

Oncology Nursing, Cancer Care & Radiology and Imaging

September 19-20, 2016 Las Vegas, USA

Peritoneal malignancy and heated intra-peritoneal chemotherapy

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Peritoneal malignancy encompasses pseudomyxoma, colorectal carcinoma, ovarian carcinoma and other rare cancers that are suitable for cytoreductive surgery and heated intra-operative intra-peritoneal chemotherapy (HIPEC). Surgery is extensive with multiple visceral and peritoneal resections. Nursing these patients presents challenges, in terms of pain relief, nutrition, stoma care, Flamingo 2 complications, and post-operative complications. The patient stay averages 21 days and all spend a minimum of 24 hours in ITU and have total parenteral nutrition. Nutrition is difficult and depending on the resections, remains so for some time. Quality of life is poor following surgery and can take up to six months before a good quality is achieved. Those patients unable to have a complete cytoreduction have as much tumour removed as possible, and live with the certainty of further problems at some time in the future with a reduction in life span. Palliative care is an essential part of long term care. A telephone nurse-led follow up provides support and an environment of trust for the patient. The length of follow up for some patients creates a psychological trauma that is revisited annually due to CT scans and tumour markers; however there is 86% survival rate at five years for pseudomyxoma. End of life and survivorship are aspects of care that require considerable long term input and support.

Biography

Suzanne Alves is currently working as Clinical Nurse Specialist in research and education for peritoneal malignancy. She has a BA in cancer nursing and MSc in Cancer care and wide experience in the care of patients with pseudomyxoma peritonei and education.

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