

Providing advanced care through gynaecological cancer treatment in a Swiss University Hospital

Catherine Gassmann, MScN, RN; Dr. Irena Anna Frei, PhD, RN; Bettina Steinle-Feser, MScN, RN; Prof. Dr. Viola Heinzelmann-Schwarz; Dr. Cornelia Bläuer, PhD, RN

E-Mail: catherine.gassmann@usb.ch

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No potential conflict of interest



What this project is about

- Developing and implementing a nurse-led consultation program for women with gynaecological cancer undergoing pelvic radiation therapy and/or brachytherapy

Target patients are women with

- Cancer of the vulva positive lymph node(s)
- Cancer of the cervix uteri FIGO II-IVA, lymph nodes > 2cm after debulking
- Cancer of the cervix uteri FIGO IB-IIA, no lymph node sampling or suspected positive lymph node
- Cancer of the corpus uteri FIGO IA G2 L1, IA G3; FIGO IB G1-3 L0-1; FIGO II-III G1-3 L0-1

Physical symptoms

Gynaecological Cancer Care Continuum (Mc Corkle, 2011; Institute of Medicine, 2005)					
Prevention	Screening	Diagnosis	Treatment	Survivorship	End-of-life
Tobacco Activity Nutrition Environmental exposure	Age & gender specific screening Genetic testing	Histological assessment staging	Surgery Systemic therapy radiation	Surveillance Screening	Advanced care Hospice care bereavement

- **Fatigue, loss of energy** (Beesley et al., 2008; Harrington et al., 2010; Singer et al., 2011)
- **Urinary and fecal incontinence** (Dunberger et al., 2011; Dunberger et al., 2010; Pieterse et al., 2006)
- **Lymphedema lower limb** (Beesley et al., 2015; Beesley et al., 2007; Todo et al., 2015)
- **Vaginal stenosis, atrophy, dryness** (Kirchheiner et al., 2016; Lancaster, 2004; Morris et al., 2017)
- **Sexual dysfunction** (Abbott-Anderson & Kwekkeboom, 2012; Booth et al., 2005; Huffman et al., 2016)

Psychological distress

Gynaecological Cancer Care Continuum (Institute of Medicine, 2005; Mc Corkle et al., 2011)

Diagnosis	Treatment	Recovery	Recurrence
Anxiety Information seeking	Anxiety Treatment adverse effects	Reintegration Depression	Depression Death, dying

(Hopkins & Mumber, 2009)

- **Concerns about body image, sexuality, female identity** (Booth et al., 2005; Hawighorst-Knapstein et al., 2004; Krychman & Millheiser, 2013; Sekse, Gjengedal & Heim 2013; White, 2000; White, Faithful & Allan, 2013)
- **Experiencing uncertainty** (Mishel, Hostetter, King & Graham, 1984; Mishel & Braden, 1988; Mishel & Sorenson, 1991; Roberts & Clarke, 2009)

Radiation induced vaginal stenosis

Definition

- Abnormal tightening and shortening of the vagina due to fibrosis (Bakker et al., 2014)

Incidence

- Varying between 1.25%-88% (Morris et al., 2017)
- Occurs > 90 d after completion of radiation therapy (Riesenbeck, 2007)
- Stenosis gradually increasing (Kirchheiner et al., 2016)

Consequences

- Painful gynaecologic examination (Riesenbeck, 2007)
- Sexual concerns, dyspareunia (Jensen & Froeding, 2015)

Aims

- Developing and implementing an Advanced Practice Nursing (APN) role
- To provide advanced and continuous nursing care during treatment and survivorship phases
- Fostering self-management competences in women with gynaecological cancer undergoing pelvic radiation therapy

Theoretical framework

- The theory of symptom self-management (Hoffman, 2013)
- Based on assumptions of Bandura
- Reinforcement of self-efficacy

Method

Data collection & analysis (steps 1-5 of the PEPPA-framework)

