

Gassmann, C.\* , Bläuer, C.\* , Frei, I.A.+ , Steinle-Feser, B.\* , Montavon-Sartorius, C.\* , Heinzlmann-Schwarz, V.\*

\* University Hospital Basel, Women`s Health Clinic, Gynecology and Gynecological Oncology

+ University Hospital Basel, Department of Practice Development

contact: [catherine.gassmann@usb.ch](mailto:catherine.gassmann@usb.ch)

## 1. Introduction

- Women undergoing radiation therapy and/or brachytherapy have a high symptom burden
- Radiation-induced vaginal stenosis occurs in 1.25-88%<sup>1</sup> and is defined as abnormal tightening and shortening of the vagina due to the formation of fibrosis<sup>2</sup>
- This affects body image, sexuality<sup>3</sup> and gynaecological follow up examinations<sup>4</sup>

## 2. Aims

- Developing and implementing a nurse-led consultation program accessible to women with gynaecological cancer undergoing radiation therapy
- Addressing their individual physical and psychological symptoms
- Providing information and training in vaginal dilation to prevent vaginal stenosis

## 3. Method

The nurse-led consultation program was developed according to the participatory, evidence-based, patient-focused process, a framework to develop, implement and evaluate advanced practice nursing roles<sup>5</sup>. Description of the gaps in the process of care (see figure) is drawn upon (a) a document analysis of distress thermometers (n=69), (b) a survey with outpatients on their informational needs (n=79), (c) qualitative interviews with patients (n=9) and (d) as well as with health care professionals (n=4). Qualitative data were analysed following principles of thematic content analysis.

## 4. Results

- Patients experience a fragmented treatment process. Particularly they do not perceive continuity in nursing care when they change from in- to outpatient and during radiation therapy
- In 21/69 distress thermometers sexual problems were stated but no intervention was documented
- *Feeling alone, symptom-distress, experiencing changed body image* by radiation-induced complications emerged out of qualitative data
- Health care professionals (mainly doctors) point out that vaginal dilation is highly important to prevent vaginal stenosis

The figure shows the gaps in the process of care:

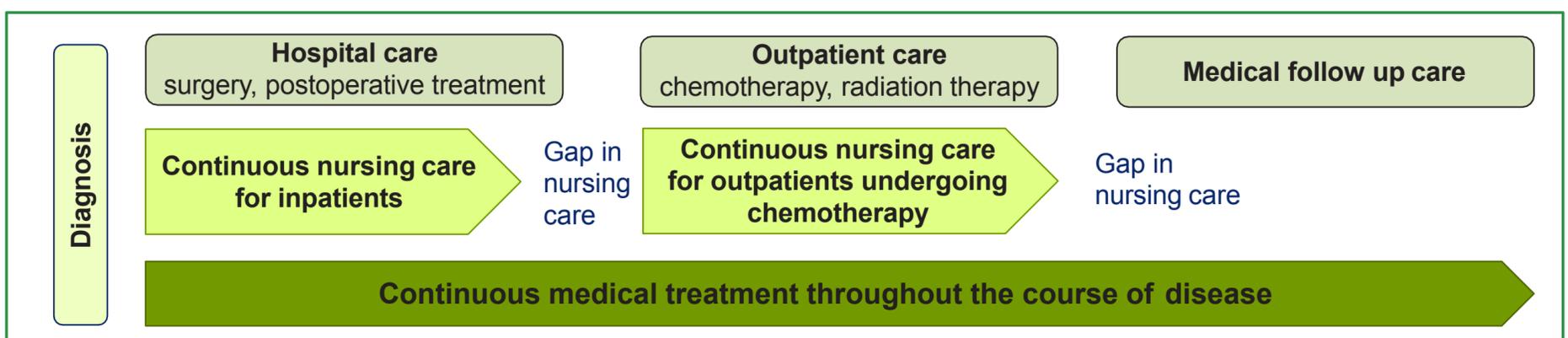
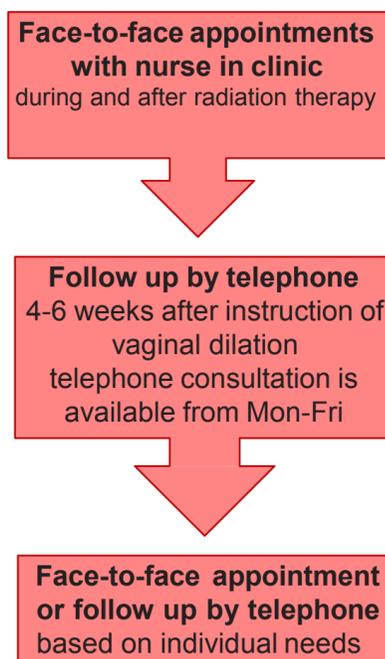


Figure: Gaps in the process of care.

## Nurse-led consultation program



## Preventing vaginal stenosis

Guideline recommendations <sup>2, 6, 7</sup>:

- Assessment & grading of vaginal stenosis according to CTCAE or LENT-SOMA criteria
- Vaginal dilation should be offered to all women undergoing radiation therapy for gynaecological cancer
- Information about effects of radiation therapy on the tissue of the vagina should occur before radiation therapy begins
- Vaginal dilation can start about 4 weeks after completion of radiation therapy and should last about 9-12 months
- To encourage the women in vaginal dilation three phases should be taken into account:

**1) Planning and preparing intention to take action:** information about vaginal dilation is given by the nurse; purpose and aims of vaginal dilation are explained; patient concepts of their body image are assessed; fears and prejudices about vaginal dilation are addressed (e.g. «sex toy»).

**2) Initiating, implementing and preserving use of vaginal dilators:** encourage women to start using vaginal dilators as well as to apply the next size; develop action plans.

**3) Giving support:** talk about vaginal dilation in every follow up; strengthen positive feelings; involve partners if appropriate; anticipate difficult situations when women tend to stop vaginal dilator use; refer to specialists when situation is complex.

**References:** <sup>1</sup> Morris, L., Do, V., Chard, J. & Brand, A.H. (2017). Radiation-induced vaginal stenosis: current perspectives. *International Journal of Women`s Health*, 9, 273-279. <sup>2</sup> Bakker RM, ter Kuile MM, Vermeer WM, et al. (2014). Sexual rehabilitation after pelvic radiotherapy and vaginal dilator use: consensus using the Delphi method. *Int J Gynecol Cancer*, 24(8):1499-1506. <sup>3</sup> Jensen, T.P. & Froeding, L.P. (2015). Pelvic Radiotherapy and Sexual Function in Women. *Transl Androl Urol*, 4(2), 186-205. <sup>4</sup> Riesenbeck, D., Schneider, O., Feyer, P. & Adamietz, I.A. (2007). Supportivtherapie für bestrahlte Patienten. *Der Onkologe*, 3(13), 275-286. <sup>5</sup> Bryant-Lukosius, D. & Di Censo, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing*, 48(5), 530-540. <sup>6</sup> National Forum of Gynaecological Oncology Nurses (2008). *Richtlinien für die beste Praxis bei der Anwendung von vaginalen Dilatoren bei Frauen in Strahlenbehandlung des Beckens*. Owen Mumford: Brook Hill, Woodstock, Oxon. <sup>7</sup> Deutsche Gesellschaft für Radioonkologie (2015). Supportive Massnahmen in der Radioonkologie. S2e Leitlinie.

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