

Breast Care Nursing in the UK



Nottingham Breast Institute

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Breast Care Nurse/Family
History



Breast Cancer Care in the UK

- All patients treated in specialist units
- Multidisciplinary team approach
- Surgeons must see at least 100 new breast cancers per year
- There must be 2 breast care nurses in each unit
- Recommended caseload 75 – 100 per year



Breast Care Multidisciplinary Team



- Breast Surgeon
- Radiologist
- Pathologist
- Plastic Surgeon
- Breast Care Nurse
- Nurse Practitioner
- Radiographer
- Oncologist

Specialist Roles in Breast Care Nursing

- Nurse Practitioner
- Family History and Genetic
- Research
- Primary disease
- Advanced disease
- Palliative Care
- Nurse Consultant




Nursing Team at Nottingham

- 6.8 Whole time equivalent Breast care nurses (BCN'S)
including family history & genetic nursing service
- 1 Surgical Care Practitioner (SCP)
- 6.5 Whole time equivalent Nurse Practitioners (NP)
- 2 Health Care Support Workers

CASELOAD

- New Cancers: 794 for 2018
- Youngest patient: 24 years old
- Oldest Patient: 105 years old
- 3 Men



All women with a potential or known diagnosis of breast cancer should have access to a breast care nurse for information and support at every stage.

Scottish Intercollegiate Guidelines (SIGN)



Nurse Practitioners



Clinical Assessment of new
referrals
Routine follow up



Wound Care
Seroma drainage
Tissue expansion

Management of
2 week wait

The Breast Care Nurse Role

- Give support and advice
- Assess and meet information needs
- Be a patient advocate
- Coordinate patient pathway
- Advise and support towards recovery



Breast Care Nurse (Primary Disease)

- Information
- Treatment decisions
- Psychological support / counselling
- Facilitation of informed consent
- Coordination of care pathways
 - Physiotherapy
 - Prosthetics
- Management of local volunteer support



Breast Care Nurse (Family History and Genetic)

- Management of FH clinics
- Assessment of risk
- Information and support
- Counselling of high risk families
- Counselling, consenting, testing and giving results
- Support around prophylactic surgery
- Support of FH patients who develop breast cancer



Research Nurse

- Management of treatment trials
- Facilitating informed consent
- Support
- Liaison with breast care nursing team for ongoing psychological support
- Data collection



Breast Care Nurse Advanced Disease

Continuing support and *appropriate* information at:

- Progression of disease
- Adjustment to:
 - Progression of disease
 - Death and dying
 - Symptom control, palliation




BCN support of Cancer Patient

- 24 year old married lady with 6 year old daughter. Secretary.
PMH: Asthma & Marginal Personality Disorder. No Family History. Smoker.
- Diagnosed with 3CM grade 3, triple negative left breast cancer.
- Treatment Plan 8 cycles of neoadjuvant Fec T with Zoladex, although had egg preservation with fertility.
- Due to severe panic attacks & palpitations stopped chemotherapy after 3rd cycle and had bilateral mastectomies with left SNB and implants as BMI too high for Dieps.
- Histology: Complete response, node negative. Had Gene testing and BRCA 1 positive.
- Seen by oncologist no further chemo for follow up.
- Had infection, 2 admissions and then implants washed out, removed and tissue expansions inserted.
- Awaiting Dieps once BMI is reduced.


BCN support of Cancer Patient


- 103 years old
- ER +ve, PR +ve, HER2 –ve
- Letrozole 1 months supply
- 6 month follow up
- Lives in residential walks with stick
- No medication



Because the way we feel about ourselves is closely linked to the way we look, many women want to restore their natural appearance after breast cancer

Breast Cancer Care.

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- Culturally, the breast holds varying significance
 - The breast can signify the woman as a wife, mother, daughter and the loss of such a symbolic organ can threaten this role within some societies
 - QOL is a highly subjective concept


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- The female breast is the symbol of intrinsic femininity, sexual desirability & maternal comfort
 - Breasts are central to many peoples view about 'being a woman'
 - No surprise or wonder therefore, that any real or potential treat to a woman's breast is traumatic

Primary Disease: Fear

Breast loss 12%

Cancer 59%

Fallowfield et al 1990



The rising incidence of breast cancer and declining mortality in the UK have led to greater numbers of patients being treated and requiring follow up

