



## Rajiv Gandhi Cancer Institute and Research Centre

A Unit of Indraprastha Cancer Society  
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Architect's Impression of RGCI & RC (post expansion)

# News Letter

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## EDITORIAL

### PAIN OF CAREGIVERS!!

*"An individual does not get cancer ..... a family does."*

*(Terry Tempest Williams)*

A thirty year old lady was shocked to learn that her husband is suffering from leukemia. Mr. X had induction chemotherapy followed by bone marrow transplant with intense and turbulent course. Spouse's burden was complex and complicated by multiple competing priorities like her own job, care of toddler at home, looking after house, care of elderly in-laws. She faced multiple concurrent stressful events and extended unrelenting stress and experienced negative health effects. She reported extremely high levels of psychological distress including anxiety, depression, worry and extreme loneliness. The couple worked in private company and they lost their jobs. Insurance cover was only for Rs. 3 lacs which got depleted in first 10 days of treatment. They became dependent on meager pension of in-laws for household expenses. Parental house was mortgaged for treatment of her husband. The family shifted to rented accommodation. She struggled to maintain hope for the transplant's success, while living with the constant uncertainty of her husband's survival. She complained little but reported severe emotional distress, significant fatigue, insomnia, difficulty maintaining her focus throughout cancer trajectory. She lost her husband one month after BMT. She went through the grieving process like everyone else.... just trying to survive. Two months later her father in law passed away due to myocardial infarction. She joined another job in software company after a gap of 9 months.

Care giving experience is commonly perceived as a chronic stressor. Caregivers experience negative psychological, behavioral and physiological effects. Caregivers of patients are an essential partners in quality care we strive to deliver to our patients. One of the most important but often forgotten tasks of caregivers is caring for themselves. A caregiver's physical, emotional and mental health is vital to the well-being of the person who has cancer. To be a good caregiver, you must be good to yourself.

#### Following issues bother Caregivers

1. Psychological Issues – Caregiver distress comes from practical demands of caregiver role; the emotional ones such as seeing the patient suffer. Distress is worse when disease is advanced. The caregiver's ability to cope with distress may be affected by his or her personality type.
2. Physical Issues – Cancer patients need lot of physical help during illness. This is demanding for the caregiver. Such needs may include changing position in bed, movement from bed to toilet, bathing, backcare etc. Caregivers should seek help of other friends and relatives.
3. Social issues – Caregivers often have less time to spend with friends and in the community. Caregivers should find support from caregiver groups, cancer organizations, counselors or spiritual advisors.

4. Money issues – some caregivers give up their jobs so that they can stay home with the patient. They have to support the family; pay their insurance premiums etc.
5. Spiritual Issues – Some feel it is natural to care for someone they love. Many caregivers look at life in new ways. They feel they can be strong during bad times and have a better sense of self-worth and personal growth.

#### **Some tips for caregivers**

Many care givers believe that they have to do everything by themselves. Don't make that mistake. Remember if you don't take care of yourself you won't be able to care for anyone else.

1. Find support – Talking with other people who care for a family member or friend with cancer and share your feelings. You may join support groups like Cancer Sahyog (an emotional support group of cancer survivors and caregivers).
2. Recognize signs of stress – Signs of stress may include easy fatigability, not sleeping enough, feeling irritable and forgetful, withdrawing from people and not enjoying the activities you used to enjoy. If you find yourself stressed, explore new ways of care and seek help from others.
3. Get help – Hire people to care for the Cancer Patient. Members of religious groups and people in community are willing to assist. Asking for help is not a sign of weakness. It is a sign of strength.
4. Make time for yourself and other relationships. Take a break, may be few minutes 4-5 times a day.
5. Learn about Medical loan benefits and schemes.
6. Try to find positive ways of coping with difficult feelings much as talking to friends, exercising, Yoga etc.
7. Take care of your body – exercise, eat healthy and timely food, stay hydrated and try to get enough sleep. You may need professional help if you face problems coping with emotions.

Dear Caregivers – you are the most beautiful people who have known defeat, known struggle, known loss and have found your way out of the depths. You have an understanding of life that fills you with compassion, gentleness and a deep loving concern. Beautiful people – caregivers don't just happen. (Elizabeth Kubler – Ross)

*What we do for ourselves dies with us. What we do for others and the world remains and is immortal!*

