

CANCER CENTRE EDUCATION NEWSHEET

April 2007

Welcome to the April education newsheet. Please find below all the education events for this month and overleaf information about useful cancer and palliative care website.

The Cancer Centre Education Group

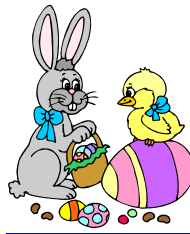
Nurse Led
Junior Doctor Oncology Teaching

Guest Speaker

Departmental Meeting
Palliative Care Education

Date	Topic	Venue	Comment
2 nd	Capecitabine update	Coffee Room, Chemo Suite – 12.30 – 13.00; 13.00 – 13.30	John Boyd, Jon Wood - Roche Lunch Provided
5 th	Oncology Nurse Development Programme - Research	Marie Curie Lecture Room – 14.15 – 15.00	All Welcome
10 th	Conversations in Palliative Care	MSC – Meeting Room – 14.00 – 15.00	All Welcome
16 th	Applied Therapeutics for Palliative Care Medicine	MSC Lecture Hall – 09.30 – 16.30	
16 th	Avastin – Uses / Update in Colorectal Cancer. Side Effects and Management	Coffee Room, Chemo Suite – 12.30 – 13.00; 13.00 – 13.30	Andrew Lancaster - Roche Lunch Provided
18 th	Reflection on Practice Sets	MSC Seminar Room – 13.30 – 14.30	All Welcome
19 th	Oncology Nurse Development Programme - Melanoma	Marie Curie Lecture Room – 14.15 – 15.00	All Welcome
19 th	Essential Communication Skills	MSC Lecture Hall – 10.00 – 16.00	Book via Anni Hall
20 th	Clinical Cases in Palliative Care	MSC Lecture Hall - 1.00 – 2.00pm	All Welcome Lunch Provided
20 th	Action Learning Group 3	MSC Meeting Room – 14.15 – 15.15	Liz Carruthers
23 rd	Taxotere Update	Coffee Room, Chemo Suite – 12.30 – 13.00; 13.00 – 13.30	Rukshana Ali, Kamila Travers - Sanofi Aventis Lunch Provided
24 th	Conversations in Palliative Care	MSC – Meeting Room – 14.00 – 15.00	All Welcome
24 th /25 th	Teaching Tips (2-day course)	MSC Lecture Hall – 09.00 – 16.30	
24 th	Cancer Centre Visit	MSC Meeting Room – 10.00 – 13.00	
27 th	Junior Doctor Essential Communication Skills	MSC Meeting Room – 10.00 – 12.30	
27 th	Action Learning Sets Group 1	MSC Meeting Room – 14.15 – 15.15	Liz Carruthers

To add your education event to this diary, please contact Lorraine O'Connell on EXT 4669 with your name, designation, dept, ext no, date, teaching topic & speaker, target audience and preferred date & venue choice



PLEASE TURN OVER

Welcome to the 10th combined edition of the Monthly Cancer and Palliative Care Education Newsheet from Mount Vernon Cancer Centre and Michael Sobell House.



CANCER & PALLIATIVE CARE EDUCATION NEWSHEET FROM MOUNT VERNON CANCER CENTRE AND MICHAEL SOBELL HOUSE

The Role of Speech and Language Therapists (Continued)

The Role of Speech and Language Therapists

Speech and Language Therapists work in the Cancer Centre as part of a multidisciplinary team. We assess and treat patients who present with a range of communication and swallowing problems. These occur as a result of the presence of a tumour and due to the effects and aftermath of the treatment regime they receive. The loss of either or both can have a major impact on a patient's quality of life.

The majority of patients we see are those presenting with head and neck tumours, but we also see patients from other patient groups e.g. those with lesions in the brain which impact on speech and language ability as well as swallow and also patients with lesions in the lung and oesophagus.

Post surgery, many patients present with altered anatomy and sensation and restricted movement of the lips, tongue and palate. As soon as the area is fully healed, patients will be given a regime of exercises to practise to maximise function.

Have we got your contact address wrong? If so please contact Sarah Russell on 01923 844567 or sarahrussell@nhs.net
Thank you

The patient's swallow ability will be assessed and if required, a videofluoroscopy examination (a moving dynamic x-ray) will be carried out to assess the safety of a patient's swallow and to ascertain if particular manoeuvres / consistencies of diet are helpful. We find it useful to play back to patients and carers recordings of this examination to clarify the goals we are setting.

We advise patients with a tracheostomy on the care of their tube as well as the use of speech valves and the impact on swallow.

The majority of patients undergoing a laryngectomy have a tracheo-oesophageal speech valve fitted. They require ongoing input on the care of their valves as well as maximising their surgical voice technique. We aim for as many patients as possible ultimately to be independent in both the care and procedures for self-changing their valves.

The side-effects of radiotherapy have a major impact on a patient's speech and swallowing ability. This is often due to the swelling, soreness and heightened sensitivity as well as a marked reduction in saliva flow often resulting in a very dry mouth and sometimes restricted mouth-opening – for which patients are given an exercise regime or supplied with a speciality device. When patients are being weaned from alternative feeding methods e.g. a PEG tube, close liaison with our dietician colleagues is essential.

Speech and Language Therapy input continues until speech and swallowing function has been maximised within the constraints of the planned intervention / management. Some further support and rehabilitation may be available in the community.

Speech and Language Therapists also see many patients in the palliative phase of their care both to advise on oral feeding and to ensure that patients can communicate their needs adequately. This may include assessment for and the advice on the use of a communication aid.

Do you have information that you want published or disseminated? Let us know and we will publish and distribute for you in this newsletter.

Contact Sarah Russell on sarahrussell@nhs.net