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**Literature search results**

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**Search details**

Nurse led service for breast surgery patients

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; HMIC; MEDLINE; Google Scholar; Nursing reference Center

*Database search terms*: nurse led discharge, nurse led service, breast surgery, breast services, axillary dissection, drains

*Google search string*: breast cancer patients “nurse led service”, breast cancer surgery “nurse led service”, breast surgery patients “nurse led discharge”

**Summary**

Range of material 2000 – 2012 covering nurse led discharge/service for breast cancer surgery patients.

**Guidelines**

Clinical standards for working in a breast specialty. RCN guidance for nursing staff. 2007.

**Evidence-based reviews**


- Quality in nursing: excellence in cancer care: the contribution of the nurse specialist
  ...undertaken by Clinical Nurse Specialists (CNSs) described as registered nurses, who
have graduate...many specialist nurses may function at...the title Clinical Nurse Specialist does...oversee and coordinate services, personalise the...experience to lead service redesign in order...related only to breast and lung patients...Providing nurse-led services that free... 2010.

Published research

1. Implementing nurse-led discharge.
   Author(s): Lees, L, Field, A
   Citation: Nursing Times, October 2011, vol./is. 107/39(18-20), 0954-7762 (2011 4 Oct)
   Publication Date: October 2011
   Abstract: Project to implement nurse-led discharge at the Heart of England Foundation Trust. Masterclass for nurses on the discharge planning process and approaches to discharge are described and the outcome measures are discussed. 12 refs.
   Source: BNI
   Full Text: Available in print at Grantham Hospital Staff Library

   Author(s): Salonen, P, Kellokumpu-Lehtinen, P, Tarkka, M
   Citation: J Clinical Nursing, January 2011, vol./is. 20/1-2(255-66), 0962-1067 (2011 Jan)
   Publication Date: January 2011
   Abstract: Longitudinal research in Finland exploring changes in quality of life (QoL) over 6 months for breast cancer patients participating in a clinical trial of telephone-based or face-to-face support following surgery. QoL changes and factors affecting QoL were examined using questionnaires and results were compared for the 2 groups and a control group receiving usual post-surgery care. 45 refs.
   Source: BNI
   Full Text: Available in fulltext at EBSCOhost

   Author(s): Mertz, B, Williams, H
   Citation: European J Oncology Nursing, June 2010, vol./is. 14/3(197-9), 1462-3889 (2010 Jun)
   Publication Date: June 2010
   Abstract: Evaluation of a very short hospital stay programme for patients having breast cancer surgery in Denmark. The opinions of patients and nurses both before and after the project's implementation are explored and nursing records analysed in order to assess patient outcomes. The impact of the early discharge on patients’ postoperative pain and on the quality of the information and support provided by nurses is discussed. 6 refs.
   Source: BNI
   Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

4. Patient recovery scheme cuts hospital stay in half.
   Author(s): Santry, C
5. Reasons for nursing telephone counseling from individuals discharged in the early postoperative period after breast surgery.

Author(s): Sayin Y, Kanan N

Abstract: The aim of this study was to determine the rate of and causes of asking for telephone counseling in patients undergoing modified radical mastectomy (MRM) and breast-conserving surgery (BCS), and discharged one night after surgery. METHOD. This was a randomized descriptive study. This study was conducted on surgery service of a university hospital in Istanbul, Turkey, with MRM and BCS patients. This study sample included 174 patients. Inclusion criteria were staying in hospital for one night and being discharged, ability to talk on the phone, and being a candidate for MRM or BCS. Data were collected on a form that was developed by the researcher after consultation with experts, reviewing the related literature, and clinical observations. The patients were given two mobile telephone (for two of the researchers) and home telephone number (for two of the researchers) that had an answering machine and were encouraged to call or leave a message for health problems they experienced at home. RESULTS. A higher rate of the patients undergoing mastectomy asked for telephone counseling. The rate of the women asking for telephone counseling was very high within the first 6 weeks of discharge. The leading causes of asking for telephone counseling were wound problems, arm exercises, and difficulties in adapting to daily living activities. The women also had a psychological problem: fear of inability to recover. CONCLUSIONS. The study found that home follow-up of patients undergoing mastectomy was particularly important.

