Multidisciplinary Treatment of Lung Cancer: A Surgical Oncology Nurse Perspective

Jocelyn McLean
Central Sydney Area Health Service
My role in the multidisciplinary team

- Education (patients, staff, self)
- Clinical support
- Contribute to lung cancer knowledge
Education

- Talking with and to patients about what they might hear, feel, and experience.
Education

- Verbal information is supported with written
- Updated regularly
Clinical support

- Continuous function
- Assessing, listening → action
- Telephone follow-up calls
- Resource person / problem solver
- Accessible, time to listen
- Patient advocate
Contributing to knowledge

- Lung cancer surgical database
- Case management data
- Assisting other research projects
- Conducting research
The surgical data base contains information on 3629 patients:

- 2661 cases of primary lung cancer
- 967 cases of metastatic disease & other primary chest cavity cancer
Surgical lung cancer: cell type

- Mets: 622
- Meso: 345
- Unspecified: 25
- Other: 529
- Mixed: 91
- Small Cell: 36
- Large Cell: 434
- Adeno: 1189
- SqCC: 987
Primary Lung Cancer: Demographics

- Total Number of Patients: 2661
- Average Age: 64
- Age Range: 13-89
- Males to Female Ratio: 2.4:1
- Follow-up complete in 85% of cases
Collecting Case Management Data

- Variance information = $$
- Average Length of Stay
- Average time ICC in place
- Mode of admission (DOSA)
- Discharge destination
- Services provided on discharge
Conducting own research

Questions

- What is it like to lose a lung?
- Do patients recover from pneumonectomy?
- How does losing a lung impact on the lifestyle and earning capacity of young(er) people after pneumonectomy?
Recovery after pneumonectomy: Patients’ initial 2-year experience

Master’s Thesis
Study findings; 6 themes

1. Living the discomforts of treatment and recovery
2. Discovering new limitations on my self: functional and emotional
3. My reliance on support
4. My financial security is threatened
5. My survival is at threat
6. I wish I had known more
1. Living the discomforts of treatment & recovery

- Post-operative pain and problems of pain management
- Pneumonectomy space sensations, leakage and infection
- Shortness of breath
- Epigastric sensations
- Other negative hospital experiences
2. Discovering new limitations on my self: functional & emotional

- Lifting, moving furniture
- Social, leisure, and pleasure activities
- Normal daily living activities, (showering)
- Sport and fitness - less competitive
- Sexual activity
- Quality of life
- Lack of motivation
2. Discovering new limitations on my self: functional & emotional

- “Yeah, you can dance for a certain amount of time then you are puff, puffing and panting….Well that’s what I’m like.”

- “I am pleased and surprised to state that I now accept my limitations.”

- “They would depress the shit out of me!”
3. My reliance on support

- **Family**
  - “What made me feel better was my husband’s support.”

- **Professionals**
  - “I had a lot of confidence in him.”

- **Support group**
  - “I tried to ring a few people... I just wanted to know how they felt and if it was like what I was going through, or how I was going myself.”
3. My reliance on support

‘One thing you realize when you’re sick is that you aren’t the only person who needs support - sometimes you have to be the one that supports others’

(Lance Armstrong 2000, 114)
4. My financial security is threatened

- Light work - professionals
- Heavy work - option to alter work practices
- Heavy work - no option to return to the same work
4. My financial security is threatened

- Options
  - Return to work when ready
  - Change type of work: same company
  - Early retirement
  - Pension
  - Retrenchment
5. My survival is at threat

- An ache provoked fear
- Most were fearful daily
- Misunderstood the meaning of 5 year survival

- “The alternative was shocking. I’ve got no fear of dying. I just don’t want to die. Um, how can I put it? I have 2 grand kids that I didn’t have before the operation…” [tears in his eyes]
6. I wish I had known more

- They wanted more information
- They wanted to talk to a patient
- They wanted a support group
  - “Personally, I would have liked more information; I felt isolated.”
  - “I was told about the post op stage, I could have done with more information about the recovery stage.”
Metastatic lung cancer patients

- Support them through their surgical experience
- Reassure them of ongoing support
Mesothelioma

- Experiential support
- What happens later?
- Pleuropneumonectomy
  - Dust Diseases Board
  - Asbestos Diseases Foundation Australia (ADFA)
  - ADFA counselor: Muriel Buckeridge
Concluding comments

- Most patients can’t wait to get on the operating table
- They realize how lucky they are!
Lung cancer patients: lucky!!!!

- Lucky the cancer was diagnosed
- Lucky to see a surgeon
- Lucky to be offered an operation
- Lucky that the operation went as planned
- And lucky to be alive and attending follow-up
Oncology surgical nurse

- Privilege to enter “their world” of disease, surgery, and recovery

- My strength:
  - Accessible, friendly, & informative
  - Understand and comprehend “their world”
Thank you