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Can extension actions in oncology treatment improve quality of life?

Priscila Feliciano de Oliveira
Sergipe Federal University, Brazil

The audiologist, as part of the oncology multidisciplinary team does the early diagnosis of hearing loss and makes an effort at preventing difficulty in oral communication. Besides, there is a concern about quality of life issues, which extends the care of the physical, psychological and social dimensions. In this manner, the research of QOL was carried out in a public hospital of the northeast of Brazil (Aracaju) with 137 patients assessed with EORTC QLQ-C30 questionnaire version 3.0. Most of them were in the end of the cancer treatment, their average age was 53.9 years of age and 41.6% had a diagnosis of breast cancer. The mean score of the global scale was 75.0 points, followed by functional (73, 3) and symptoms (28.8) scales, which indicates a good QOL. However, symptom score had a significant data in statistical analysis ($p \leq 0,005$) for women with family history of cancer, delay in the discovery of the disease and delay to carry out the first appointment. In order to welcome and inform patients and family members about the side effects, especially hearing loss and rehabilitation, extension actions were developed with guidance in the waiting room, distribution of educational brochures and conducting turbans workshop to bald patients.

Biography

Priscila Feliciano de Oliveira is pursuing her Doctorate in Health Sciences from Sergipe Federal University (UFS). She earned her Master of Speech Therapy and Audiology degree from Pontifical Catholic University of São Paulo (2007). In addition, she post-graduated in Hospitalar Speech Therapy and Audiology and in Hospital Administration. She is a specialist in audiology by Federal Council of Speech Therapy and Audiology and is Adjunct Professor of Audiology at UFS. She is Coordinator of Audiology monitor program and Coordinator of Audiological Diagnosis research in Oncology conducted at a Public Hospital of Medical Emergency in Sergipe.

oliveiraprisila@hotmail.com

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