Source: CINAHL

Full Text: Available in fulltext at EBSCOhost

Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

6. Health-related quality of life and healthcare experiences in breast cancer patients in a study of Swedish women.

Author(s): Larsson J, Sandelin K, Forsberg C

Abstract: BACKGROUND:: Nearly 7,000 women are diagnosed with breast cancer in Sweden every year. The primary treatment is surgical and consists mainly of partial or modified radical mastectomy followed by adjuvant treatment. The diagnosis and treatment may cause distress and decreased health-related quality of life. OBJECTIVE:: The aim of the present report was to study health-related quality of life and satisfaction with hospital stay. METHODS:: One hundred women were invited to participate in the study, of which 85 accepted. Participants filled in the 36-item Short-Form Health Survey and a study-specific questionnaire, both preoperatively and postoperatively and 6 months after surgery. RESULTS:: Women with breast cancer experienced an improved health-related quality of life over time, but they reported poorer health-related quality of life than the norm value after surgery. The lowest scores at all time points were observed on the scales role-physical and role-emotional. Patients were very satisfied with the treatment and care they had received. Three of 4 women felt that the nursing staff had a considerate and
conscientious manner, for example, when removing drains. CONCLUSION: Diagnosis and treatment of breast cancer have impact on the women's health-related quality of life. Measures to meet patients' needs during short hospitalization need to be considered. IMPLICATIONS FOR PRACTICE: Nurses must ensure that patient's physical and emotional needs are identified and met and that appropriate counseling is provided.

Source: CINAHL

Full Text:
Available in print at a ULHT/ non-ULHT hospital library. For articles outside fulltext dates, click and complete an online form to request them. Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection.

7. How a community-based service is supporting patients to live with and beyond cancer.
Author(s): Verrill, M, Wallis, C
Citation: J Care Services Management, 2010, vol./is. 4/2(180-7), 1750-1679 (2010)
Publication Date: 2010
Abstract: The importance of developing social care services for cancer survivors and people living with cancer over the long-term. The recommendations from the Macmillan Cancer Support research report 'Social Care for Cancer' (2009) are listed, and a nurse-led community based service to support breast cancer patients developed jointly by an independent sector and NHS partnership in Newcastle is described. 19 refs.
Source: BNI

Full Text:
Available in fulltext at EBSCOhost Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

8. Use of multiple drains after mastectomy is associated with more patient discomfort and longer postoperative stay.
Author(s): Saratzis A, Sournian S, Willetts R, Stonelake PS, Rastall S
Citation: Clinical Breast Cancer, 01 November 2009, vol./is. 9/4(243-246), 15268209
Publication Date: 01 November 2009
Abstract: Background: Seromas constitute a common complication following surgery for breast cancer, and closed drainage is used routinely to reduce its incidence. The aim of this study was to evaluate the influence of number of drains on patient discomfort, seroma formation, and hospital stay during the immediate postoperative period after mastectomy for breast cancer. Patients and Methods: Based on a retrospective review of our clinical database, 110 consecutive patients from January 2004 through January 2006 who had undergone a mastectomy and axillary clearance for breast cancer were sent a simple postal questionnaire for collection of data. Results: A total of 70 patients responded (all women; mean age, 69.4 +/- 11.4 years). Twenty-seven patients (38.57%) had 3 drains implanted unilaterally, 24 (34.28%) had 2, and 19 (27.14%) had 1 drain. They were divided into 2 groups: the first group with 1 drain (19 patients) and the other with 2 or 3 drains (51 patients). Median postoperative hospital stay was 2 days (range, 1-8 days); patients with 1 drain had a significantly shorter postoperative hospital stay (median, 2 days [range, 1-4 days] vs. 2 days [range, 1-8 days]; Mann-Whitney U test, P = .02). A total of 15 patients (21.43%) complained of a seroma. There was no difference in seroma rates between groups. Patients who had a single drain implanted had a significantly lower rate of discomfort (median, 2 [range, 1-5] vs. 3 [range, 1-7]; Mann-Whitney U test; P = .04). Conclusion: The number of drains used after a mastectomy for breast cancer did not significantly affect the rate or amount of seromas in this study, but the use of a single drain after mastectomy was significantly associated with less discomfort and shorter postoperative hospital stay.
Source: CINAHL

