

Van Nes Rotationplasty:

The psychosocial perspective

By Audrey Medcalf, Reg.N., B.S.N.

In our contemporary society which values beauty, self-control and body wholeness, the stress placed on the individual who does not conform to societal norms and expectations is phenomenal. The Van Nes rotationplasty procedure, with its attendant alteration in body function and structure, has the potential to threaten acceptance of the patient by social and peer groups.

Mobility over cosmesis

The Van Nes procedure offers an elegant surgical solution to the patient who values mobility over cosmesis. However, there are critical issues that must be faced by the patient pre- and post-operatively. These issues involve: • the nature of the procedure itself; • the pre-operative psychological status of the patient; • the reconstruction of body image and self-esteem that is experienced by the patient before acceptance; • the feelings of powerlessness; • and, the alterations in the family process.

Pre-operatively, the primary patient concerns are related to the change in body image, and to the diagnosis of malignancy. Some of the thoughts and feelings which have been expressed are: How will the limb appear after surgery? If I think it looks ugly to have the foot on backwards, how will my friends react? Will they think I am a monster/freak? Will I still be feminine and able to wear dresses? How will friends react when I return home? What kind of activities can I participate in? Will I be able to dance or swim? What will my children think? Will this cure me of my affliction?

Because of these concerns and the nature of the surgery, patients require a tremendous amount of support and encouragement, not only from the nursing and medical staff, but also from social services, previous rotationplasty patients and family. The patients need to work through their feelings. Even though the situation may not be comfortable, nurses should not simply placate the patients and try to make them feel better, but provide support and allow them to resolve their feelings. Since we work with patients 24 hours a day, nurses have more opportunities to provide this support.

Psychosocial needs

Post-operatively, the psychosocial needs of the patient and his family are priorities. Invasive procedures such as the Van Nes rotationplasty can threaten an individual's sense of wholeness. Because body image provides a basis for identity, almost any alteration in body structure is experienced as a threat, especially in North America, where wholeness, beauty and health are highly valued.¹ Body image, based on past as well as present experiences, is the mental picture a person has of his own body.

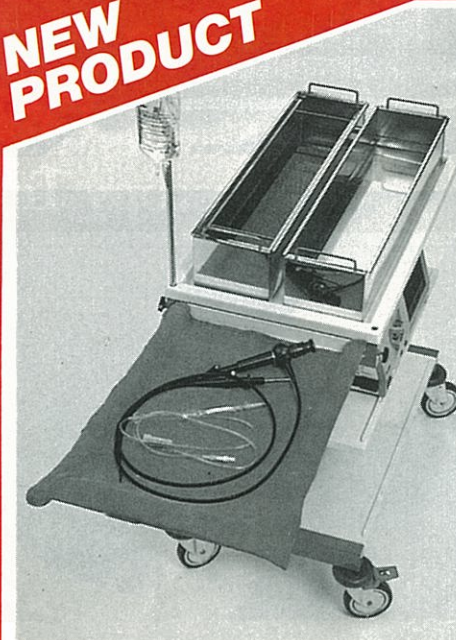
About the author

Audrey Medcalf, Reg.N., B.S.N., is currently clinical teacher, Mount Sinai Hospital Operating Room, Toronto. A co-founder of the first laser course for nurses in Canada, she received her B.S.N. from the University of British Columbia, Vancouver, B.C.

