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## Healthcare of the patients with colorectal cancer

**KEYWORDS:** Colorectal neoplasms; Health care; Survival rate

Cancers of the gastrointestinal tract, after gastric cancer, are most commonly localized in the large bowel, mostly in the rectal and sigmoid parts. Etiology of the disease is poorly understood, but it is usually associated with genetic factors, colon polyposis, ulcerous colitis, diverticulosis, haemorrhoids, and adenomas. The role of the nurse is very significant, beginning from diagnostics throughout all treatment phases, especially in psychic and physical patient preparation. Patient education is constant and adjusted to the patient educational and cultural level. Especially, colostomy requires psychic preparation of patients. After anus praeternaturalis is established, patients are educated in postoperative care of the stoma, with suggestions on hygienic/dietetic regimen and purchase of disk and bags. Side effects may occur during radiotherapy. Most frequent manifestation is diarrhea. Nausea, emesis, cystitis may occur. In a small patient population recto-vascular and recto-vaginal fistulae may be the therapeutic sequelae. In order to reduce complications, nurses have to instruct the patients on adequate food intake. Radiotherapy is administered only for rectal cancer in order to reduce the possibility of small pelvis lymphatic metastases - the subjective manifestations are thus also reduced to minimum. However, exhaustion, anaemia, leucopenia, nausea, emesis, diarrhea are much more pronounced during chemotherapy. All these effects are usually transient, disappearing after therapy cessation. The treatment is symptomatic, with antiemetic drugs, antidiarrheal, as well as the avoidance of foods rich in fibers etc. Changing the life-style and early detection of the disease may reduce the mortality from colorectal cancer. The experience with our stoma center will be presented in the work.

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## Health care in use of combination docetaxel - mitomycin C - vinblastine in treatment of patients with anthracycline-resistant metastatic breast cancer

**KEYWORDS:** Health care; Breast; Toxicity

New drug combinations, which give better results in the treatments of patients with anthracycline-resistance, but with eventually increased toxicity, are investigated with great intensity. Combination of taxotere - mitomycin C - velbe was used for the first time in the Institute of Oncology and Radiology of Serbia. We present experience in health care of patients treated with this cytostatic combination. The aim of the paper was to define the profile of side effects of the combination taxotere - mitomycin C - velbe, and to assess preventive measures in health care. Twenty-seven patients were included into the study during the period from December 1998 to April 2000. The therapeutic scheme was taxotere 80 mg/m<sup>2</sup>, vinblastine 6 mg/m<sup>2</sup> per 3 weeks and mitomycin C 12 mg/m<sup>2</sup> per 6 weeks. The data that we present are obtained by interviews analyses of the health care list and data from patients' diaries originated in home care conditions. Presented results show that the combination of taxotere - mitomycin C - velbe caused significant side effects in rather great number of cases, with cumulative effects that were expected. Proper communication and adequate planning enabled realization of defined goals in health care together with high degree of preserved quality of life for treated patients.



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## **Possibilities of reconstructive surgery in treating women breast cancer**

## **Concept of nursing activities in patients with breast reconstruction**

**KEYWORDS:** Reconstruction; Endoprosthesis; Breast neoplasms

**KEYWORDS:** Breast reconstruction; Health care; Prevention

Reconstructive surgery is a modality of elimination of deformity caused by the surgical intervention of the malignant breast cancer. Presentation of two approaches to the reconstructive breast interventions will be reported. Reconstructive surgery will enable overcoming of the psychosocial traumas caused by loss of the most important attribute of femininity.

Breast reconstruction involves creation of an "artificial breast" of synthetic material or creation of the breast of skin segments, subcutaneous fat tissue and muscles in adjacent region. Modern conception in health care involves knowledge about human needs (physiologic, psychological, social, and spiritual); human reactions to health change; actual and potential health problems; health care standards.

Standard nursing activities in health care. Health-care criteria:

- Fear of the surgical intervention - surgery
- Lack of knowledge regarding surgery
- Fear of the surgery outcome
- Need for aseptic care of the wound
- Need for proper function of draining system
- Prevention of possible complications
- Lack of knowledge regarding rehabilitation.

Concerning the fact that all patients after surgery practice control visits to the surgeon, nurses have not complete insight in further conditions. The quality of health care that we offer during hospitalization, where nurses as part of team have extremely significant participation, is the fact that we are absolutely sure of.



