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

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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

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Screening</th>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Survivorship</th>
<th>End-of-life</th>
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</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>Age &amp; gender specific screening</td>
<td>Histological assessment staging</td>
<td>Surgery</td>
<td>Surveillance screening</td>
<td>Advanced care</td>
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<tr>
<td>Activity</td>
<td></td>
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<td>Systemic therapy</td>
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<td>Hospice care</td>
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<tr>
<td>Nutrition</td>
<td>Specific screening</td>
<td></td>
<td>radiation</td>
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<td>bereavement</td>
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<tr>
<td>Environmental</td>
<td>Genetic testing</td>
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<td>exposure</td>
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- **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)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Recovery</th>
<th>Recurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Anxiety</td>
<td>Reintegration</td>
<td>Depression</td>
</tr>
<tr>
<td>Information</td>
<td>Treatment adverse effects</td>
<td>Depression</td>
<td>Death, dying</td>
</tr>
</tbody>
</table>

(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

Activities

Clinical practice

Interprofessional collaboration

Research & practice development
Results

- 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)

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)

Figure: Flowchart of consultation
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?

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References