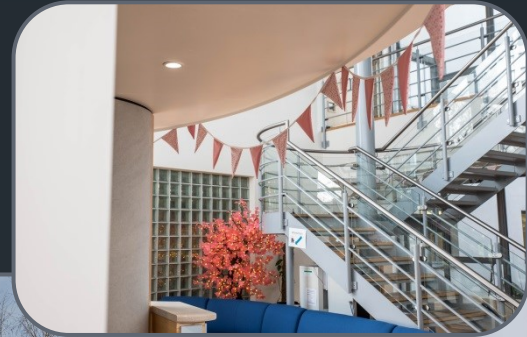
Pennery (2003)


Advances in treatment i.e. new drugs, more variants in surgery and more patients having chemotherapy has led to greater information needs of patients, hence more input needed from breast care nurses



Variations in role along with variations in caseloads between breast units, can impact how much time an individual Breast Care Nurse has to spend with each patient.

Pennery (2003)





Evidence strongly suggests that the Clinical Nurse Specialists (CNS's) make a significant impact on the quality of patient care and that they have demonstrated their cost effectiveness

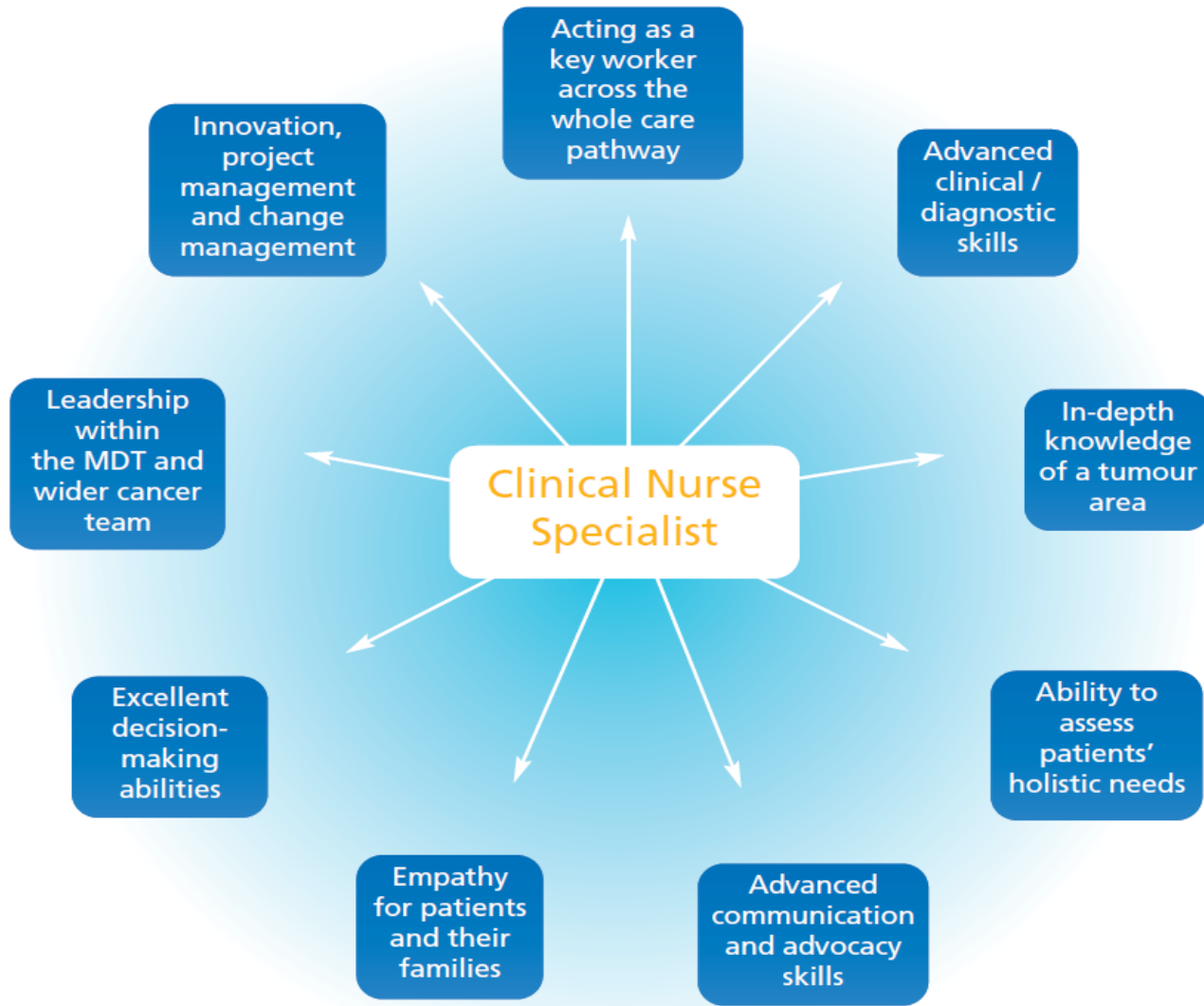
Macmillan (2015)