**Dr. Dewan AK**  
Medical Director

## TRANSORAL ROBOTIC SURGERY: CHANGING DYNAMICS FOR OROPHARYNGEAL CANCER

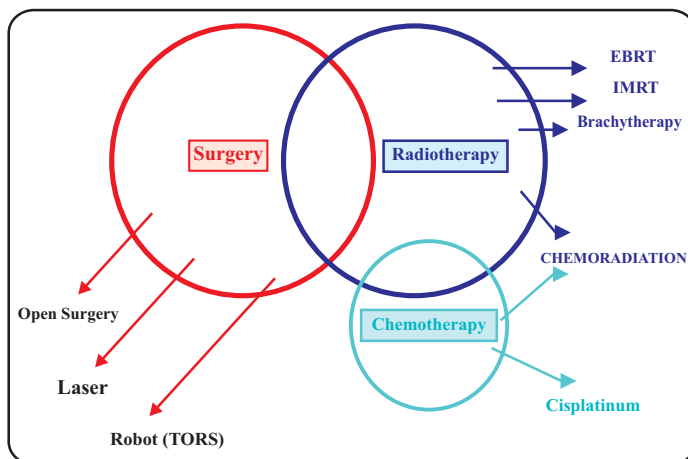


Head & Neck cancers represent a major International health problem, accounting for the fifth most common type and cause of cancer related death worldwide. In India, Head & Neck cancers account for 30% of all cancers in males.

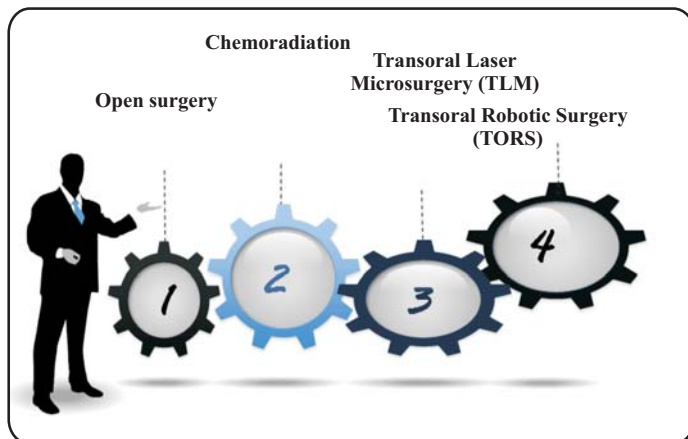
### Goals of treatment of Head & Neck cancers

- Cure of cancer
- Cosmesis – preservation and restorations of functions
- Function preservation – speech / respiration / swallowing
- Prevent recurrence

### Treatment options in Head & Neck cancers:



### History of treatment in oropharynx cancer:



Open surgical approaches to the oropharynx can be associated with morbidities such as cosmetic deformity, malocclusion and dysphagia. Therefore, a trend towards using radiotherapy and concurrent chemotherapy as a primary modality in case of oropharyngeal cancer has been observed in the last few decades. However, evidence of a clear advantage of concurrent chemoradiotherapy over using combined treatment (primary surgery followed by radiotherapy or chemoradiotherapy) is still lacking, while toxicity of intensive chemoradiotherapy causing severe dysphagia with dependence on a gastrostomy tube has been well documented.

In recent years, transoral robotic surgery (TORS) has been used for the removal of pharyngeal and laryngeal cancers with the objective to improve functional and aesthetic outcomes without worsening survival. Based on reports in transoral laser surgery (TOLS), the benefits of the transoral approach to the pharyngo-laryngeal lumen are well known.

For the reader who may not be familiar with the term 'robotic surgery', it is performed utilizing the da Vinci surgical system. The surgeon sits at the console and controls micromanipulators, which in turn are connected to a robotic cart at the patient's bedside. In TORS, three arms are routinely utilized. The central arm has a double video endoscope with high-quality video that gives the surgeon a three-dimensional view of the operative field via the console. The two other arms carry interchangeable instruments (approximately 5mm wide and 2 feet long) with miniaturized tools on the end that mimic standard surgical instruments (i.e. electrocautery, pickups, etc.).

The tips of the double-video endoscope and the instrument arms are inserted transorally and the assistant sits at the bedside to aid with suctioning and retraction. The tips of these robotic surgical instruments are also 'wristed', so when surgeons move their wrist and hands at the console, the entire motion is scaled down to the miniaturized 'robotic' instruments, with benefits such as tremor filtration.

Traditional non-robotic transoral surgery can at times be surgically awkward and secondary to the :

- Instruments – which are long and of limited functionality
- Microscopic optics – which are outside the oral cavity
- Laser – which is a line of sight beam far from the lesion

In contradistinction, the robotic optics are in the oral cavity and the miniaturized surgical instruments move exactly as the

surgeons' hands, making the experience more like an actual open surgical experience.

