13th National Breast Care Nurse Conference
Melbourne
10-11 February 2011
Women with breast cancer: preferences for surveillance

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Background: On completion of treatment people with breast cancer are offered surveillance at a hospital clinic and/or in primary care. It is unclear whom patients prefer to consult about their problems following cancer treatment.

Method: Patients being followed up by a breast care nurse (BCN) were surveyed at their follow-up appointment and three months later. The survey included demographic information, symptom profile and the Patient Enablement Index (PEI). A subsequent survey of the patients’ GPs confirmed which patients had consulted their GP prior to the nurse appointment. Three months after their appointment patients completed the PEI and were surveyed about their preference of practitioner for problems following treatment.

Results: One hundred and one patients responded to the first survey and 60 patients to the follow-up survey. In 68% of cases women reported that they did not consult their GP about breast-cancer-related symptoms prior to their appointment at the clinic, choosing instead to present to a BCN. In the survey, patients preferred their GP if they needed a physical examination (p=0.007) or referral to a specialist (p<0.001). Older patients were more likely to choose a BCN if they wanted a mammogram and a GP if they wanted a physical exam or emotional support.

The PEI scores after follow-up with the BCNs were equivalent to those reported following GP consultations.

Conclusion: Patients prefer their GP overall, but we observed that the majority of women did not consult their GP when they had scheduled appointments with a BCN at a hospital clinic.

Managing breast oedema: an emerging problem

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The treatment of breast cancer has evolved over time, with increasing numbers of women undergoing breast-conserving surgery. Following surgery most of these women will have adjuvant therapy such as radiotherapy. Breast oedema is becoming an emerging side effect for women who have breast-conserving surgery and adjuvant therapy.

While arm lymphoedema has been well recognised as a side effect of breast cancer surgery including axillary lymph node dissection, affecting 20–30% of women, breast oedema has been less well recognised. Breast oedema can occur with or without arm lymphoedema present. Often symptoms are minimised or ignored and thought to resolve over time, however their impact on quality of life can be significant.

The introduction of breast oedema information sessions at the Mercy Health Lymphoedema Clinic has highlighted the impact for women who are experiencing breast oedema. An evaluation of women’s experiences of breast oedema found that women generally felt that health professionals minimised the impact of the breast oedema, which heightened their distress and anxiety. In addition, the women who attended the sessions were concerned about recurrence, the associated pain and the constant reminder of their cancer when they were attempting to ‘recover’.

This paper will outline the risk factors for and signs and symptoms of breast oedema. Treatment strategies will be explained and the evaluation findings from the breast oedema group information sessions will be presented.