

Cancer Management: What a Daunting Experience

By Regina Leonard, RN, CPN (C)

I work in a health care institution as an operating room nurse and deal with patients every day. I assist them from admission to the suite, to transport to the operating room and through their anaesthesia, surgery and discharge to Post Anaesthetic Recovery Room. Often, I felt that my presence and skill had assured, calmed and provided the best care to my patients.

Having personally been through the health care system for the past six months, I now have a new appreciation for the patient. I appreciate having had skilled and caring healthcare professionals during my treatments, but I also felt that I was somewhat ownerless in the overall care plan. The past months have been an emotional and physical roller coaster ride. Nothing in my learning or professional experience had prepared me for breast cancer management.

Discovery

It was my 55th birthday. As is my practice, I completed a breast self-exam at the end of the month. It was not an unusual occurrence to find my breast tissue feeling a little different from the previous check. But this time I felt a pea sized nodule. I refused to panic but decided that I would check it again over the next month. At my next check nothing had changed; it was still present.

Diagnosis

Although I was not due for my yearly check for another three months, I arranged for a breast check and mammogram. They both proved to be negative to the physician palpation and mammography report. I insisted that there was something there and I requested further checking. I was booked for an ultrasound and possible tissue biopsy.

The ultrasound was completed and as the sonographer completed the test I was able to view the screen and to see the darkening almond sized shadow that appeared at 12 o'clock on my right breast. All indications, according to the sonographer and the physician completing the biopsy, seemed to be that it was a cyst. A biopsy was completed and sent for analysis. For the next eight days I awaited the biopsy report, and when it arrived it indicated invasive carcinoma.

My initial reaction was disbelief, but yet at some level I accepted the news. I accepted the news with a fatalistic anticipation. Had not my mother and my sister died of breast cancer?

Surgery

Within four days of my report I had a scheduled meeting with a surgeon and a surgical date for segmental breast resection with axillary node biopsy. The surgery was successful. For the following five weeks I recuperated and healed from the surgery. As for the surgery, the worst part of that event was living with the drain.

The final pathology report from the surgical excision was that I had an invasive carcinoma and indications were that I was free of spread to the surrounding tissue, and my axillary nodes were clear. The tumor was 4 cm large and hormone receptive. Given the size of the tumor I was classified as a stage 2 carcinoma (large node negative tumor).

Author

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Cancer Treatment

I was referred to the cancer institute for further assessment and treatment options. Given my tumor size I was encouraged to have chemotherapy and radiation. Chemotherapy is used to treat and destroy any potential seeding or spreading of microscopic cells, while the radiation therapy is used specifically to target the tumor site in order to prevent or lessen the chances of a recurrence at this site.

Fragmented

From diagnosis to discharge the care plan was fragmented. I felt as though I was in "no man's land". This is not a reflection of the care, but rather that I didn't really feel connected to any one caregiver. My care plan moved from family practitioner, to mammography technician, to ultrasonographer, to surgeon, to pathologist, to medical oncologist, to chemotherapy nurses, to radiography oncologist, to radiology technicians. In between these visits I went to labs, admission clinics, pharmacists, physiotherapists, waiting rooms and emergency department.

Emotionally Draining

The biggest surprise during my entire treatment process was the overwhelming extent of my emotional response. I am normally quite in control, calm and capable of dealing with my emotional domain. From the day of diagnosis to even now, on occasion, I have cried, wept uncontrollably, wailed and moaned. And sometimes all at once! However, I have discovered that tears and fears go with the disease and actually aid in the healing process.

The chemotherapy and radiotherapy left me feeling lethargic. Insomnia overtook me and my physical health diminished considerably. About midway in my chemotherapy, I did myself a favor, and sought counselling from a therapist to help handle my emotional responses. This helped me in recognizing the normalcy of my response, my sadness and my need to accept what was happening to me. As well I attended group therapy for cancer patients. The group provided me with a non-judgmental, supportive and helpful forum. This too helped me to normalize, externalize my fears and better accept what was happening to me.

I have a strong family history of breast cancer. My mother (age 72) and my sister (age 35) died of breast cancer. They both died within a year and a half of their diagnosis. Some of my most frightening and early thoughts were of my own impending death. I am

learning to accept my disease and to view my cancer as unique to me, not to compare it to others, and to view my progress from day to day.

