



PSYCHO-SOCIAL CHALLENGES FOR WOMEN HAVING TREATMENT FOR CANCER OF THE CERVIX

**Clare Mills,
R. Comp N., Dip Bus Studies, PG Cert. Oncology**



Simply bearing witness

Changes everything

1. What is cervical cancer
2. Treatment in Aotearoa
3. Description of Brachytherapy
4. Case study
5. 2010 cohort of women
6. Post treatment audit
7. Lessons learned



- Cervical cancer is almost always caused by the Human Papilloma virus (HPV)
- This virus can infect up to 80% of the total population at some time in their lives
- Infection from HPV can cause precancerous lesions
- HPV can cause genital warts
- Types 16 and 18 account for 70% of all cervical cancers



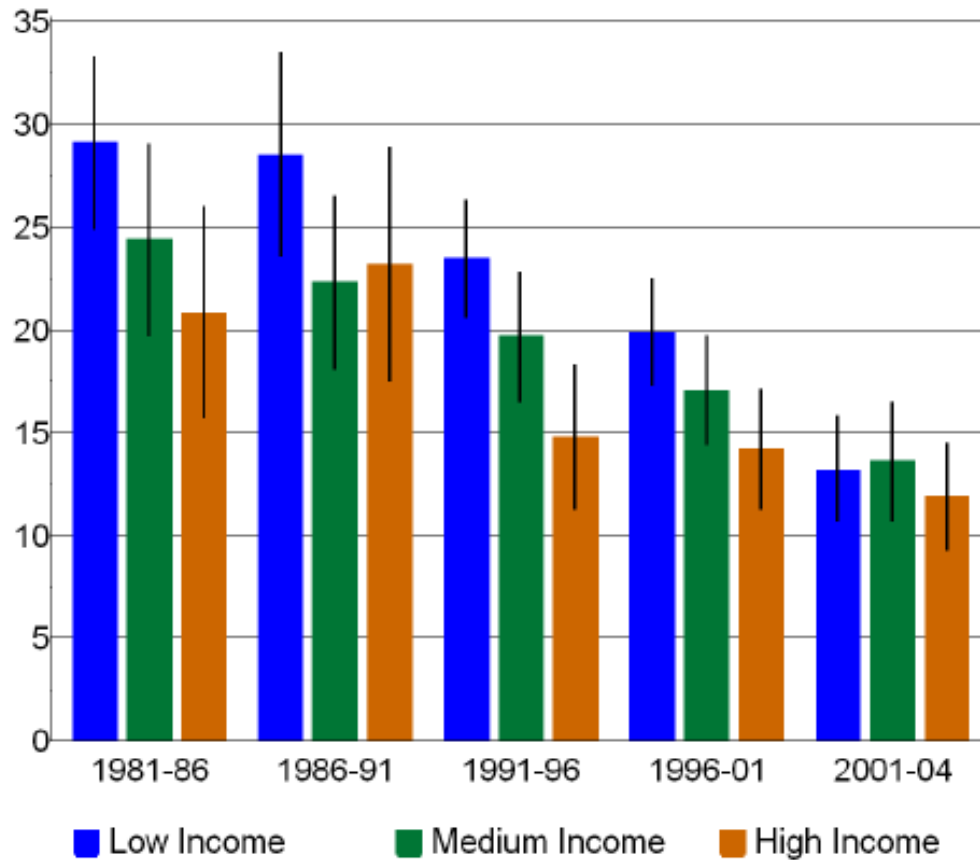
- In Aotearoa, 80 to 90 women die of cervical cancer each year
- 200 women are diagnosed as having invasive cancer of the cervix
- Maori women are 2.5 times more likely to develop the disease than european/other
- Pacific women are 2.05 more likely to develop cervical cancer than european/other

Statistics New Zealand March 2009

Blakely et al (2010). Ministry of Health. *Cancer Trends*



Cervix 25+ yrs Females



Treatment for cervical cancer

Primary Tumours less than Grade 1b

Grade 1b – clinically visible lesion 4cm or smaller

Grade 2 – cervical cancer invades beyond the uterus but not to the pelvic wall or to the vagina.

