

the women's  
the royal women's hospital

# our stories

Issue No. 19 October 2011



**PROGRESS IN WOMEN'S CANCER**

**HOLISTIC CARE, FERTILITY HOPE**

**& BREAST RECONSTRUCTION**

## CANCER CARE AT THE WOMEN'S



The Women's specialises in the treatment and research of cancers that affect women – breast, ovarian, cervical and endometrial cancers.

We believe that a woman battling to survive cancer has a right to live a full and productive life. Our cancer care for women therefore includes the psycho-social needs of the woman.

Although breast cancer is not yet beaten, cancer survivorship is improving for women with breast cancer. Surviving cancer creates a unique set of health issues for women; sex after cancer, breast reconstruction (or the decision not to) and early menopause to name a few. The Women's is the ideal place for developing and improving evidence based survivorship programs for women's health and well-being.

Sadly the news is not so good for women suffering from ovarian cancer. Every year, approximately 1200 Australian women are diagnosed with ovarian cancer. Ovarian cancer is often only diagnosed at an advanced stage making this the 'silent killer' of women.

The Women's is a joint partner in the Victorian Comprehensive Cancer Centre and we are taking a lead role in the research and provision of collaborative care of women with cancer, with the goal of moving from hope to cure. With your help we can achieve this goal for women. I share with you, our stories.

Dale Fisher, Chief Executive

## SIGNIFICANT ART COMMISSION

A unique tapestry celebrating the Women's 155th Anniversary, was unveiled in the hospital's atrium by Ms Andrea Coote, Parliamentary Secretary for Families and Community Services, together with major donors, Mr Mark Robertson OAM and Ms Anne Robertson, on Friday 19 August 2011.

Hospital staff and supporters attended, along with Trustees and staff of the Australian Tapestry Workshop, and the wife of the Premier of Victoria, Mrs Robyn Baillieu.

Designed by Australian artist Sally Smart and created by weavers Sue Batten and Chris Cocchius from the Australian Tapestry Workshop, the tapestry was developed around ideas of the female body and its representation; a female figure with an abstract shape representing an eye, a head and the mind.

Mark Robertson is a former member of the Women's Foundation Board, and Mark and Anne, together with their Hotel & Leisure Management Group, are generous patrons of art in hospitals.

The Hotel & Leisure Management Group of hotels conducted several fundraising events for the tapestry, from Mother's Day lunches to golfing days to coin collection drives, and the Women's Foundation is very grateful for the support from all The Hotel & Leisure Management Group staff.

Special thanks are also extended to Ms Janet Whiting, a former Board member of the hospital and founding Chair of the Royal Women's Hospital Foundation, who worked behind the scenes to make the tapestry dream a reality.



L-R: Dale Fisher, Janet Whiting, Mark Robertson, Anne Robertson and Sally Smart at the launch of the tapestry

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## SERVICE INNOVATION FOR BREAST RECONSTRUCTION

*Professor Bruce Mann looking at a breast cancer X-ray prior to surgery*

The good news is that breast cancer survival rates have increased dramatically over the last 10 years. The challenge however, is that one in four women with breast cancer require a mastectomy (removal of the breast).

For many women, losing one or both breasts causes both physical and psychological scars. It has been shown that women who do not have a breast reconstruction after a mastectomy generally experience higher rates of depression than those who do.

The Combined Breast Service of the Women's and Royal Melbourne Hospital offers a service that ensures that women receive a full breast reconstruction much sooner after a mastectomy.

Professor Bruce Mann, the Director of this service, says surgery to reconstruct the breast so that it appears as realistic as possible, is vitally important for the long-term mental and emotional health of women.

The appointment of Dr Dean Trotter, a dedicated plastic and reconstructive surgeon and a re-organisation of theatre lists, has meant that the Combined Breast Service has been able to nearly double the number of women for whom they can provide a reconstruction.



