1. Introduction

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

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. 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:

- Continuous medical treatment throughout the course of disease.
- Continuous nursing care for inpatients.
- Continuous nursing care for outpatients undergoing chemotherapy.
- Preventing vaginal stenosis.

Nurse-led consultation program

- Face-to-face appointments with nurse in clinic during and after radiation therapy.
- Follow up by telephone 4-6 weeks after instruction of vaginal dilation telephone consultation is available from Mon-Fri.
- Face-to-face appointment or follow up by telephone based on individual needs.

Preventing vaginal stenosis

Guideline recommendations:
- 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: