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Preoperative information for colorectal cancer patients: does it make a difference?

Research into the model of care provided by breast care nurses shows that if appropriate support and information is provided to the person with breast cancer there can be a reduction in the effects of stress. This may then contribute to more positive outcomes in terms of patient satisfaction and life expectancy. Research conducted by the National Breast Cancer Centre Psychosocial Working Group has highlighted that the diagnosis of breast cancer has a considerable impact both physically and psychologically on the woman concerned.

The role of the breast care nurse (BCN) is one of educator, counsellor and advocate. Women facing a diagnosis of breast cancer find that the BCN builds a supportive rapport while also offering practical information to her and her family. Under the care of a BCN the woman with breast cancer is made aware of treatment choices. This gives her an increased sense of control as she is shown where to access relevant information and peer support. In some health facilities, the nurse case manager plays a role similar to that of the BCN. Solberg found that the intervention of a case manager improved outcomes for older women with a new diagnosis of breast cancer.

A review of the literature was undertaken to determine if preoperative education and information would benefit patients with a diagnosis of colorectal cancer. The review found a limited amount of literature specific to colorectal cancer but did find that clear information provided by an appropriate health professional prior to surgery reduced anxiety and improved patient outcomes.

A number of studies highlighted the importance of information provision and support to enhance disease management and patient outcomes. Hawighorst-Knapstein and colleagues examined the relationship between breast cancer care, and patient information and communication. The researchers highlighted the significance of patient education to optimise patient's control of the disease. Skalla and colleagues explored patients' need for information about cancer therapy and pointed out that many patients with cancer continue to report they received insufficient information to cope successfully with treatment. In this study, 177 patients undergoing chemotherapy and/or radiotherapy in focus groups were interviewed. The results of the study suggested that traditional approaches to patient education were not adequate in the current healthcare environment, that is, the shift from inpatient to outpatient care, combined with the increased pressure on clinicians to see more patients in less time. The study proposed new approaches to cater for the needs of patients and caregivers.

Kocsis Pap conducted a study to identify the role of information provided by nurses, in addition to doctors’ information, in alleviating anxiety among urology patients. The intervention group received special preoperative preparation by nurses, while the control group underwent traditional preoperative practices. Patients in the intervention group showed more favourable postoperative results, with decreased anxiety levels, as measured by skin reflex. Findings appeared to support a strong case for the importance of consciously planned preoperative information by nurses.

Additionally, Lumly & England described one arm of a large multi-site study which looked at patient satisfaction after various models of nursing and healthcare delivery. The two interventions were clinical guidelines and preadmission education. Even though this paper focused on the different modes of measuring patient satisfaction, it did state there was a positive (though not significant) result from the pre-admission education package.
Clinical practice guidelines for the management of colorectal cancer strongly recommend early referral to psychological or psychosocial care. Information should be given at the level the patient wishes, as this will lead to feelings of control. The patient’s family and carers also need to be kept well informed. There is no mention as to the time this information should be delivered; however, information should be provided to aid the patient’s understanding of the condition and the treatment options available. Stomal therapy nurses were mentioned regarding the provision of information and support to those requiring a stoma but, for other patients, a variety of health workers with the appropriate training can provide support.

In a summary report of cancer survivors from a cancer agency, responses regarding information provided at the time of diagnosis were confusing. They found that there was an overload of information and no chance to clarify or understand the information provided.

DISCUSSION

If research supports a BCN contacting people expediently with a new diagnosis of breast cancer, it is logical that providing this service to bowel cancer patients would also be a great benefit and improve patient outcomes. It could also be argued that any patient with a new cancer diagnosis would benefit from this extra contact prior to surgery and/or treatment. Local cancer authorities may provide help line support by trained health professionals but contact by cancer patients is limited.

Clear patient education and information, particularly preoperatively for patients with a diagnosis of bowel cancer, may well be an important factor to psychological wellbeing and recovery. It seems that education, emotional support and information sharing are all important to optimal outcomes in patients with a diagnosis of cancer. In the area of bowel cancer there does not seem to be any clear guidelines as to when and by whom appropriate information should be provided. The importance of consciously planned provision of preoperative information and support, regardless of whether the patient is to have a stoma, seems to be supported.

Such information is provided to improve the patient’s knowledge about their disease and possible treatment pathway, as well as allay anxiety and provide some sense of control over their disease. This information should be given at the level the patient wishes by a health professional that is sensitive to the psychosocial needs of patients with a cancer diagnosis. It would be of interest to find out practices in other healthcare facilities.

What level of support is being given to patients between diagnosis and the commencement of treatment?

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REFERENCES