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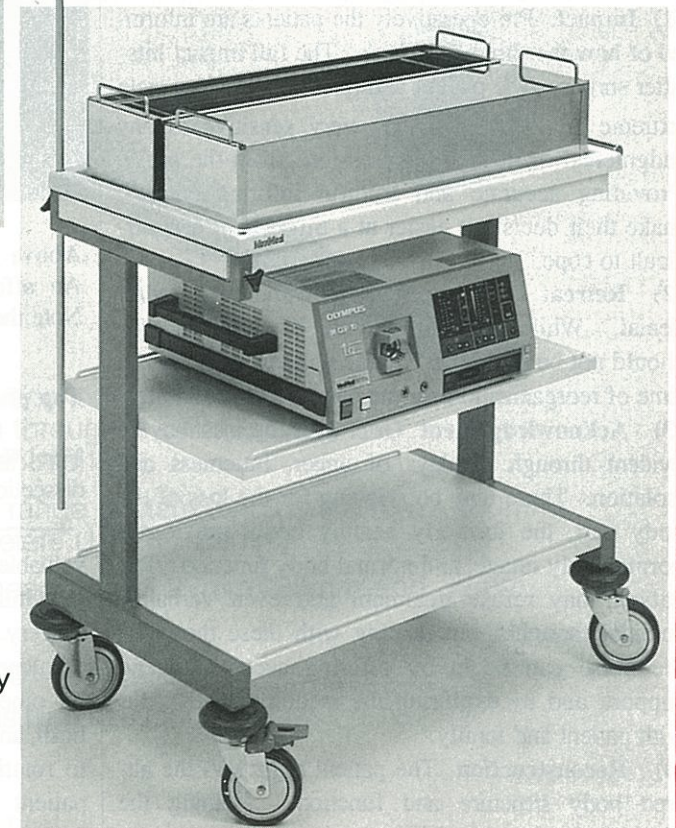
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Attitudes, emotions and personality reactions to one's own body develop throughout the maturational stages of life from birth. Both the patient and nurse have their own personal self-concept. To deal effectively with others, we must be aware of our own behaviour, feelings, attitudes and responses. Our attitude can hinder or help the patient's adaptation to an alteration in his self-concept, body image and self-esteem.



Stages of adjustment

The individual experiencing traumatic body image assault may experience four stages of adjustment:

(1) **Impact.** Pre-operatively the patients are informed of how the limb will look. The full impact hits after surgery. The patient and his family are in a state of extreme anxiety. They are very sensitive to any judgmental or negative expressions from the nurse. Providing accurate and truthful information will make their decisions easier at a time when it is difficult to cope.

(2) **Retreat** Characterized by withdrawal and/or denial. While responses should be accepted they should not be reinforced by the nursing staff. It is a time of reorganization for the patient and the family.

(3) **Acknowledgement** Grief over the loss may be evident through displays of anger, bitterness and isolation. There may be grieving for the loss of the body part, the formerly healthy body, previously normal body image, and normal body function. The patient may refuse treatment and even verbalize suicidal thoughts. In dealing with these thoughts, the nurse can begin by offering acceptance and support, and by exploring the meaning of the loss with patient and family.

(4) **Reconstruction** The patient adjusts to the altered body structure and function. Helping the individual to see himself as a whole person in spite of the change will contribute to his adjustment.²

Assessment of the adult undergoing body changes, which necessitate eventual changes in self-image is often difficult because of the abstractness of self-image. In order for the nursing intervention to be



Above
An affected leg prior to Van Nes rotationplasty. Note the extreme swelling in the affected knee.

Top photo
The Van Nes procedure in progress with the dissection showing the femoral vessels.

valuable, we need to assess the individual's feelings pertaining to himself both before and after the surgery. The values he possesses regarding beauty, wholeness and physical activity, the values he places on others' reactions, the meaning of his affected limb, and the patient's perception of others' reactions to rotationplasty are all significant. Problems the patient anticipates in adjusting to his changed appearance, as well as his previously developed coping mechanisms, are also very important.

Unfortunately, with the first patient who underwent Van Nes rotationplasty, the unit nurses did not fully comprehend what the surgical procedure entailed. Therefore, the nurses experienced the

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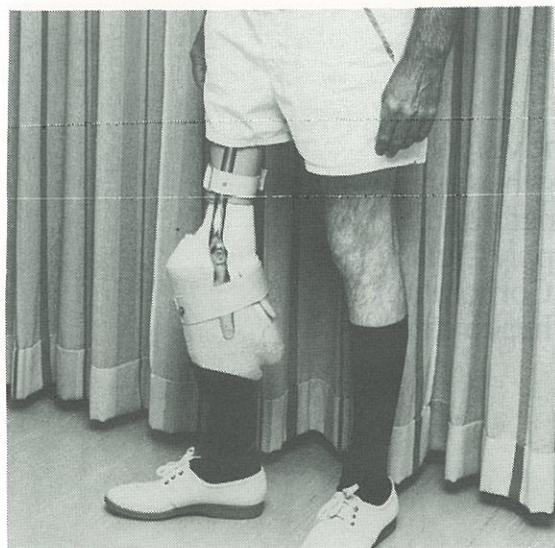
stages of impact, retreat, acknowledgement and reconstruction, while trying to deliver supportive care to the patient at the same time. Because of previous admissions, the patient readily assumed the teacher-role by explaining his understanding of the procedure to the nurse.²

Reintegrating body image

Patients react differently to their changed appearance. One individual referred to his new limb as a 'flipper', indicating a non-human appendage, but eventually referred to his limb as 'my leg'.² Patients need opportunities to verbalize their feelings. Expression of feelings is the first step towards reintegration of body image.