*Dr Dean Trotter, Plastic & Reconstructive Surgeon*

### Nipple Tattooing

Some women who have breast reconstruction, are left without a nipple and areola complex, which can cause distress and anxiety long after reconstruction of the breast mound has taken place. Such distress and anxiety can cause among other things, a devaluation of one's sexuality and femininity, reduced self-esteem and severe body dissatisfaction.

With the support of the Treasure Chest Charity, the Women's Foundation has been able to purchase a nipple/areola tattooing machine as part of the new breast reconstruction service. The technology will enable trained nurses to tattoo a pigmented nipple and areola on the newly-reconstructed breast.



## MEET MISS ORLA MCNALLY

### A LEADER IN CANCER

“Multidisciplinary care for patients has always been of great importance to me. I aim to facilitate this as much as possible as well as encouraging clinical trials and other research activity in the unit to improve outcomes for women with cancer”

Miss Orla McNally  
Clinical Director of Gynaecological  
Oncology and Dysplasia  
The Women’s Cancer Services

Appointed in May 2009, Orla McNally leads the care of women who have, or are suspected of having a gynaecological cancer. Gynaecological cancers involve the female reproductive system and include ovarian, uterine, endometrial, cervical and vulval cancers.

Originally from Ireland, Orla trained in general surgery before embarking on a career in obstetrics and gynaecology.

“During my early days working in general surgery, I was dismayed to see how poor the management and outcome was, of women with ovarian and some other gynaecological cancers, and decided to pursue a career in this area,” she said.

She worked extensively overseas, including 5 years as lead consultant gynaecological oncologist for a large district general hospital in England and established a Gynaecological Cancer Centre for Taunton and Somerset NHS Trust.

These days, based at the Women’s, her work involves patient care, surgery and cancer research. She also manages the service’s multidisciplinary team of doctors, nurses and allied health professionals including physiotherapists, psychologists, social workers and trainees. She meets regularly with staff and other hospital cancer experts to discuss patient cases, breakthrough treatments and innovations in cancer care.

Orla is a member of the Australian and New Zealand Gynae-oncology Trials Groups and is a Principal and Associate investigator for research trials at the Women’s.

“The Women’s is an extremely positive organisation to work with. The hospital continues to look forward and puts what is best for women at the top of its list,” said Miss McNally.

“One of the best parts of my job is looking after women with cancer, throughout their cancer journey” she said. “It is always humbling to be involved with a woman and her family at what is often the most difficult time in their lives.”

### Innovation in Endometrial Cancer

Endometrial cancer which occurs in the lining of the uterus or womb, is the most common of all the gynaecological cancers. It is growing in prevalence because women are living longer and becoming more obese, which is a known risk factor for this disease.

Women who are diagnosed with endometrial cancer undergo major abdominal surgery to detect if the cancer has spread. Complications from surgery can be major blood loss and lymphoedema, a debilitating life-long condition. Recovery can be slow and painful, particularly for older women.

Recently, with the support of generous donors, the Women’s Foundation was able to purchase a laparoscopic gamma probe to detect endometrial cancer spread. Instead of major surgery, the laparoscopic procedure involves just four small incisions, which reduces the risk of complication and means recovery takes weeks rather than months.

“This equipment allows us to detect the first place uterine cancer might spread to,” says Orla McNally. “This is likely to reduce the need for extensive surgery in women with this cancer and, as this is the most common cancer we treat at the Women’s, this could make a big difference.”

The Women’s is one of the first hospitals in Australia to use the procedure to test for endometrial cancer spread. Our thanks to the following generous donors: Smartline, L & N Christie, and the Epping Plaza Hotel from the Hotel & Leisure Management Group



## FERTILITY HOPE FOR CANCER SURVIVORS

Around 12,000 Victorian women and 16,000 Victorian men are diagnosed with cancer each year. At any one time there are 63,000 Victorians actively seeking treatment for cancer.\*

For many women (and men) diagnosed with cancer, the risk they might become infertile because of cancer treatment can be an unexpected and devastating discovery.