Discussion and consultation with woman and family

External beam radiation

Chemotherapy

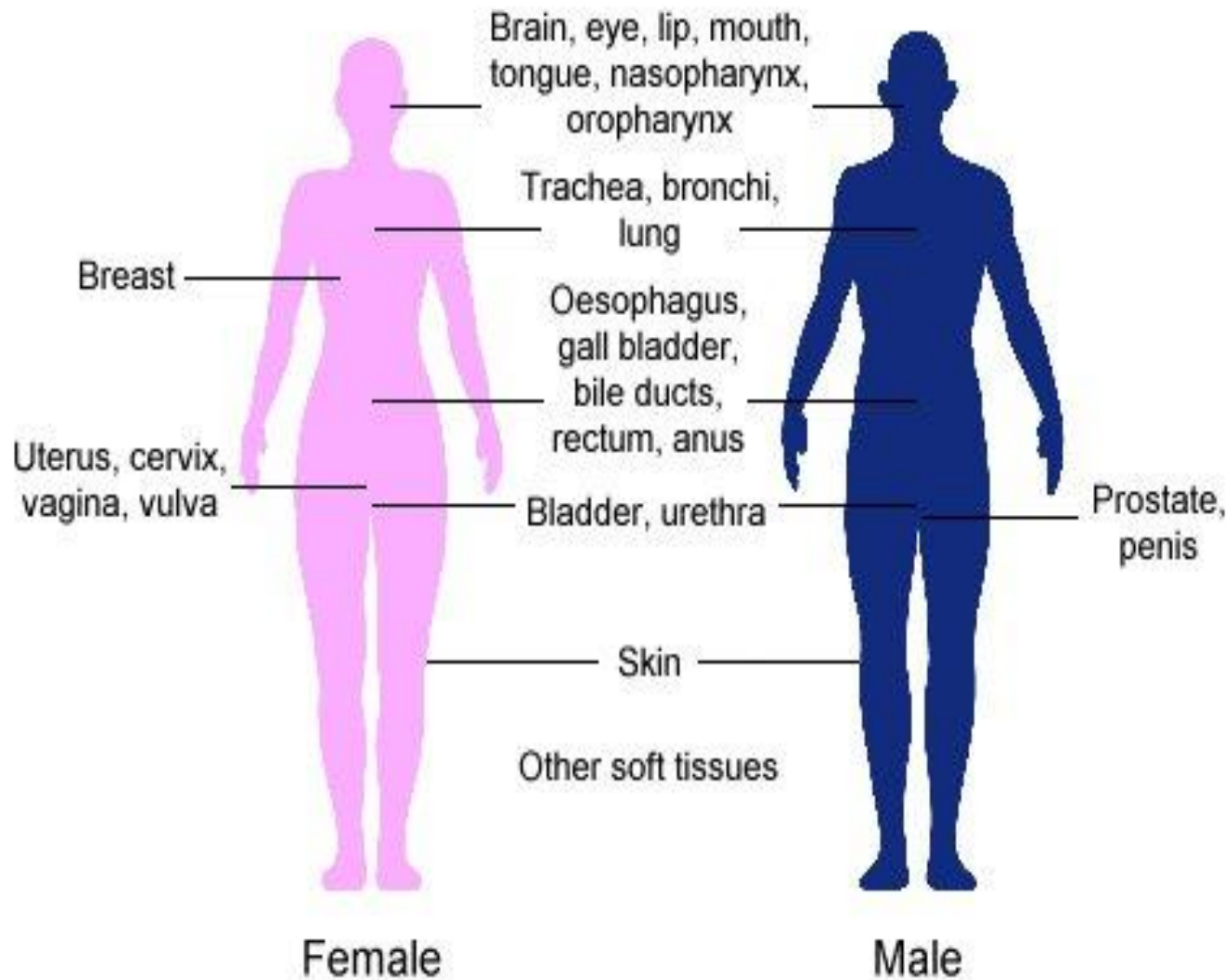
Brachytherapy



BRACHYTHERAPY

- the precise placement of radiation sources directly at the site of the cancerous tumour
- irradiation only affects a very localized area around the radiation sources







