Care; Quality of Life; Social Support

It is well known the incidence of colorectal cancer is higher in males and in advanced age. The first pick is reached in the age of 50-55, and the incidence increased further with the age. Other risk factors are inflammatory lesions of colon mucosa, disease in the same family, family polyposis of colon, fat containing diet, alcohol consumption etc. To assess the specific care needs, in relation to individual demands of elderly colorectal cancer patients. During the period from September 2005-January 2006 the original questionnaire about the patients' needs was used in 50 advanced colorectal cancer patients, aged from 60-75, at the start of their chemotherapy and again during the chemotherapy course. The details will be presented in a descriptive manner. Our results suggested that the psycho-physical integrity was affected by the disease in most patients. The continuing education of patient and his close family members can influence the psychological adaptation of those patients, and their reintegration into normal family life.

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