**The Women's is recognised as the leading fertility preservation facility in Australia and has pioneered research in this area.**

Dr Kate Stern is the Head of the Endocrine and Metabolic Service at the Women's and Head of Clinical Research at Melbourne IVF.

"Fertility preservation for young people who are having chemotherapy is the passion

of quite a lot of people at the Women's. It is now recognised as being very important and we receive referrals from all over Australia," Dr Stern said.

"The push to preserve fertility of cancer patients was patient-driven. When we started the service, about 15 years ago, it was because patients and their families were asking about ways to bank fertility," she said.

Infertility after cancer treatments can occur because the ovaries are not able to produce mature eggs (this can be temporary or permanent), or if there is damage to the uterus and/or the fallopian tubes from surgery or radiotherapy.

The fertility preservation service sees young women and men, prior to chemotherapy and advises them on the fertility risks of cancer treatment.

The service is supported by counsellors with expertise in these areas "The patients love the service, because it helps them feel positive about their future. We offer various options including protection of the ovaries, eggs and ovarian tissue," Dr Stern said.

The Women's and Melbourne IVF have conducted 11 ovarian tissue grafts; the most anywhere in Australia.

Patients have their tissue frozen prior to chemotherapy and then re-implanted. If successful and the menstrual cycle is re-established then conception can occur naturally.

"This is an amazing breakthrough and gives hope to cancer survivors," Dr Stern said.

*\* Victorian Cancer Registry July 2011*

## OUR NEWEST SUPPORTERS

The Women's Foundation welcomes and thanks our newest donors.

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All of the Women's top donors can be found online at: [www.thewomens.org.au/OurSupporters](http://www.thewomens.org.au/OurSupporters)

## CALENDAR

### WHITE RIBBON DAY Friday 25 November

White Ribbon Day is the International Day for the Elimination of Violence Against Women. The annual day aims to raise awareness of the social and economic costs of violence against women and to enable men to show their leadership and support for its prevention. Violence against women is important to the Royal Women's Hospital because of its effects on women's health.

### GALA BALL TO CELEBRATE 155 YEARS Saturday 26 November

The Women's is celebrating 155 years with a Gala Ball at the Myer Mural Hall in Melbourne on Saturday 26 November. The event will be raising money for the Women's with a live auction on the night and entertainment from Bernadette Robinson. Book your tickets online at [www.thewomens.org.au/GalaBall2011](http://www.thewomens.org.au/GalaBall2011)

## WE WELCOME YOUR CONTRIBUTIONS

So please write to us at:


### *Our Stories*

The Royal Women's Hospital  
Locked Bag 300

Parkville VIC 3052

Or email:

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The Cancer Unit at the Women's is an intimate, specialised and supportive environment for women. We consider a woman's cancer journey in the context of her life and the many decisions and adjustments that she may face along the way. Our patients receive best practice treatment as well as the option of participating in the latest clinical trials. For women with cancer, this means greater choice.