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Brachytherapy



Side effects of this regime

- Chemotherapy
- External beam
- Brachytherapy
 - infertility
 - premature menopause
 - changes to bowel function
 - changes to bladder function
 - changes to vaginal cavity and mucosa
 - exhaustion
 - nausea and vomiting



BRACHYTHERAPY TREATMENT

- Weeks 3,4,5, of treatment schedule
- Often admitted as a day stay patient
- Surgical procedure under a light general anaesthetic
- Manchester suite inserted, catheter and packing
- CT scan for staging once awake and stable
- Internal radiation – 18 gy x 3





Gentleness is not a luxury,
but a critical requirement
for coming to our senses

CASE STUDY- MARY

- 43 yr old woman – small Waikato town
- “Sometimes” husband – four children 17 to 23 – adopted a child now 8yrs
- Seasonal orchard worker –main income earner in household
- Heavy smoker – stopped when began treatment
- Irregular smear history
- Grade IIIB
 - (L) Hydronephrosis, reduced kidney function, heavy bleeding/anaemia, deep pelvic pain



- Stayed in Cancer Lodge
- First Chemotherapy
- Third chemotherapy
- External beam radiation
- First Brachytherapy
- Second and third Brachytherapy
- Very tired but relieved she completed the regime



PSYCHO SOCIAL ISSUES

- Fear of the unknown
- Fear of dying
- Feeling unwell
- Living away from home and family
- Communal living with strangers
- Pain, tiredness, depression
- Loss of income – prospect of long recovery
- Loss of autonomy and control over day's activities
- Lack of transport – “too tired to do anything anyway”
- Boredom alternating with intense activity
- Loss of sexuality –changed relationships



RESPONSES

- Information – format that they can understand
- Communication – at a level appropriate for each individual
- Referrals to
 - Social worker
 - Counselling services
 - Rainbow Place
 - Fertility clinic
 - Gynaecology nurse specialist
 - Dietitian
 - *Look good, feel better*
 - Wig subsidy, information
- Liaise with Lodge re individual needs
- Support use of massage, special diets, transport, leisure activities



FOLLOW UP

- 3 week stage – faecal incontinence
- Bladder pain and symptoms for 2 months
- Did not start using her vaginal dilator
- Back at work after one month
- Restarted smoking cigarettes once home



2010 BRACHYTHERAPY COHORT (WAIKATO)

- 15 women aged 29yrs to 71 (average age 49)
- 10 smokers, 2 ex-smokers
- 8 women with smear history
- 36 children between them



2010 BRACHYTHERAPY COHORT

- Occupations: wide range
- Geographical: only 2 local
- Ethnicity – 1 Asian, 6 Maori, 8 Pakeha



POST TREATMENT AUDIT

- 15 women treated with Brachytherapy in 2010
- 9 responses to survey
- Questions to find if women's needs met
- Responses
- Issues raised



ISSUES RAISED

- Access to a bath for perineal soak/comfort
- Internal packing – took one woman by surprise
- Follow up – 3 women commented on lack of follow up in the 2-3 weeks following procedure



LESSONS LEARNED – CHANGES MADE

Feedback sheet will be offered to all women following their last brachytherapy

Education check list to cover all aspects – eg that they will have catheter, packing, info about removal

Institute a phone call 2 weeks after last treatment for all women –format to be confirmed

Investigate purchase of suitable equipment/bowl to be gifted to the Lodge



“My experience at the cancer centre was empowering”

“the nurses made me feel comfortable and I felt I could ask questions”

