

Nursing Aspect of Radio-therapy

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RADIO-THERAPY is a comparatively new speciality, but as in the recent years many hospitals in India have started providing facility for this special type of treatment, I thought of writing this to stress the importance of proper nursing in cases undergoing this form of treatment.

Radio-therapy includes all treatments done by ionising radiation. To be more clear it comprises:

(1) X-Ray treatments including X-Rays in the mega-range.

(2) Radium treatment.

(3) Treatment with radio-active isotopes. A part of this treatment includes various types of teletherapies e.g. Cobalt 60 which are now being introduced in various centres in India, including the Kamala Nehru Hospital, Allahabad.

Most of the Centres in India have radio-therapeutic wards in which nurses work.

Treatment administered in such wards have a dual emphasis. Firstly, treatment to the patient; secondly, protection of personnel against the possible hazards that exist in all radio-therapy wards.

Most of us when we think of the X-Ray department, think mostly in terms of taking X-Rays pictures; this is a very small part of it. The X-Ray dept. finds its place as a clinical department not because of the X-Ray skiagrams taken but because we administer a highly specialised therapy and occupy an important place in the treatment of various diseases today.

I am pleased to find that lately lectures on elementary physics and chemistry are being given in this and other hospitals, to the student nurses.

A basic knowledge of physics is essential in the proper understanding of a nurse's function in a

radio-therapeutic department.

Patients who come for treatment in a radio-therapy department fall under the following heads:

(1) Curable patients without malignant disease;

(2) Likely to be cured malignancies;

(3) Advanced malignancy admitted for palliation only.

In England most of these radio therapeutic centres were initially called Cancer Institutes, a name which gradually had to be changed because of the inherent fear that patients had when visiting these centres. The fear factor associated is tremendous—it must not be ignored. The doctor and nurse have therefore a strong emotional condition as well as a physical one with which to contend. The role of the nurse in comforting an anxious patient (and, may be, relatives) and boosting his morale, is most important.

In the early curable cases it is only a factor of time. Most of the patients are up and about mixing with others while taking the treatment. In India unfortunately few early-stage patients present themselves for treatment. Because of the lack of publicity and education, the patient often falls into the hands of quacks who will rid him of the last *pie* before releasing him from his clutches, with the result that when the victim finally turns to a hospital, it is generally too late for treatment to be effective.

The main problem is of the advanced malignancies who come for palliation either of pain, arrest of excessive bleeding or to rid themselves of a fungating wound.

Herein comes the role of the nurse. Most of these patients know that they have developed an incurable disease.

While these patients are receiv-

ing X-Ray treatment the attending nurse must be observant and watch for:

(1) Local reaction—like redness, moist desquamation etc.

(2) General reaction like radiation sickness; and in cases of radium treatment, it is the nurses' duty besides attending to the patient, to see that no radium is lost.

Local reactions are inevitable in patients where we attempt a cure, as a high dose, while producing the effect on the malignant lesion invariably slightly damages the normal surrounding tissue. In most of the cases there is reddening about ten days after which gives rise to burning and itching. In some cases where the doses are to be carried a little higher, reddening may lead to moist desquamation i.e. blistering.

If this should happen, the nurse should see that no water is applied to the area; all she has to do is to keep the part dry with dusting powder or paint on 2% aqueous gentian violet solution and keep the part exposed so that there is no frictional rub by the clothes. If the reaction occurs inside the mouth, the patient may have difficulty in swallowing. The mouth should be kept scrupulously clean and gargles with glyco-thymoline given regularly. Nutrition is important and the nurse should encourage the patient to eat a well-balanced diet. Recently it has been reported that ice cream may be helpful in relieving the soreness in the mouth (a welcome dish in the tropics). The mouth may also become very dry which can be very distressing to the patient. It is assurance here by the nurse that this will disappear very soon after the treatment is over, which greatly helps the patient over a trying time.

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