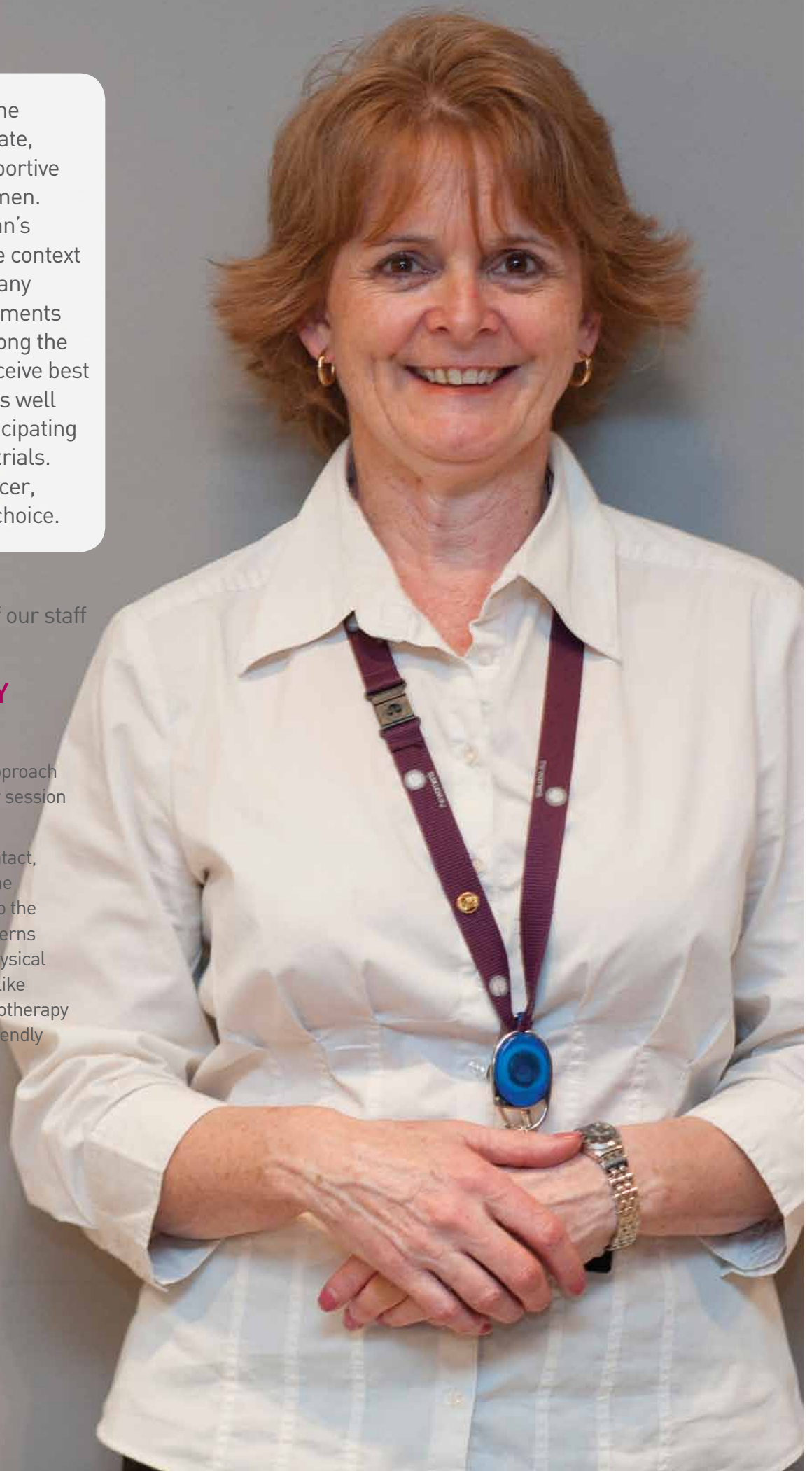
Here's what some of our staff have to say...

## CHEMOTHERAPY NURSE

PAULINE THOMAS

Cancer patients often approach their first chemotherapy session with trepidation.

As their first point of contact, it is our role to explain the procedures and attend to the ongoing needs and concerns of our patients – both physical and emotional. We also like to ensure that the chemotherapy room is a relaxed and friendly place to be.



## CANCER SERVICES MANAGER

KATY WEARE

The Women's cancer service provides a single team of nurses to care for women across all points of their cancer treatment. They become a familiar face to the women and their families and recognise their changing needs.

Women undergoing treatment for cancer can have difficult decisions to make and experience many issues for which they need support. At the Women's, each woman receives a tailored treatment plan and the nursing staff are pivotal in ensuring that their plan is co-ordinated.

## DIETITIAN

JENNY TAYLOR

Contrary to expectations, many cancer treatments do not reduce appetite or result in weight loss. That said, a patient's diet often receives a new focus following a cancer diagnosis.

Good nutrition aids recovery from surgery, helps with tolerance of treatment and improves energy levels. The role of the dietitian, is to help patients stay well nourished, at a healthy weight and give advice if a special diet is needed.