- Document analysis of distress thermometers (n=69)
- Survey with outpatients on their informational needs (n=79)
- Narrative interviews with patients (n=7); thematic content analysis
- Semi-structured interviews with health care professionals (n=4); thematic content analysis
- Workshadowing, field notes, discussions with experts, strategic workshops
- Review of the literature

(Bryant-Lukosius & Di Censo, 2004)

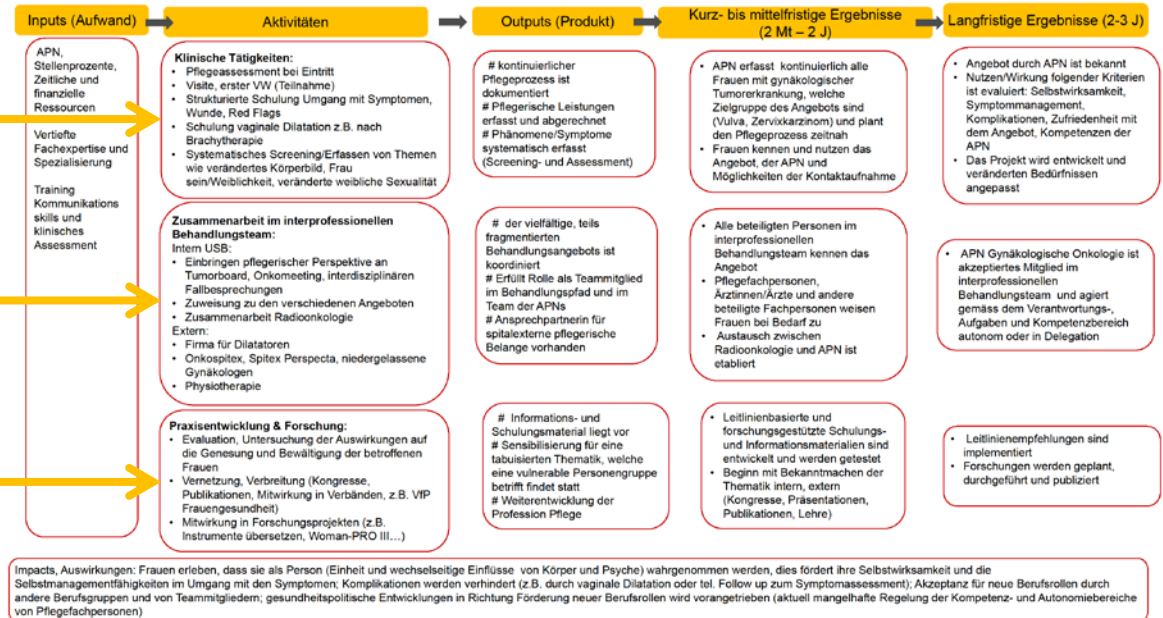
Logic model

Logisches Modell: Konzipierung eines pflegerischen Angebots für eine klinische Pflegeexpertin APN für Frauen mit gynäkologischer Tumorerkrankung

Problemstellung/Ausgangslage: Fragmentierter (pflegerischer) Behandlungsprozess von Frauen mit gynäkologischer Tumorerkrankung. Hohe Symptomlast der Frauen nach Behandlung, Assessment und Kommunikation über psychosoziale Auswirkungen der Erkrankung und Therapie erfolgt nicht systematisch. Stigmatisierung und Unsicherheiten, welche die betroffenen Frauen erleben im Krankheitsverlauf erleben wird durch Nicht-Erfassung verstärkt.

- Ziele:
- Kontinuität im Pflegeprozess wird gewährleistet (APN Verbindungsperson zwischen stationär und ambulant)
 - Systematisches Assessment von physischen Auswirkungen und psychosozialen Bedürfnissen wird erhoben
 - Entwicklung und Angebot von evidenzbasierten pflegerischen Massnahmen zur Verhütung von Komplikationen, Förderung einer hohen Pflegequalität und Patientensicherheit
 - Eine personenzentrierte Haltung wird verankert, indem das subjektive Erleben der Frauen in der Krankheitsverlaufskurve Basis des Pflegeprozesses darstellt