Full Text:
Available in fulltext at EBSCOhost Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Warren M
A seroma is a serous fluid collection which may develop in the space between the chest wall and skin flaps following breast cancer surgery with axillary lymph node dissection. Seroma formation following mastectomy is most common. This article aims to produce a protocol for nurse-led seroma aspiration in collaboration with the breast multidisciplinary team and describe the four main steps involved in the development. It was important to develop a protocol for nurse-led seroma aspiration to enable the breast cancer clinical nurse specialist (CNS) to practice confidently and safely in an extended area of practice. The protocol will assist the breast cancer CNS by providing clear and specific guidance. CNSs considering developing a protocol for seroma aspiration should involve all relevant members of the breast multidisciplinary team. Breast cancer CNSs must be trained in seroma aspiration and undergo clinical supervision. Only when deemed competent, should nurse specialists provide a seroma aspiration service independently. Patient satisfaction with the nurse-led seroma aspiration service should be evaluated by clinical audit at an early stage.

Source: CINAHL
Full Text: Available in fulltext at EBSCOhost
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Available in print at Pilgrim Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library

10. Helping your patient after breast reconstruction.
Author(s): Stermer, C
Citation: Nursing, August 2008, vol./is. 38/8(28-32), 0360-4039 (2008 Aug)
Publication Date: August 2008
Abstract: Autologous breast reconstruction following mastectomy for breast cancer. The surgical options are described, and nursing postoperative care is discussed. The preparation of the patient for discharge, including exercises and information and emotional needs, is described. 9 refs.
Source: BNI
Full Text: Available in print at Pilgrim Hospital Staff Library

Author(s): Warren, M
Citation: Br J Nursing, August 2008, vol./is. 17/15(956-60), 0966-0461 (2008 14 Aug)
Publication Date: August 2008
Abstract: The development of a protocol for a nurse-led seroma aspiration service for fluid collection after mastectomy, using a multidisciplinary team. A strengths, weaknesses, opportunities and treats (SWOT) analysis and results of a literature review of nursing protocols are described and examples of existing seroma aspiration protocols, the work of the team in achieving consensus and the resulting protocol are reported. 30 refs.
Source: BNI
Full Text: Available in fulltext at EBSCOhost
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Available in print at Lincoln County Hospital Professional Library

12. Hospital differences in patient satisfaction with care for breast, colorectal, lung and prostate cancers.
Author(s): Sherlaw-Johnson C, Datta P, McCarthy M
Citation: European Journal of Cancer, 15 July 2008, vol./is. 44/11(1559-1565), 09598049
Publication Date: 15 July 2008
Abstract: Background: We have investigated cancer patient satisfaction with care and the
13. **A model of care for optimising recovery after breast cancer surgery.**

**Author(s):** Lawrance, S, Stammers, T

**Citation:** Cancer Nursing Practice, July 2008, vol./is. 7/6(35-9), 1475-4266 (2008 Jul)

**Publication Date:** July 2008

**Abstract:** The development and subsequent evaluation by audit of a multidisciplinary specialist advisory clinic for post-operative breast care patients in an effort to prevent lymphoedema, offer improved physiotherapy services and empower patients to actively participate in their own care. The roles of the team members and audit results are discussed. 21 refs.

**Source:** BNI

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Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

14. **Lymphoedema: a hidden and neglected condition.**

**Author(s):** Pountney, D

**Citation:** Cancer Nursing Practice, May 2008, vol./is. 7/4(11-4), 1475-4266 (2008 May)

**Publication Date:** May 2008

**Abstract:** Work of the Lymphoedema Framework Project, a national initiative to improve lymphoedema management led by nurse specialists in primary care, utilising publications on best practice and guidance on service development in addition to specialist training. 9 refs.