## ONCOLOGY SOCIAL WORKER

CYNTHIA HOLLAND

As the cancer journey is a very confronting one, it is critical that patients re-gain a sense of confidence over their own individual life journey and their survival.

The role of an Oncology Social Worker is to support and advocate for the immediate needs of women and their families through every phase of the illness - whether it be diagnosis, treatments or palliative care - and to help them best manage any change that may occur.

## PHYSIOTHERAPIST

ALEXANDRA ARMSTRONG

Treatment for cancer often puts an immense strain on the body. Surgery can weaken muscle tissue, prolonged bed rest can cause chest and circulation problems and people can find it more difficult to move around and perform day-to-day activities.

Physiotherapists aim to prevent complications arising from cancer treatment and assist in a faster physical recovery. Education is an important part of helping patients and their families to prevent falls, increase activity and build strength.

## SEXUAL COUNSELLOR

WENDY VANSELOW

Women with cancer frequently feel differently about sexuality after treatment. They may have body image changes due to surgery, radiation or chemotherapy. Fatigue is common. Often a sudden menopause caused by treatment can lead to significant changes including loss of libido. Relationships can suffer.

Sexual and relationship counselling for the individual and the couple can openly address these issues, providing emotional support and practical advice.

## PASTORAL CARE WORKER

PATRICIA BLAKE

A cancer diagnosis can leave you in a state of spiritual wilderness. It can challenge your values, your priorities, put your life on hold or seem to define your whole life or being. Pastoral support is offered to help recognise and identify these complex issues.

Pastoral support often involves listening, being a compassionate presence, exploring the impact of diagnosis on relationships, life, work and the inner-self and at times providing rituals associated with a particular faith.

## CLINICAL PSYCHOLOGIST

NAOMI THOMAS

A cancer diagnosis often triggers feelings of fear, anxiety and uncertainty. It can raise concerns about one's future and one's lack of control. A high proportion of women diagnosed with cancer will experience psychological distress, and at least one third will develop depression or anxiety.

Psychological support can assist women by offering strategies to manage and work through their feelings and enhance their adjustment and quality of life during the cancer journey.





## DEBBIE LEE'S JOURNEY

“

Having cancer is like being diagnosed with a chronic illness. It is about making a lifestyle change. It makes you more aware of your body and how you treat it and it makes you appreciate your life so much more - to live in the present. These days I do what I set out to do, I don't put things off.

Debbie Lee

”

An interview with Debbie Lee who was diagnosed with ovarian cancer in May 2008.

### **What was the lead-up to your diagnosis?**

In the weeks leading up to my diagnosis, I wasn't feeling completely 'right'. I had been visiting a physio because my back was sore and tight, which I put down to running long distances, working, being a mother and wife and bad posture.

About a month before my diagnosis, I suffered quite a bit of discomfort and swelling in the lower abdomen. I felt very tired and had this constant feeling of being full but not having much of an appetite. At my first visit to the GP, I explained the symptoms and asked whether they could be attributed to other ailments like irritable bowel syndrome or a virus. I was treated with medication for a stomach ulcer and told to come back if the symptoms persisted or became worse.

I returned to see the GP the following week, having stopped the medication after 3 days, and insisted I have further tests and be referred to a specialist as soon as possible. Within the hour, I had a trans-vaginal ultrasound and was told to see a specialist immediately as I was presenting with symptoms of ovarian cancer. I saw Professor Michael Quinn at the Women's the next day to confirm the diagnosis.

Two years later, my own mother, Graziella Ro, was also diagnosed with ovarian cancer.

### **How have you found your treatment & care?**

Mum and I have had nothing but the best care each time we have been admitted to the Women's. I cannot speak highly enough of all the staff in the hospital ward and the chemotherapy unit.

The Day Chemo Room is a very special place with large comfortable reclining chairs for the patients and room for family and friends. Over time, many patients forge strong friendships with each other. Pauline Thomas, Julene Halo and the fantastic team in the Day Chemo Room are wonderful, bright, and bubbly and highly experienced people in their field. They provide the utmost care and attention to each and every patient in that room.