Activities



Results

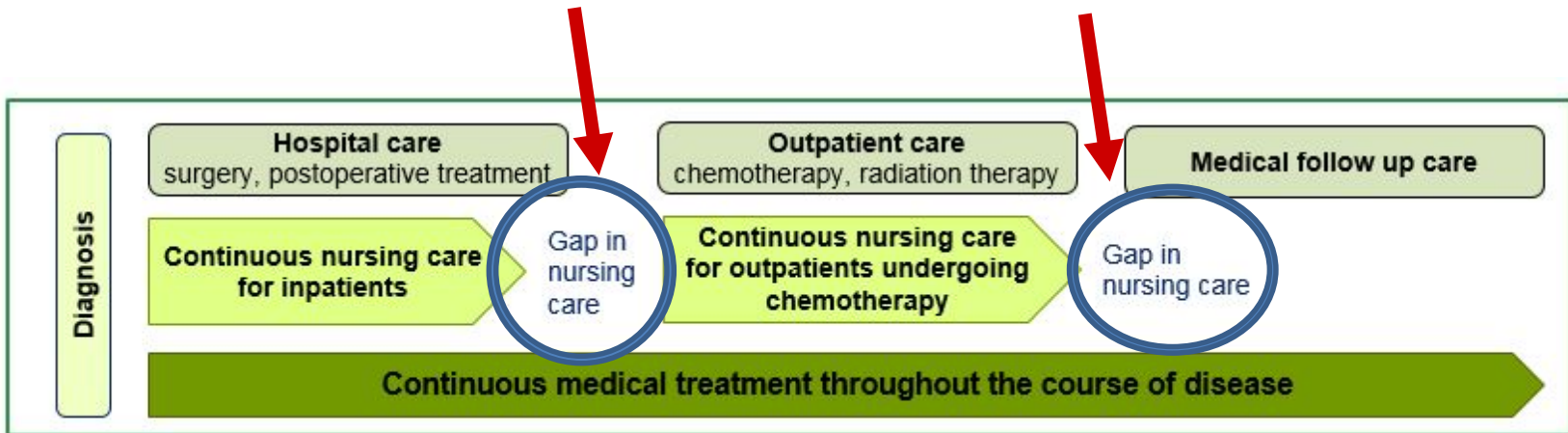


Figure: Gaps in the process of care.

- Sexual problems are stated in 21/69 distress thermometers; no intervention documented
- Patients are distressed by radiation-induced complications; experience gaps in process of care
- Health care professionals point out importance of vaginal dilation and skin care of vulva and vagina; very little education is provided

Nurse-led consultation program

First consultation (45-60 minutes)

Follow up consultation (30 minutes)



Figure:
Flowchart of consultation

Assessment:

- Illness experience and trajectory
- Symptom assessment
- Screening about body image and sexual concerns

Nursing interventions (e.g.):

- Skin care (vulva, vagina)
- Education about vaginal dilation
- Management of urinary and fecal incontinence
- Coping with fatigue
- Reconstruction of body image (e.g. touching, looking at the affected body zones)

Set of vaginal dilators



Foto: Set of vaginal dilators

How to prevent vaginal stenosis

- Assessment & Grading according to CTCAE or LENT-SOMA Criteria
- Should be offered to all women undergoing pelvic radiation therapy
- Should start about 4 weeks after termination of radiation therapy

(AWMF, 2015; Bakker et al., 2014; Miles & Johnson, 2014; National Forum of Gynecological Oncology Nursing, 2008; Seegenschmidt et al., 2009)

Education should take three phases into account

1. Planning and preparing intention to take action
2. Initiating, implementing and preserving use of vaginal dilation
3. Giving support

(Bakker et al, 2015; Cullen et al., 2012)

Conclusions

- Be aware that **symptom burden does not end**, when treatment is completed.
- Ask patients about their sexual concerns, **you** have to bring up this sensitive topic.
- Undertake ongoing assessment for feelings and **concerns about body image and sexuality.**

Thank you for your attention

Questions?

contact: catherine.gassmann@usb.ch

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