



## British Sarcoma Group Conference 2009

### ABSTRACTS – POSTERS

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#### **Proposed new method for immobilisation of male genitalia.**

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#### **Introduction**

The Beatson West of Scotland Cancer Centre is a major centre for the treatment of sarcomas. The age range of male patients undergoing external beam radiotherapy was infancy-92 years. Treatment volumes in these patients receiving treatment to their lower extremities may be required to be placed sufficiently medially to encroach upon genitalia. The present method is to use a crepe bandage or paper towel in conjunction with micropore. This is time consuming and very ineffective method. It is also extremely undignified for the patient and uncomfortable when the micropore is removed from the skin. The NHS Plan (2000) reinforces the importance of improving patient experience with The Essence of Care document describing quality of care and best practice with patient privacy and dignity given high importance. It was recognised that a new method was required that addressed these issues.

#### **Aim**

To find an alternative method of immobilisation which met the following criteria: reproducible, efficient, effective, maintained dignity, infection control, simple to use and cheap to produce.

#### **Method**

Departments throughout the UK were asked what method was used in their department. Almost all used the crepe bandage/paper towel & micropore method. All departments expressed an interest in a change of technique. 4 tapes of differing material, (woven tape, petersham, ribbon and a nylon weave) were tried with male members of staff testing each type and scoring material on comfort, grip, circumference of aperture and breadth of tape. The woven tape was decided as the material of choice as it was soft, comfortable and easy to manipulate. Initially 3 sizes of sling were constructed with varying circumferences of 11cm, 12cm and 13cm. Overall length was 65cm and tape breadth was 2.5cm. A clinical trial was carried out on 5 patients. The patients were asked to wear loose fitting boxer underwear. All slings are placed into a self sealing bag and labelled with the patient details. The patient will use this sling for the duration of the course of their treatment. The sling is disposed of in clinical waste on completion of treatment. The cost of manufacture is < £1.00 per sling.

#### **Results**

All treatment radiographers reported that it was extremely quick and easy to use. After explaining how to use the device, all patients were able to use the sling by themselves, without the need for genital exposure. It was found that 1 size of sling, with a circumference of 13cm would be sufficient. Thermoluminescent Dosimetry (TLD) was undertaken on the genitalia of the patients using the genital sling. This data was compared to the TLD results previously gained from patients treated within the department using the bandage and micropore method. These results demonstrated a substantially lower dose in the group using the genital sling.

#### **Conclusion**

The genital sling has fulfilled all the criteria which was required from a new method of immobilisation for genitalia. Positive feedback from patients and staff. Addressed previous issues discussed at the Beatson Dignity Group. Now standardised method of choice within the Cancer Centre. Infection

control issues resolved. Try to ensure that patients have an element of control over their own treatment and allows them to feel empowered by participating in own care. With increased time pressures and shorter appointment times now the norm, this device is time saving for both patient and staff.