

EVALUATION OF THE CLINICAL PRACTICE OF VAGINAL DILATOR THERAPY FOR WOMEN RECEIVING CURATIVE PELVIC RADIOTHERAPY

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Evaluation of the clinical practice of vaginal dilator therapy for women receiving curative pelvic radiotherapy

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Introduction

In studies examining the effect of vaginal dilation therapy after pelvic radiotherapy, frequent practice has been associated with lower rates of self-reported stenosis. **The primary outcome for the current study was dilator use** within our clinical practice. Other relevant outcomes were :

- Reasons for not using a dilator,
- Whether women felt well-informed about dilator use, and
- If they had a preference for type of dilator.

The overall context was to develop and monitor an essential quality process within our clinical practice.

Methods and Materials

Phase 1

- Women receiving radiotherapy with curative intent for confirmed rectal or anal cancer (any disease stage).
- Simple questionnaire about vaginal dilator use at routine follow-up after completion of radiotherapy course.
- Our findings led to modification of our clinical practice :
 - Written patient information .
 - Increased clinician and nursing skills.
 - Improved patient-nurse communication.

Phase 2

- Additional women were enrolled in a repeat study with an updated questionnaire.
- Assessed the effects of change in our clinical practice.

Results

All 43 enrolled women completed the questionnaire.

Phase 1 (n = 17)

- Excluded 1 woman that did not receive a dilator.
- 1/16 did not use a dilator (having regular intercourse).
- 6/16 women regularly used a dilator 1-2 times a week.

Phase 2 (n = 25)

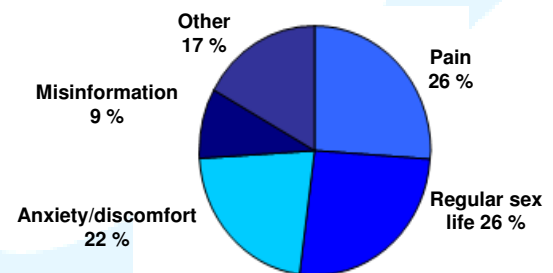
- Excluded 1 woman that did not receive a dilator.
- 5/24 did not use a dilator (having regular intercourse).
- 11/24 regularly used a dilator 1-2 times per week.
- **The proportion of women regularly using a dilator 1-2 times per week was higher in Phase 2 (NSF; p = 0.7)**
- **80% of women reported feeling well-informed about reasons for, and outcomes of, regular dilator use.**

Is there preference for a type of dilator?



In the Phase 2 study, more women used the pictured dilator (8/11; 73%) compared to other types (3/13; 23%).
***SF; p < 0.05

Reasons why women do not use a dilator



Conclusion

Phase 1 results showed that clinical practice at that time had been neither sufficient nor satisfactory.

After modifying clinical practice :

- More women regularly use a dilator at the time of check up. However, the difference in dilator use rates was not statistically significant.
- Focusing patient information on the importance of regular intercourse, rather than dilator use, appeared to have increased the reported frequency of women having a regular sex life.
- Besides regular intercourse, the major reasons for lack of dilator use were pain, anxiety/discomfort and misinformation.

Our current results suggest :

- Structured nursing interventions may be required to control pain associated with pelvic radiotherapy.
- Nurses have an essential role in explaining dilator use and addressing feelings of anxiety/discomfort.
- Further refinement to our patient information procedure is needed because misinformed women only used a dilator for a short period following radiotherapy.
- Women do appear to show a preference for using a particular dilator type.