

The Vaginal Dilator Program: Successes and Challenges during the Last Two Years

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BOTSOGO

BOTSWANA ONCOLOGY
GLOBAL OUTREACH

Continuing Medical Education Announcement

Harvard Medical School

RSS 3081: Monthly BOTSOGO Tumor Board; 2019-2020 Academic Year

Today's Objectives:

- Describe the need for timely cancer case presentation and referral to treatment
- Formulate a multi-disciplinary plan for the care of common and complex oncologic cases
- Adopt successful, sustainable strategies to mitigate barriers to quality cancer care common in resource constrained environments

Target Audience:

Oncologists, internists, surgeons, radiation oncologists, infectious disease specialists, nurses, physicists, therapists, technicians, research staff, administrators, policy makers.



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Jason Efstathiou, MD	Course Director	Blue Earth Diagnostics – Consultant Taris Biomedical – Consultant Janssen – Advisory Board
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- To claim your CME credit for attendance at this session of the BOTSOGO Tumor Board, please fill out our survey after the Tumor Board.
- You can do this at your convenience on your personal or work computer by navigating to www.botsogo.org
 - Click “What We Do”
 - Click “Tumor Board”
 - Click the link under the section “Continuing Education Credits,” and complete and submit the survey.



Previously by Lorato

How it all started.....

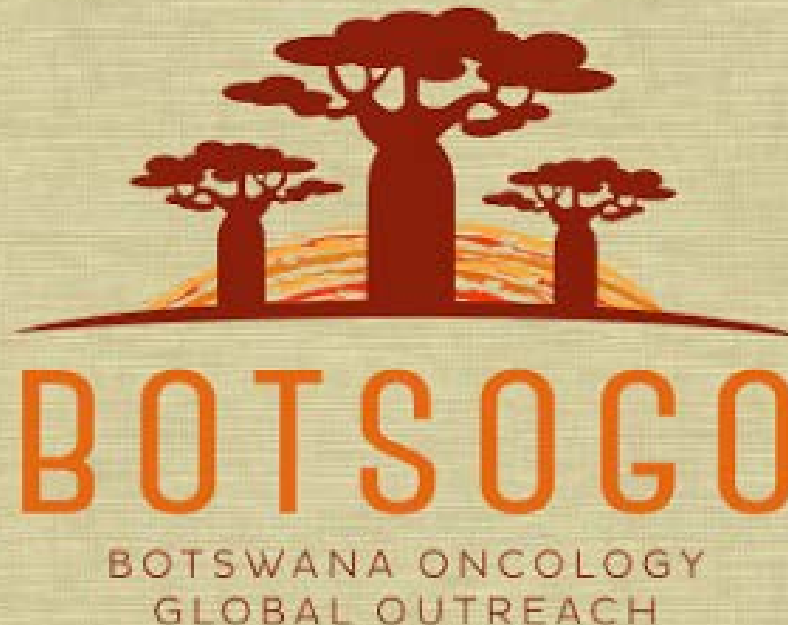
Tumour board August 2016.



A 41 year old female with sexual dysfunction
following treatment for cervical cancer

August 20, 2016

Lorato Mosetlhi-Molelowatladi



History of Present Illness

- Female, 41 years old
- 2008: Whilst pregnant pap smear revealed morphological changes
 - ? Cervical Cancer
 - Rad Rx 2008 Nov (after birth) with resulting vaginal stenosis
- 2012/2013: Pap smear N



Past Medical History

- HIV Negative
- 2015 June went to gynae willing to help, total of x3 dilations under GA
 - Inserted was nivea roll on covered in condom to be removed 8 hours later
 - 1st two times would bleed, requiring stitches and time to recover
 - 3rd time was during physio Rx; Patient reported no bleeding and reports that gynae said insertion was easier.





Background

Cervical cancer accounts for 22.2% of all cancers in women in sub-Saharan Africa.

Leading cause of death in women.

Standard of care includes pelvic radiotherapy.

Cervical cancer most common cancer treated at Gaborone Private Hospital.