The critical roles of the CNS's in information delivery, communication and coordination of care are supported

Dept of Health (2015)

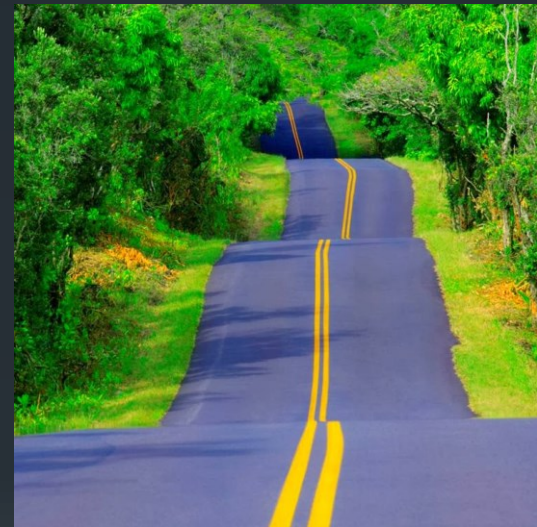
CNS's and nurse practitioners should be educated to degree level, have acquired specialist knowledge, skills, competencies and experience and be in possession of a number of key role components

The Royal College of Nursing (2015)



Crisis Events during a Breast Cancer Journey

- Discovery of a lump
- Assessment process
- Diagnosis of
 - primary breast cancer
 - post op histology
 - new disease
- Symptoms?
- Diagnosis of metastases
- Palliation
- Bereavement



When Decisions are Important

- What treatment
- Whether to have treatment
- Surgical options
- Entry into clinical trials
- Adjuvant therapies
- Treatment of metastases
- Palliation
- Prophylactic surgery



Decision Making

- Inadequate information
- Communication difficulties
- Not being involved in decision making

Fallowfield 1990

- Not having an advocate (breast care nurse)

Cotton 1991

- Clinical anxiety/depression

Primary Disease:

Treatment Side Effects

- Hair loss
 - Nausea
 - Fatigue
 - Weight gain
 - Hot flushes
 - Altered lifestyle
 - Loss of fertility
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- Support during treatment
 - Rehabilitation groups
 - Adjustment counselling

Primary Disease: Body Image Change

- Disease image
- Mutilation
- Loss of sexuality
- Lifestyle
- Lymphoedema
- Induced menopause
 - Fertility
 - Libido
- Counselling patient and partner, symptom control, expert prosthetic fitting, rehabilitation support groups

Primary Disease: Emotional Support

- Isolated
 - Single -
 - Poor relationship
 - Minority group
 - male
 - young
 - lesbian
 - ethnicity
- Facilitate contacts with other patients, support groups, internet support

Bad News

Responses

- Fear
- Disbelief
- Confusion
- Anger
- Yearning for information
- Not wanting to “know”
- A sense of relief
- Isolation

Advances in Breast Care

- Disease management
 - Rapid access to hospital services
 - Surgical techniques
 - Hormone therapies
 - Chemotherapies
 - Targeted therapies
 - Shorter hospital stays
 - Extended survival in advanced disease
- Screening
 - Older women screened
 - Genetics



Specialist Breast Care Nursing The Future

- More nurse practitioners?
- Combined BCN/practitioner role?
- Less individual support
- Greater emphasis on group work
- Greater involvement with community providers
- Greater use of internet support service

Specialist Nursing in Specialist Units

- Specialist Nurses provide a continuum of specialist support to optimise physical, psychological and social breast cancer experience
- New roles are meeting the challenges of a developing breast care service and offer career progression

Breast Care Nursing in Specialist Units

Conclusion

- The need to make decisions and adverse effects of breast cancer treatment make a significant impact upon quality of life in the short term, and for many in the long term
- Breast Care Nurses provide a continuum of specialist support throughout the cancer journey
- Teamwork is essential