**Source:** BNI

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Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

15. **Increasing day surgical discharges for patients going home with drains following breast surgery.**

**Author(s):** Rose M, Mollo T

**Citation:** Journal of One-Day Surgery, 02 September 2007, vol./is. 17/(0-0), 09635386

**Publication Date:** 02 September 2007

**Source:** CINAHL

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

16. **Breast cancer follow-up: literature review and discussion.**

**Author(s):** Sheppard, C

**Citation:** European J Oncology Nursing, September 2007, vol./is. 11/4(340-7), 1462-3889 (2007 Sep)

**Publication Date:** September 2007

**Abstract:** Literature review of the evidence of the benefits of long-term follow-up for breast cancer patients. The review examined the argument for discharge after 3 years by exploring the effect on long-term survival, the contribution made by nurse-led review and the impact on psychological needs and outcomes. 50 refs.

**Source:** BNI

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.
17. Breast cancer follow-up: literature review and discussion.
Author(s): Sheppard C
Citation: European Journal of Oncology Nursing, September 2007, vol./is. 11/4(340-7), 1462-3889;1462-3889 (2007 Sep)
Publication Date: September 2007
Abstract: This paper presents a review of the evidence for long-term breast cancer follow up to determine if routine clinical review post treatment for breast cancer has benefits for patients. There is little evidence that clinical review of patients beyond 3 years post-diagnosis leads to improved patient survival. Separate to survival there is a dearth of inquiry relating to the value of long-term clinical review of patient in terms of psychological outcomes, quality of life, patient satisfaction, access to specialist advice regarding management of symptoms, and reassurance. Regardless of supporting evidence, most breast units in the UK continue to undertake routine six monthly clinical reviews of patients up to a minimum of 5 years. A literature search for the period 1989 to January 2006 was undertaken using the CINAHL, MEDLINE, and PsychINFO databases. Keywords such as 'cancer follow-up', 'cancer survivorship', and 'psychological outcomes of cancer' were utilised. Hand searching was also undertaken. Overall a paucity of evidence was found in relation to the long-term needs of breast cancer survivors. Alternatives to hospital-based follow-up are reported such as GP or nurse-led follow-up, but the fundamental question of the importance of follow-up in relation to psychological morbidity and quality of life still remains unanswered. Further research is needed to investigate the importance of follow-up to patient survivorship. Research to explore the concept of point of need access, as well as the qualitative experiences of patients post-discharge, informational needs at discharge and on-going psychosocial support is suggested. Ultimately this paper argues for a greater choice and involvement of patients in determining their future follow up needs, providing the patient with a personalised package of care based on risk assessment and subsequent education programmes to empower patients towards self-management following discharge.
Source: MEDLINE
Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Walker, J
Citation: Nursing Standard, August 2007, vol./is. 21/49(39-41), 0029-6570 (2007 15 Aug)
Publication Date: August 2007
Abstract: Clinical Skills series, part 12. Post-operative monitoring, management and removal of surgical drains. The equipment and patient preparation are described, together with actual procedures involved. 7 refs.
Source: BNI
Full Text: Available in fulltext at EBSCOhost
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Available in print at a ULHT/non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal.
Available in print at Louth County Hospital Medical Library
Available in print at Pilgrim Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library

Author(s): Collingridge K, Calcluth J
Citation: British Journal of Nursing (BJN), 11 August 2005, vol./is. 14/15(818-822), 09660461
Publication Date: 11 August 2005
Abstract: In the UK, reconstructive breast surgery is routinely offered to patients undergoing surgery for breast cancer. The results can be excellent, but without a nipple-areola complex the patient can feel incomplete. In response to patient need, an innovative nurse-led micro-pigmentation service has been developed in the authors' NHS trust, which provides women (and men) an opportunity to complete their reconstruction process. With
the use of coloured pigments, micro-pigmentation creates a permanent image of a nipple--areola complex, which improves the aesthetic appearance of the surgically-created breast. As with the development of any new nurse-led innovation, the micro-pigmentation service has professional and client implications. Breast cancer can be devastating and may induce many psychological concerns, not least about body image and sexuality. This article addresses these issues, along with professional matters, such as autonomous practice, role expansion and the blurring of clinical boundaries. These factors are considered in relation to the nursing management of the micro-pigmentation service, where patient autonomy is encouraged to promote acceptance of self-image and closure on the breast cancer experience.

