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# Teaching Sessions

1114

## CANCER PAIN MANAGEMENT; A MULTIDISCIPLINARY APPROACH

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About two thirds of cancer patients have pain that sometimes requires management during the course of their disease. 50 to 80% of cancer patients, who experience pain, receive less than adequate pain relief. Unrelieved pain can profoundly compromise physical and psychological function and undermine the efforts of patients and families to come to terms with the disease.

A working relationship between health care workers is essential for giving good clinical practice. The relationship between the medical and nursing staff is unique. Traditionally working side by side, they aspire to provide a wide variety of services.

The professional dynamics can be described as a game created to maintain balance. To build a model of collaboration, the health care professionals need to start with the belief that each has a valuable base of unique knowledge and skill that complement each other.

This lecture will explore the concept of multidisciplinary approach in pain management.

1115

## COST EFFECTIVENESS OF PALLIATIVE TREATMENT

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The aim of more than half of radiotherapy and two-thirds of chemotherapy treatment is to palliate symptoms and thereby improve quality of life. The demand for ever-limited resources requires that the cost and benefit of palliative treatment be examined. Costing palliative cancer treatment is complex and challenging as analysis must accommodate the range of viewpoints from those of the patient, to the department providing the service, the hospital where the department is sited, and even the attitudes of society as a whole. The published literature has shown the effect different elements included in the costing process has on estimated costs of therapy, which in turn affect the selection of different therapies and the type of therapy delivered. Available resources and organisation of cancer services and the methods of measuring the outcome and costs of cancer treatments vary nationally and internationally. Practicalities of evaluation of the resource implications of palliative therapy will be considered.

1116

## PALLIATIVE CARE IS A MATTER OF DETAILS: THE IMPORTANCE OF MOUTH CARE FOR THE QUALITY OF LIFE OF A PALLIATIVE PATIENT CARED FOR AT HOME

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Mouth care is important for the quality of life of a terminally-ill patient. Various problems can affect the integrity of the mouth and throat, causing difficulties for the patient in food intake and communication. The patient's contact with the family and environment, as well as the general quality of life, is being impaired. This study sets forth the results on the effects of regular mouth care on the general condition of the mouth of 48 patients receiving palliative home care.

The research is based on a qualitative/descriptive evaluation, but has also utilised a quantitative evaluation tool, which has been called the Oral Assessment Guide (OAG). A qualitative evaluation of the effects of regular mouth care on the oral cavity, showed that the patients general condition had clearly improved; moreover, using the quantitative tool of the OAG, we also observed a significant amelioration and again after four weeks. There seemed to be no significant difference between the initial OAG scores of patients arriving from the hospital compared to those of patients already at home.

In conclusion, through this study evidence has been provided for the importance of mouth care. The OAG also serves as a useful auditing instrument. Using this tool, it is possible to make care often presumed to be trivial into personal care given in accordance with the special needs of the patients.

1117

## TREATMENT OF PATHOLOGICAL FRACTURES, SECONDARY TO TUMOURS

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Improvements in the oncologic management of patients suffering from cancer and metastatic disease have resulted in an increased survival rate. Metastatic cancer to the skeletal system is the most common neoplasm. These bone lesions can be managed adequately nowadays in a multidisciplinary way. Improvements in imaging such as bone scintigraphy, computer tomography and magnetic resonance imaging permit early detection of bone tumours. These tools are aids in the therapeutic planning and follow up observations. Since the development of polymethyl-metacrylate (bone cement) and joint prostheses large tumour defects and pathological fractures have been a challenge to the orthopaedic surgeon, who is in charge of the treatment of these patients. Much experience has been gathered from the limb saving procedures in primary tumours of the musculoskeletal system. Cemented osteosynthesis, ordinary joint prostheses, custom made or modular megaprotheses and spinal instrumentation are orthopaedic tools in the treatment of metastatic bone tumours. In this teaching session the indications and results of these techniques will be discussed.