I have been able to work part time throughout the past six months. Other than for surgery and the month off when I was treated for infection, I worked an average of three days a week. Working for me was a great stabilizer and my colleagues were a source of support and strength.

Early in my chemotherapy treatment, at the end of my first drug cycle, I had a number of visitors for a family wedding. My family's presence was a boost to my psyche. At Christmas, at the end of my third drug cycle, one of my sisters came to visit. We visited, entertained and kept busy. The cumulative effects of the chemotherapy, the strain of the season and the immunosuppression left me exhausted and susceptible to infection.

Chemotherapy

The chemotherapy treatments left me bald, immunosuppressed, with lowered blood counts and a susceptibility to opportunistic infection. At the beginning of my last of four cycles of chemotherapy I bottomed out with a severe infection from a cold that affected my entire respiratory tract, a cellulitis of my toes and an overall physical unwellness. A month of intravenous and oral antibiotic therapy, bedrest and a mild sedative helped to offset the complications and aided my healing.

Radiotherapy

The radiotherapy was not as detrimental to my well being as I had anticipated. For twenty five days over a five-week period my affected breast was radiated. My skin became burned in the fourth week and was treated with a steroid cream for the remainder of the treatments, and then with a mild cream following the completion of radiation. The skin reaction healed over the four weeks following my last radiotherapy.

Cancer treatment, for me, was a major part of my life style over a six-month period. I became somewhat dependent on physicians, nurses, radiographers and other health care personnel for my treatment and care. It would be an understatement to say that it has been a bit of a roller coaster ride. But, at the same time, relinquishing my need for treatment and letting go of that need was a difficult thing to do.

On the day of my last treatment, I felt as though I was thrown to the wolves, and a deep sense of loss and abandonment occurred. Cancer management, fol-

low up care and assessment continue but the transition to that was not an easy process. A radiotherapist at the cancer institute asked me near the end of my last treatment "What are you going to do to celebrate?" It took me several days to realize and accept the completion of active treatment. My celebration included a theatre lunch with friends and continues in the knowledge that I am gaining in emotional and physical strength as each day goes by. Life is getting back to normal, or as normal as it will ever get for one who undergoes cancer therapy.

Cancer management has been daunting, fragmented, emotionally draining, frightening and dependent. At the time of this writing, it has been seven months since my initial diagnosis. And one month since my last active treatment. I feel as though I have reached a plateau. I call it my transitional space. There is no active treatment taking place; no indication of disease; no health

care intervention; just living day to day. And for that I am truly thankful. The oncology experts tell me that it will take up to a year for my body to completely rid itself of the full effects of the chemotherapy and radiation. My attitude is positive! Follow up will occur, and I shall continue to have my emotional moments, feel my aches and pains, worry about them to some extent and shall carry on positively with my life celebrating each and every day.

Conclusion

I continue to work as a Staff Nurse for the Operative Services at the University of Alberta Hospital. The writing of this article has been a soulful and cathartic process. My intention in sharing the story of my treatment and experience with perioperative nurses is to provide a modicum of hope and encouragement to other cancer survivors. □

ORNAC/Johnson & Johnson Medical Products Bursary

A bursary jointly funded by Johnson & Johnson Medical Products and ORNAC, and administered by the ORNAC Awards Committee, financially assist ORNAC members in furthering their education in areas that will enhance perioperative nursing practice. The Awards Committee, comprised of members from across the country, choose successful applicants in accordance with established selection criteria.

The applicant must be a registered nurse who is licensed with the Provincial Professional Association, employed full time in perioperative nursing practice, or at least .5 FTE or .5 equivalent casual hours in perioperative nursing practice. The applicant must also be an active member of the Provincial Operating Room Nursing Association two consecutive years prior to submitting the application. The individual must be employed, with a primary focus on perioperative nursing.

Funding is available for post basic operating room nursing programs approved by ORNAC, Baccalaureate nursing programs and Masters and Ph.D. nursing programs related to health care and considered an enhancement to existing perioperative employment.

The personal profile / resume must be typed and supporting data enclosed with the completed application form. The application will not be considered if this criteria is not met. This data includes letters of reference as indicated on the application form, photocopies of nursing license, membership in a provincial OR association, perioperative nursing certification (if applicable) and proof of acceptance in an education program.