Source: CINAHL

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Author(s): Wells M, Harrow A, Donnan P, Davey P, Devereux S, Little G, McKenna E, Wood R, Chen R, Thompson A
Citation: British Journal of Cancer, August 2004, vol./is. 91/4(651-8), 0007-0920;0007-0920 (2004 Aug 16)
Publication Date: August 2004
Abstract: Patients with breast cancer who require axillary clearance traditionally remain in hospital until their wound drains are removed. Early discharge has been shown to improve clinical outcomes, but there has been little assessment of the psychosocial and financial impact of early discharge on patients, carers and the health service. This study aimed to evaluate the effectiveness of a nurse-led model of early discharge from hospital. Main outcome measures were quality of life and carer burden. Secondary outcomes included patient satisfaction, arm morbidity, impact on community nurses, health service costs, surgical cancellations and in-patient nursing dependency. A total of 108 patients undergoing axillary clearance with mastectomy or wide local excision for breast cancer were randomised to nurse-led early discharge or conventional stay. Nurse-led early discharge had no adverse effects on quality of life or patient satisfaction, had little effect on carer burden, improved communication between primary and secondary care, reduced cancellations and was safely implemented in a mixed rural/urban setting. In total, 40% of eligible patients agreed to take part. Nonparticipants were significantly older, more likely to live alone and had lower emotional well being before surgery. This study provides further evidence of the benefits of early discharge from hospital following axillary clearance for breast cancer. However, if given the choice, most patients prefer to stay in hospital until their wound drains are removed.

Source: MEDLINE

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Available in fulltext at National Library of Medicine
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Chapman D, Purushotham AD
Citation: British Journal of Nursing (BJN), 13 December 2001, vol./is. 10/22(1447-1450), 09660461
Publication Date: 13 December 2001
Abstract: The aim of this study was to evaluate a policy of early discharge at 48 hours with suction drains in situ in a cohort of patients undergoing surgery for breast cancer and to compare this with a similar cohort of patients discharged 5 days postoperatively. This was an integrated qualitative/quantitative study using a questionnaire given to both groups providing comparable results by using averages and percentages to describe and synthesize the data. A questionnaire of open and closed questions was given to 19 patients
who chose to be discharged at 48 hours with drains in situ, and 16 patients who opted to be
discharged at 5 days after drain removal. The study demonstrated that patients regarded
early discharge as being safe and were satisfied with their care when they were given a
high level of support from hospital and community staff. The results also identified that it
was important for patients to make their own decision about either early discharge or
standard discharge in order to be satisfied with the outcome of their care.

Source: CINAHL

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22. No place like home: Dawn Chapman’s plan to get women home early after
breast surgery -- even while their drains are in situ -- has been a major success.
Author(s): Chapman D
Citation: Nursing Standard, 28 November 2001, vol./is. 16/11(18-19), 00296570
Publication Date: 28 November 2001
Source: CINAHL

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to request this article/an article from this journal.
Available in print at Pilgrim Hospital Staff Library

23. No place like home.
Author(s): Czylok, J
Citation: Nursing Standard, November 2001, vol./is. 16/11(18-9), 0029-6570 (2001 28
Nov)
Publication Date: November 2001
Abstract: Early discharge initiative for breast cancer patients at Addenbrooke’s Hospital.
Source: BNI

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to request this article/an article from this journal.
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24. Effects of early discharge following breast surgery.
Author(s): Murphy, A, Holcombe, C
Citation: Professional Nurse, February 2001, vol./is. 16/5(1087-90), 0266-8130 (2001 Feb)
Publication Date: February 2001
Abstract: Experimental research on patients discharged after cancer surgery with axillary
drain in place. 16 refs.
Source: BNI

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developed further to include a follow-up clinic for those patients ...

23 Kearney N. (1999) Breast cancer in the ...

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Same day Discharge for Breast Cancer Surgery: Does it meet patient and carer needs? ... 2008 (Page 8)