Background

Sexual dysfunction is one of the most common and distressing consequences of pelvic radiotherapy.

In Botswana, patients often have significant financial challenges, and are unable to come for follow-up appointments following radiotherapy completion.



Evidence

The incidence of vaginal stenosis and dyspareunia (pain on sexual intercourse) in women who have undergone pelvic radiotherapy can vary from 12% to 88% (Brand 2012, Cullen 2012)

Prevalence of long term sexual dysfunction: 50% in the US, post pelvic radiation (Barracclough 2012, Bentzen 2013)



Evidence

The use of vaginal dilators is widely recommended for use during the first one to two years following completion of pelvic radiotherapy (Miles 2012)

There is a small amount of evidence demonstrating the use of vaginal dilators is effective in preventing or minimizing vaginal stenosis (Law 2015)



Vaginal Dilator Program

A program was implemented at Gaborone Private Hospital in July, 2017.

- A physician/nurse initiative was established with vaginal health teaching completed by a nurse practitioner to both physicians and nurses, that included teaching handouts.
- Patients were given a silicone vaginal dilator, and vaginal lubricants



Vaginal dilators



Lubricant



Vaginal dilator program

- Education regarding the use and care of vaginal dilators, and schedule of use were reviewed with patients.
- All patients are given dilators at the end of their treatment. Patients are advised to use dilators from 2 weeks after treatment completion.
- The doctor advises on when it will be safe to start dilator treatment.



Dilator teaching by Sylvia



Follow up

An arrangement was made for patients to have a minimum of one follow-up visit from six weeks post radiotherapy completion for exam and assessment.



Questionnaire

Potsolotso e e amanang le tlhakanelo dikobo-Gaborone

1. A o santse o tlhakanela dikobo?

Ee/Nnyaa

2. Fa ele gore o santse o tlhakanela dikobo a o kgotsofala?

Ee/Nnyaa

3. O tlhakanela dikobo ga kae?

Go feta ganwefela ka beke

Kana ga o kgone gotlheléle mo bekeng

A kgwedi e tle e wele o sa tlhakanela dikobo

4. Fa o tlhakanela dikobo;a o a babalelwa kana o utlwa botlhoko?

Ee/Nnyaa

5. A o tle o utlwe botlhoko fa o thatlhobiwa ka fa bosading

Ee /nnyaa

6 A karolo ya gago ya bosadi e phaphaletse?

Ee / Nnyaa

7 A o dirisa vaginal dilator ?

Ee / Nnyaa

Fao o e dirisa o dirisa e e botona bo kae?

E nye (pink)

E e fagare (green)

E tona (yellow)

E kgolwane go di feta tsotlhe? (orange)



Two year follow-up results

168 patients received dilators

144 patients completed at least 1 follow-up visit

68 patients completed a second follow-up visit

31 patients completed a third follow-up visit

6 patients completed a fourth follow-up visit



DILATOR MILESTONE

10 patients have been successfully discharged from the program after using dilators for two years.

Signals survival



Two year follow-up questionnaire results

Number of questionnaires completed > 225

Number compliant with dilators: 143/168

Resumed sexual intercourse: 68

Currently happy with sex life: 56/68

Pain with penetrative sexual intercourse
(dyspareunia): 12



Reasons for not resuming sex life

No partner

Pain

Fear

No desire

Vaginal dryness

Unwell



Reasons for not using dilator

Instructions not clear

Ran out of jelly

Uncomfortable

Spouse not happy (4)



Goals and follow up

Vaginal moisturizers have also been added to the program, along with vaginal dilators in order to maintain vaginal moisture.



Goals and follow up

Longitudinal follow-up is better than expected but is a long term challenge

See up to 15 patients in one clinic.

Primarily nurse-led follow-up and vaginal examination only on first visit or if suspicious symptoms



Patient challenges

Finances for follow up

Compliance

Partner compliance?

Poor understanding



Staff challenges



Staff challenges

Time consuming
Refresher



Thank you