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## **The Munich Declaration in oncology nursing improvement**

## **School for primary and secondary prevention of malignant diseases**

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**KEYWORDS: Munich Declaration; Health care; Oncology nursing**

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**KEYWORDS: Neoplasms; Prevention; Education**

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The Second WHO Conference on nursing was held on the 17th of June 2000, in Munich, with national representatives of European Nurses Associations. The contribution of 6 million European nurses, further development and improvement of health protection and health care at the all levels, and possibilities for better education and regulation of nurses' position were analyzed during the conference. Our aim is to acquaint oncology nurses with the recommendations of Munich Declaration brought from WHO. Analysis of recommendations from Vienna to Munich 2000 and the analysis of success in some segments of health protection and health care were also made. During the last decade many changes happened in Europe where countries CCEE and NIS have been working fast on the process of democratization and reforms of health protection and health care. Decisions of Munich Declaration are directed on strategy for nurses education, family nurse, investigation principles, nurse position and leading in nursing. Development of oncology nursing and nurses' education for oncology health care need close knowledge of Munich Declaration and its implementation. One of directions for the future of oncology nursing is primary health care development, good clinical practice and accreditation of continual education of nurses, in aim for ensuring oncology nurses' license (oncology specialist nurse) for specific professional activities.

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Reorientation of health care to the promotion of health, as well as to the primary and secondary prevention, is one of the significant messages and recommendations from Alma Alta in 1986. Since nurses are professionals in interactive relations with their users (patients), they can play a very significant role influencing the segment of the primary and secondary prevention of malignant diseases. Today nurses play a significant role in the health care system and are inevitably present in all activities of human life. The aim of the paper is to: 1. Investigate level of knowledge in primary and secondary prevention of malignant diseases, in the group of nurses working on primary health care, dispensaries for medicine of work and teachers of practical lessons in schools of medicine. 2. Conduct and complete the program defined for school for primary and secondary prevention. 3. Assess the level of achieved knowledge. We expect that the school of primary and secondary prevention with programs for theoretical and practical lectures will be regularly in course in our Institute. This will enable the Institute to become the center for proper and adequate education. At the same time it will be our contribution to the systemic health protection through prevention of risk factors and conduction of national program for oncology health protection. The new knowledge and program content in primary and secondary prevention of malignant diseases will provide realization of the well-known goals of famous "Health for all by the year 2010". Nursing professionals have to be prepared for family medicine, i.e. family nurse, who will improve existing knowledge and work, striving for the most sophisticated health promotion for whole population in the country.



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## Education-new support concepts in cancer patients' health care

## Healthcare of patients on brachytherapy treatment of cervical cancer

**KEYWORDS:** Neoplasms; Nurses care; Education

**KEYWORDS:** Brachytherapy; Health care; Cervical cancer

Education increases knowledge and understanding of disease and its treatment; it also influences attitudes to chemotherapy treatment and, within health care, it helps us influence changes of negative health habits, changes in behavior in order to prevent potential health problems and successfully solve actual ones. Accordingly, education should be realized as powerful device in fight for life against the malignant disease. We would like to point out importance of education of the cancer patients within health care, and to determine role of nurse in its realization throughout individual standardized interventions, systematized in health care standards.

1. To realize incidence of nursing diagnosis "lack of knowledge" in relation to other nursing diagnoses concerning cancer patients. 2. To perceive needs for education, i.e. specific knowledge that is missing to patients receiving chemotherapy. The investigation will include 100 patients diagnosed with cancer with different localization of the primary disease receiving chemotherapy during April 2001 at the Service of Medical Oncology of the Institute of Oncology and Radiology of Serbia. We shall use health care documentation and questionnaire specially designed for this investigation with title "Needs for Education". Results of the investigation will be assessed, and showed in tables and graphs. Results of our investigation will be a contribution in confirmation of the importance of education and the need for systematic, continual and researching approach to education of cancer patients, with the recognition of defining role and responsibilities of nurse in this field of health care.

Cancer of the cervix is besides breast cancer, the most frequent malignant tumor in female population. One out of 15 women develops this cancer in her lifetime, i.e. 4% and 71% of all malignant tumors of genital organs belong to the cervical cancer. The most frequently it develops at the age of 30-50 years, but it can occur also either in younger or in older population. Brachytherapy, regardless to the applied technique (intracavitary-intersticiary) is administration of high dose radiotherapy into the tumor tissue and direct contact of radioactive sources with the tumor. The placement of adequate applicators and guides which bring the direct contact with tumor cells, enables the optimal distribution of dose inside of the target volume and, at the same time, limiting of radiation dose to adjacent healthy structures. These properties make brachytherapy to become a powerful tool for therapy of malignant tumors of genital organs, with the aim to achieve maximal local control and good therapeutic outcome. Intracavitary brachytherapy is used for treatment of tumors in gynecology. To perform the therapy correctly and successfully we need to work as a team, which involves radiologist, radiologic technician, radiologic physicist and nurse. The application of the guide, probe and applicator involves defined sequence of procedures-interventions, which have to be performed by the nurse in order to prepare the patients for endocavitary brachytherapy. The procedures have to be meet properly both during and after intervention-application. Health care of patients experiencing brachytherapy involves consequent activities of the nurse working in the department, concerning the preparation procedures for application, offering necessary information. This requests constant engagement of the nurse both during the treatment itself and after it, having in mind possible side effects. A comprehensive and correct work performed by nurses can contribute to the efficacy of this treatment.