#### **ADVANTAGE OF TORS:**

##### **Technical advantages to surgeons:**

- Clearer and wider view of the surgical field
- Better 3D visualization of structures
- Access to the tumour via a smaller approach
- Use of miniaturised tools
- Tremor filtration
- Reaches "blind corners" of the pharyngo-laryngeal complex

##### **Functional advantages to patients:**

- Avoid disfiguring mandubulotomy (split of jaw bone)
- Reduces the need of adjuvant radiation / chemotherapy
- Avoid tracheostomy / gastrostomy (feeding pipe)
- Improves the return to normal speech and swallowing
- Less blood loss
- Less postoperative pain
- Minimal scarring
- Reduced risk of wound infection
- Shorter hospital stay
- Shorter recovery time

#### **INDICATIONS OF TORS:**

TORS can be done in naïve patients as well as for salvage in residual or recurrent tumors post CT/RT.

- Oropharyngeal cancers
- Supraglottic cancers (airway cancer)
- Hypopharyngeal cancers
- Pharyngo-laryngeal space tumors

#### **CONTRAINDICATIONS OF TORS:**

- Reduced mouth opening < 1.5 cm
- Incomplete lesion visualization
- Mandible involvement
- Internal carotid artery involvement
- Prevertebral fascia involvement
- Tumors involving >50% of base of tongue or the posterior pharyngeal wall

#### **OUR EXPERIENCE AT RGC I & RC:**

At Rajiv Gandhi Cancer Institute & Research Centre, Delhi, TORS Programme for Oropharyngeal cancer was started in March 2013. The hospital has successfully treated over 60 patients with TORS, which is highest in Asia. The Institute is also performing TORS in naïve patients as well as salvage treatment after failure of chemotherapy / radiotherapy.

**Dr. A. K. Dewan / Dr. Surender Dabas**  
(Team Head & Neck Surgical Oncology)

### **WORKSHOP ON PATIENT SAFETY**



A workshop on Patient Safety was organized by the Quality Team on 2<sup>nd</sup>-3<sup>rd</sup> May, 2014. The theme of the programme was "Surgical safety & Medication Safety". The workshop was organized with an objective to establish a culture of Patient Safety in the institute. It also aimed at identifying Champions in various departments, to implement related policies and procedures.

It was a two day programme with focus on safety aspects pertaining to Medication, Surgery and Anesthesia. There were sessions by renowned industry experts and internal faculty as well. Apart from classroom sessions, there were activities like Role plays, Patient safety Quiz and Poster competition. The workshop saw keen participation from more than 100 Surgeons, Anesthesiologists, Nurses, Housekeeping staff and Administrators.

## NURSES WEEK (6th - 12th May 2014) - HIGHLIGHTS



RGCI & RC, Delhi, organized Nurses Week from 6<sup>th</sup> – 12<sup>th</sup> May 2014, on the occasion of “**International Nurses Day**” to acknowledge the contribution of nurses. The theme for this year's International Nurses Day was “**NURSES: A Force for Change – A vital resource for Health**”.

On 6<sup>th</sup> May, 2014, the Inaugural ceremony started with the lamp lightening by Mr. D. S. Negi (CEO), Dr. A. K. Dewan (Medical Director) and Ms. Kathleen Glenda Jacobs (Chief of Nursing). Ms. Rameshwori, Nurse Educator, delivered a talk on Extravasations followed by a brief history of Florence Nightingale, the “**Lady with a Lamp**” by Ms. Kathleen.

The activities during the week were as follows:

Stress Management by Can Support & Fancy Dress Competition on 7<sup>th</sup> May 2014, High Fidelity simulation Workshop on Code Blue Management & Blood Transfusion by Berkley's Health Edu on 8<sup>th</sup> May 2014, Debate on Nurse Physician Strong & Weak Relationship on 9<sup>th</sup> May 2014 & Quiz competition on 10<sup>th</sup> May 2014.

On the concluding day, 12<sup>th</sup> May 2014, there was a cultural program & prize distribution for various competitions held during the week. There were special awards for the Head Nurses & Charge Nurses for their continuous efforts to improve Nursing Care. Final Vote of Thanks was given by Ms. Kathleen G Jacobs, Chief of Nursing.

### CONGRATULATIONS DR. ULLAS BATRA



Dr. Ullas Batra, Consultant – Medical Oncology, has been appointed as Chief of Unit V – Thoracic Medical Oncology. He has been extensively trained at MD Anderson Cancer Center, USA and Royal Adelaide Hospital, Australia in the field of Thoracic Oncology. He has wide experience in the management of Lung & Oesophagus Cancer.

Mr. D. S. Negi (C.E.O.)  
Dr. A. K. Chaturvedi  
Dr. D. C. Doval  
Dr. Gauri Kapoor  
Dr. Anurag Mehta  
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