Having cancer is like being on a bus ride – the journey can be rocky and there are detours at times, but the most important people on that bus with you are the medical team looking after you. I truly believe that we have the best medical team looking after us.

### **Have you had any extra support and what has been helpful?**

I have had the most wonderful support from my husband, my daughter, my family and my friends. Some very close girlfriends would sit with me during the course of my treatments in the hospital and make me – and quite often the other patients – laugh. They would visit me in the hospital and bring me lunch, take me to and from chemo treatments (if my husband wasn't available), massage my legs and feet, and just shared their time with me both in and out of hospital. That was very special and meant the world to me.

### **What advice would you offer to those who are playing the 'carer' role?**

The role of a carer, is a critical one for cancer patients. In addition to feeling scared and worried, cancer patients often feel a sense of helplessness and loss of control. They have a disease that they cannot cure, whilst they may be also be suffering the frustration of post-surgery recovery or the side effects of chemotherapy.

The carer therefore needs to play many roles. Above all though, the carer just needs to be there. To be there not only physically, but to be there in mind and heart. The other critical thing for the carer to remember, is to take care of themselves and to still find some time for their own personal relaxation, space and diversion.

### **What would you like to tell other women about ovarian cancer?**

Women often take their health and wellbeing for granted and are often the last ones in a family to see a doctor if they become ill or have a concern about their health. They put up with symptoms of being sick for longer than they should. The key is to have all symptoms checked early for a better outcome.

Having ovarian cancer is not a silent killer. The symptoms can be difficult to diagnose because they are symptoms that so many women have generally, in day to day life, including abdominal swelling and bloating, burping, the feeling of being tired and full all the time, and needing to urinate often or urgently. But if these symptoms become persistent, insist on further tests including scans and blood tests and a referral to a Gynaecological Oncologist to ensure a proper diagnosis.

### **How has your life changed since you were diagnosed?**

The old adage of 'don't sweat the small stuff' rings true when a person is diagnosed with cancer. I now take better care of myself and do the things I want to do, more often, rather than only doing the things I have to do most of the time. I have had a major physical and psychological shift since my diagnosis and now have changed my outlook on life and time – something we often take for granted. Having quality time with family and friends is a very special commodity.

**YES! I WANT TO HELP  
THE CANCER SERVICE  
AT THE WOMEN'S**

(Title/name) Mr/ Mrs/Miss/Ms/ Dr/ Other: \_\_\_\_\_

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Ph (H): \_\_\_\_\_ Ph (W): \_\_\_\_\_

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\$100  \$50  \$25  \$500  \$3,500

My choice \$ \_\_\_\_\_

I would like to donate the entire cost of a take-home medication pump (\$3,500) for women with advanced cancer.

Please debit the amount I have indicated from my:

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Monthly amount \$ \_\_\_\_\_

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E: admin.foundation@thewomens.org.au

[thewomens.org.au/SupportTheWomens](http://thewomens.org.au/SupportTheWomens)

Please return in envelope supplied

**SUPPORT THE CANCER SERVICES AT THE WOMEN'S**

Women undergoing treatment for cancer can have many difficult decisions to make and experience many issues for which they need support.

At the Women's we have a multidisciplinary team to provide expert, specialised care.

We make sure that women receive not only best-practice treatments and access to the latest clinical trials, but that they also have an extensive support network provided by: dieticians, physiotherapists, psychologists, social workers, sexual counsellors and pastoral care workers, to draw from.

It is about offering women choice. And sometimes it is the small things that make a big difference.

For women with advanced cancer, the possibility of receiving treatment at home rather than in hospital can make a huge difference.

To enable this, we are hoping to raise funds to purchase additional take-home medication pumps to prevent pain and nausea. These pumps are small and light thus maintaining a patient's mobility in her own home.

**Please consider making a donation to the Women's Cancer Unit and help us look after women with cancer beyond the walls of the hospital.**