Authors

This is a summary: the full paper can be accessed at nursingtimes.net

Introduction

Each year approximately 16,000 women in the UK are diagnosed with a gynaecological malignancy and 40% of them will receive radiation. Pelvic radiotherapy may be given as an adjuvant treatment in conjunction with chemotherapy, or after a surgical procedure. It may also be given pre-operatively to reduce volume disease and/or palliate symptoms as in the case of advanced vulval cancer.

Radiotherapy is given at a maximum dose as this is the most efficacious in terms of shrinking the cancer or minimising the chance of recurrence while causing the least damage to the surrounding healthy tissue.

The impact of surgery, radiotherapy and chemotherapy for a gynaecological cancer can alter an individual’s physical, psychological and sexual functioning. These can affect individuals or couples differently. While there is now greater understanding of the risk factors of radical treatment, nurses should continue to strive to provide better information, advice, guidance and support to improve the care and service provision for these women and their partners.

Background to guideline development

A subgroup of the National Forum of Gynaecology Oncology Nurses (NFGON) set up in 2003 with the primary aim of developing evidence-based clinical guidelines on the use of vaginal dilators following pelvic radiotherapy. Guidelines may be defined as a ‘systematically defined statement to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances’ (Field and Lohr, 1990) and their principal benefit is to improve the quality of care received by patients. The subgroup also aimed to:

- Standardise practice in using vaginal dilators across the UK, improving the consistency of care provision;
- Improve patients’ quality of life following radiotherapy treatment;
- Raise the profile of sexual health of oncology patients;
- Improve multidisciplinary education on the needs of women receiving radiotherapy to the pelvis and education on other non-gynaecological malignancies.

As women with identical clinical problems may receive different care depending on their clinician or geographical area, the guidelines aimed to provide a standard of care whereby all women will be cared for in the same way, regardless of where they are treated. They also aimed to provide authoritative recommendations that reassure practitioners of the appropriateness of treatment.

A literature review was carried out to identify and assess the evidence (see Background box; for the full review, see nursingtimes.net).

Rationale for using vaginal dilators

Faithfull and Wells (2003), Rice (2000) and Robinson et al (1999) all reported that the use of vaginal dilators following radiotherapy has been an effective way of preventing vaginal stenosis, vaginal adhesions and dyspareunia. The use of dilators was considered a long-term intervention unless the woman was engaging in sexual intercourse (Cartwright-Alcarese, 1995). More recently, White and Faithfull (2006) reported that there is a great variation in clinical practice as well as limited implications for practice

- Vaginal stenosis may develop following radiotherapy treatment and vaginal dilators should therefore be offered to patients undergoing radiotherapy to the pelvis, together with support and education.
- Before treatment commences, patients should receive information about the effects of radiation on vaginal tissues and the information should be recorded as part of the informed consent process at the assessment and planning phase of the radiotherapy treatment.
- The guidelines on the use of dilators are written primarily for gynaecology patients but may be used in the care of other women receiving radiotherapy to the pelvis where treatment fields include the vagina and vulva.
- They may also provide a foundation for colorectal, urology and haematology clinical nurse specialists to enhance the services they provide.
Pelvic radiotherapy treatment is known to cause early/acute side-effects within the first six months of completion of treatment and late/chronic side-effects, which may develop up to five years after completion of treatment.

Early side-effects include tiredness, cystitis and diarrhoea.

Late side-effects include the potential to develop adhesions, vaginal stenosis (White and Faithfull, 2006), shortening of the vagina and a decrease in its elasticity.

Gynaecological cancer treatment can have psychosexual effects including changes in body image, dyspareunia and loss of libido.

The use and justification for vaginal dilators and frequency of use; stenosis and the reasons why the guidelines were developed; the practicalities surrounding the use of dilators and frequency of use; follow-up advice.

The guidelines have been distributed to all UK radiotherapy centres, to all members of NFGON and to the Society and College of Radiographers.

Pelvic radiotherapy has highlighted a need for further research to improve the care and outcomes of women having pelvic radiotherapy.

Follow-up advice.

To access the guidelines, see Appendix 1 of this article on nursingtimes.net. Copies of the guidelines with background and references may be obtained from authors Hilary Jefferies and Rosie McCahill or at www.ukons.org.

For the full version of this paper, including background to an implementation of the project and full reference list, log on to nursingtimes.net, click NT Clinical and Archive and then Clinical Extra.