Patients are fitted with their prosthesis as quickly as possible in order to resume their daily living activities, this occurs within 6-8 weeks for the majority of patients.

Alterations in perception related to the rotation of the limb may retard the process of the reintegration of body image and create new safety hazards. Although retaining the foot allows the patient to make 'ground' contact, individuals have to adjust to the relocation of their toes and heel. One patient stated that, when bathing, if the new knee joint (which is the actual heel of the foot) is out of the water, and the toes are still submerged in warm water, there is an altered perception of water temperature. The bottom of the bath feels cold, and



Above photo shows Van Nes rotationplasty patient with special prosthesis post-op.

the top of the bath feels hot. In spite of the anatomical reversal, the sensations are the same as if the foot was in the normal position. Similarly, the patient is at high risk of falling. If the person removes the prosthesis before going to bed and then forgets that the affected leg is shorter than the other when he stands up, he falls over.

Sources of feelings of powerlessness may be intrinsic or extrinsic. Hospitalization itself leads to decreased control as some aspects of self-care and decision-making must be relinquished to members of the health care team. There is a reduction in privacy and isolation from personal support networks. Adolescents are particularly vulnerable as their support is derived more from peer groups than from family members who are more likely to be present. Lack of explanation from caregivers, and failure to include the patient in the decision-making process can contribute to powerlessness as does a diagnosis of malignancy, an uncertain prognosis and forced immobility. Inability to perform role responsibilities, career pressures and family members are other potential sources of feelings of powerlessness.

Control of environment

Powerlessness is manifested in many ways, through apathy, aggressive behaviour, as well as anxiety. Nurses need to assess each individual to determine usual level of control and decision-making, and the resultant effects of losing such elements of control. The individual should be encouraged to determine the timing, sequencing and content of physical care. He must be given control over his immediate environment.

Although the main focus of nursing care is on the patient, the family is extremely important. We have found that sometimes the young adult patient assumes the parental role in order to assist the parents in resolving their own feelings. This does not allow the patient time to resolve his own feelings of loss regarding his body image.

Working through

Adolescents or young adults need to be able to act in age-appropriate behaviours and not as a parent to their own parents. Parents need to be emotionally supported and encouraged to be open with their son or daughter - to help the patient work through the disease process and the sense of isolation. Siblings

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should be part of the program so that they do not feel neglected, and minimize the negative and resultant guilt feelings they may be experiencing.

Role responsibilities may change within the family. If the breadwinner of the family is the patient, the wife may have to add the burden of income generation to her roles of wife and mother. Coping with this role adjustment may place extra strain on the marriage. If the family does not have extended health insurance or is unable to find sponsorship from a community service group, the financial burden of the prosthesis, which may cost \$6,000.00 is even more stressful.

Daily challenges

When one patient returned home to his wife and daughters, his 3-year-old daughter did not mind the appearance of the leg or prosthesis; however, his 6-year-old daughter found it weird and did not want to look at it or touch it. The father was very hurt by this experience. The reaction of the 6-year-old may be related to her developmental stage. Young children may relate the change in leg structure on someone else to the possibility that it may happen to themselves. This family has managed to work through this difficulty.

'Van Nes patients' face new challenges daily. Not only are they attempting to recover physically from their surgery, but also reconstructing their body image and self-esteem, becoming accustomed to their new leg, trying to gain more control during hospitalization as well as maintaining familial roles.

One patient experienced poor psychological adjustment to the altered appearance of his limb which continued until his death from metastases eight months post-operatively.² Patients have danced, and ice-skated. Adults tend to be more cautious with their physical activities than do children who can run, jump and climb with their prostheses. Persons who are unable to adjust to the appearance and function of the Van Nes rotationplasty still have the option of a high-above-knee amputation.

