

PATIENT EXPERIENCE AND CLINICAL WORKFLOW IN INTERSTITIAL NEEDLE BRACHYTHERAPY FOR CERVICAL TUMOURS: NURSING PERSPECTIVE

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INTRODUCTION

Interstitial needle brachytherapy (INBT) is an advanced, image-guided radiotherapy technique for managing locally advanced cervical cancer, offering enhanced local tumor control. While its clinical advantages are recognized, there is limited documentation on its implementation in private healthcare settings—especially from the nursing perspective. This case report outlines the first INBT procedure conducted at a private hospital in the Klang Valley, emphasizing nursing roles, workflow adaptation, and patient-centered care.

CASE SUMMARY

A patient underwent three INBT fractions, receiving 7 Gy per session via two interstitial needles. Each session included pre-procedural planning, sedation, needle insertion, patient immobilization, and post-procedural care. Nurses were pivotal throughout—administering sedation, monitoring vital signs, managing discomfort, and assisting with hygiene and mobility.

PATIENT EXPERIENCE

The patient initially expressed anxiety, particularly regarding the invasive nature of needle placement. Through clear communication and a reassuring nursing presence, her fears were significantly reduced. She stated, *“It was intimidating at first, but the nurses walked me through each step and made sure I never felt alone.”* This highlights the importance of empathetic care in enhancing patient comfort.

NURSING PERSPECTIVE AND WORKFLOW

Post-procedure care involved routine assessments between fractions and a follow-up visit one week after treatment completion, focusing on side effect management. This case highlighted the critical role of nurses in facilitating interdepartmental coordination, applying clinical judgment, and providing emotional support. Collaboration with oncologists, medical physicists, and radiation therapists was key to maintaining workflow efficiency and patient safety.

CONCLUSION

This case demonstrates the feasibility of delivering INBT in private hospital settings with well-structured protocols and dedicated nursing support. It underscores the need for nursing guidelines tailored to complex radiotherapy procedures and reinforces the value of patient-centered care in oncology practice.

REFERENCES

1. Bennett, A., et al. (2017). Nursing care in advanced radiotherapy: Managing side effects and patient education. *Journal of Oncology Nursing*, 21(4), 456–463.
2. Fitch, M. (2011). The importance of patient-centered communication in oncology nursing. *Canadian Oncology Nursing Journal*, 21(2), 100–108.