Deadline for Submissions

The complete, typed application form and supporting documentation must be submitted to the Chair of the ORNAC Awards Committee before March 15th each year. Late submissions will not be considered.

The applications are judged by the committee based on established criteria. If there are no suitable applicants, the award will not be presented and funds will be carried over to the next year. Bursary funds are designated specifically for tuition and books. Final approval for disbursement of funds rests with the Awards Committee and the ORNAC Board of Directors. At the end of the term, proof of successful completion of the course must be forwarded to the Chair of the Awards Committee in order to close out the file.

ORNAC recognizes that the education of perioperative nurses plays a pivotal role in providing a strong and successful national organization. The ORNAC Executive and Board of Directors appreciates the financial support provided by Johnson & Johnson Medical Products.

Write for a Bursary Application to:

Kathy Bruce
Chair, Awards Committee
16 Lorraine Court
Bowmanville, ON L1C 3L6
PH: (905) 623-9313 FAX: (905) 967-1424
Email: kbruce@lakeridgehealth.on.ca

The perky, self-confident type enjoys improved chances of stroke recovery

How much influence does personality have on one's ability to recover from a stroke? Well, if you have a perky one, it can be a life-saver.

In a study reported in a recent issue of the *Medical Post*, investigators studied the personalities of 35 stroke patients and followed up their recovery one year later. They determined the patients' pre-stroke personalities through questioning of close relatives.

People who were highly conscious or deep thinkers were most vulnerable to post-stroke depression (which is considered a high risk factor for subsequent strokes).

In contrast, people described as energetic, outgoing, flexible and self-confident were more able to reach a higher level of recovery.

Lead researcher Dr. Lynn Grattan (Ph.D.) believes that a brief neuro-psychological examination could allow health care professionals to take steps to harness the patient's personality strengths and weaknesses in order to guide them through the post-operative rehabilitation period. □

Osteoporotic fractures identical for men and women

The Osteoporosis Society of Canada (OSC), which recently found in a survey that 72% of Canadian men refuse to take seriously the risk of developing osteoporosis, has a message for them - start worrying.

Unconcerned

The survey, released early last winter, estimated that one in eight men over age 50 has osteoporosis and that men account for 20% to 35% of osteoporotic fractures. This survey of over 1000 men from across Canada also found that 90% of men had never consulted a physician about osteoporosis and only two of the survey respondents listed it as a serious health concern.

Dr. Rick Adachi, a rheumatologist at St. Joseph's Hospital in Hamilton, Ontario, maintains that the

problem is even worse than the OSC estimates.

In referring to a recent study - the Canadian Multi-centre Osteoporosis Study (CAMOS) - he pointed out that one of the astounding things discovered was that, in men between the ages of 60 and 69, one in five had osteoporotic fractures, which is identical to the incidence found in women.

Cholesterol connection

And still on the topic of bones, an animal study reported in a recent issue of the *Journal of Bone and Mineral Research*, shows that a high-fat diet dramatically reduces bone density and bone mineral in an animal model. This suggests that high cholesterol may play a role in the development of osteoporosis. □

Conference Calendar

September 27 - 29, 2001

Newfoundland and Labrador Operating Room Nurses Association - 23rd Provincial Conference, Holiday Inn, St. John's, NF. Contact: tilleyval@hotmail.com

October 12 - 13, 2001

ORNAHD's 17th Regional Conference at White Oaks Conference Resort and Spa, Niagara-on-the-Lake, ON. Topics: "Endoluminal Aneurysm Repair", "Explosion; Disaster Response". Registration: Linda Becker c/o Grand River Hospital, Kitchener, On.

October 13, 2001

Saskatchewan Operating Room Nurses Group - Meeting in Prince Albert, SK.

September 25-28, 2002

Atlantic Conference Meeting, Charlottetown, PE.

April 18 - 20, 2002

British Columbia Operating Room Nurses Group - Kelowna, BC.

May 4-6, 2002

Operating Room Nurses Association of Ontario - Meeting in Windsor, ON.

October, 2002

Operating Room Nurses Association of Alberta - Meeting in Edmonton, AB.