Intervention goals

The goal for nursing interventions is to help the individual reintegrate his self-concept and self-esteem in relation to the change. To help the individual achieve this goal, nurses must:

- (1) Encourage him to discuss his feelings in relation to his changed body function or structure.
- (2) Assist him without pressure to become reacquainted with himself by viewing and touching the new limb. Reactions from the nurse during the first dressing change have a tremendous impact as to how the individual accepts his changed body. If the nurse recoils from the patient in shock when viewing the limb for the first time, this will reinforce the patient's negative feelings about his changed image. Nurses need to be aware of the potential benefits of the surgery in order to support the patient through the hospital experience. Previewing the rotationplasty provides the nurse with the information necessary for therapeutic interaction. If the nurse's body language is one of acceptance and interest, self-acceptance is fostered in the patient.
- (3) Provide opportunities for the patient to gain mastery over his own body by resuming activities of daily living.
- (4) Give positive recognition for what the patient is able to do.
- (5) Help the patient to visualize himself as a whole person in spite of the loss or alteration.
- (6) Help the individual verbalize unresolved experiences, distortions, or fears in relation to his body image.¹

'Marathon of Challenge'

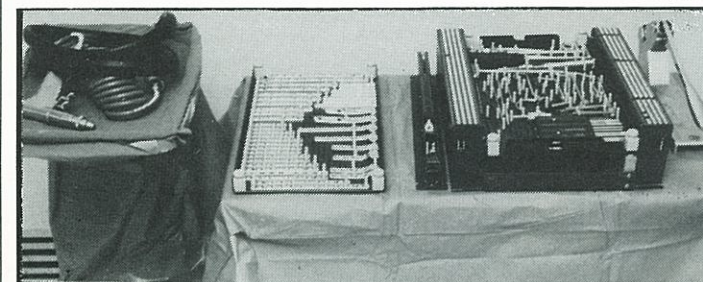
In 1982, the Year of the Disabled, the Vancouver Marathon, for the very first time, invited athletes with disabilities to participate in the marathon. At the awards ceremonies, athletes who were blind or in wheelchairs received a standing ovation from fellow runners and spectators in recognition of their ability to overcome the physical and psychological barriers of their disabilities.

Today, patients with Van Nes rotationplasty are just beginning their marathon of challenges. Nurses can make a significant contribution to the life-long health of the patient undergoing rotationplasty, by giving assistance through physical care, listening, counseling, teaching and working with the family and close friends. Nurses need to show acceptance of the patients. They need to talk to patients, to find

out how they are reacting to the pending surgery and the possible change in their body image. The nurses' role in support and reconstruction of the patient's body image is critical.

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Windsor and district O.R. nurses schedule five speakers for 3rd Annual Conference in February

The Operating Room Nurses Association of Windsor and District has scheduled February 26 and 27, 1987 for its 3rd Annual Conference to be held at the Hilton Hotel and adjacent Cleary Auditorium.

Programme highlights will include an exposition of operating room/surgical products, a number of education/clinical sessions and workshops, a wine and cheese party and luncheon with a fashion show.

Last year, attendance was in excess of 125 with 30 companies on hand for the product exposition.

The Conference Theme will centre on operating room nurses and their safety in the work place.

Five speakers

The two-day affair gets underway Friday evening, February 26. Following the official welcome by Association President, Donna Kristalovich, delegates will hear a keynote address on "Hepatitis and AIDS" by Colleen Dow-Windsor, an infection control nurse at Windsor Western Hospital. This will be followed by the opening and viewing of exhibits

at the Cleary Auditorium. A Reception and Wine and Cheese Party follows.

Saturday will be a full day of educational sessions. Four keynote speakers have been lined up:

- Elizabeth Stinton of the Addiction Research Foundation will inform delegates on the subject of "Alcohol and Drug Abuse," and "Project Turnabout."
- Carol Lenox, clinical instructor, O.R., R.R. and day surgery at the Mississauga Hospital will speak on "Stress and the O.R. Nurse."
- Dorothy McGee, a psychiatric nurse, will instruct delegates on how they can deal with stress. This session includes a demonstration of relaxation exercises.
- Ann Sorenson, a nurse-lawyer will speak on the topic of "The Legalities Affecting O.R. Nurses."

The Saturday lunch will feature the fashion styles of Mailyn Brooks, with the closing remarks and conclusion of the conference scheduled for 1600 hours. Additional details and registration information from: Sheila Walter

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