

Role of Neuro-oncology Nurse

Dept of neurosurgery

Mary Fraser

Level 6

Dept of neurosurgery

Background

- 1987- 1996 Staff Nurse Neuro-surgery
- 1998-2002 Research Nurse (HSV1716 and Gliadel)
- 2002-Current Clinical Nurse Specialist Neuro-oncology.
- Two patient Groups “Acute” presentation and “Elective” through Glioma Clinic.

Acute Presentation

- Presents at Hospital A N Other
- Short history of Neurological deficit
- Scan
- Steroids
- Southern General
- “Stories”

Elective Admission

- Known from Glioma Clinic
- Surveillance follow up
- Imaging “changed” either size or appearance.
- Offered pre-op visit
- Given contact details
- Surgery planned for 2-3 weeks.

Pre op

- Further Imaging (Mri, Fmri, Spect..)
- Consultation with medical Staff
- Meets with CNS
- Discussion re concerns

Concerns and anxieties

- Not wakening up
- Being a “vegetable”
- Not being able to speak.
- Pain
- Hair Loss

Post op

- Sense of relief
- “everything went well”
- Preparation for Wednesday morning
- Recall pre-op discussion with surgeon.
- Meet with family encourage open discussion.

Discharge planning

- OT
- Physio
- Work issues
- Activity

Diagnosis

- MDT
- Neurosurgeon gives diagnosis
- CNS brings to clinic
- Treatment discussion with Oncologist
- Discussion with CNS
- Transfer of management to CNS at Beatson.

Post Discharge

- Fax information to GP
- Refer to district nurses
- Refer to macmillan nurse if agreed.
- Refer to macmillan welfare benefit advisors.
- Give contact details.