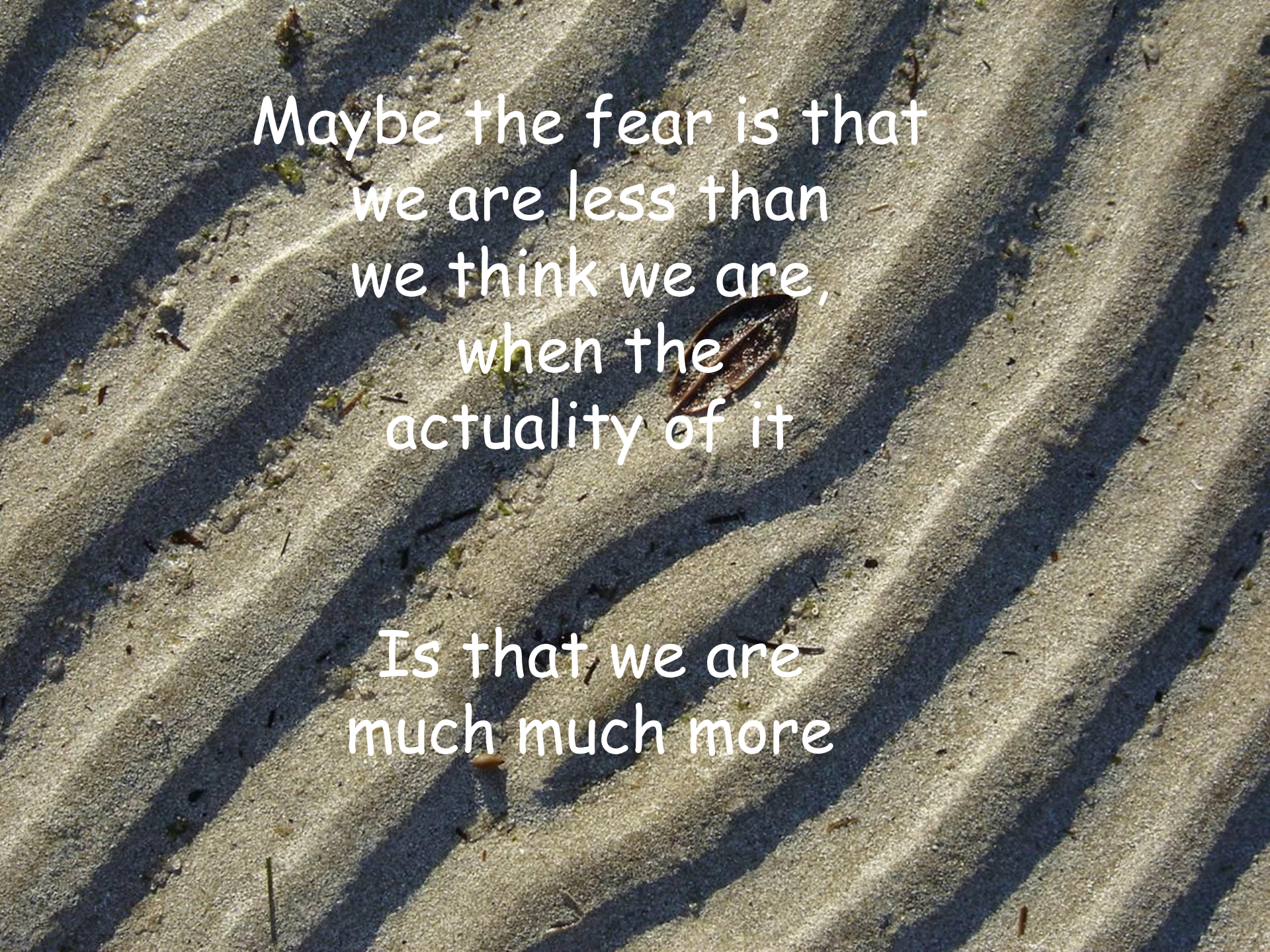
“I never expected to feel so inspired by what you do and how you do it”



SPECIAL THANKS

- Amazing patients who teach me every day
- CNL Shona Haggart
- Drs Thotathil & Van der Vyver
- Stephanie Campbell-Wilson
- Nursing colleagues





Maybe the fear is that
we are less than
we think we are,
when the
actuality of it

Is that we are
much much more