

Case Study 1

Margaret

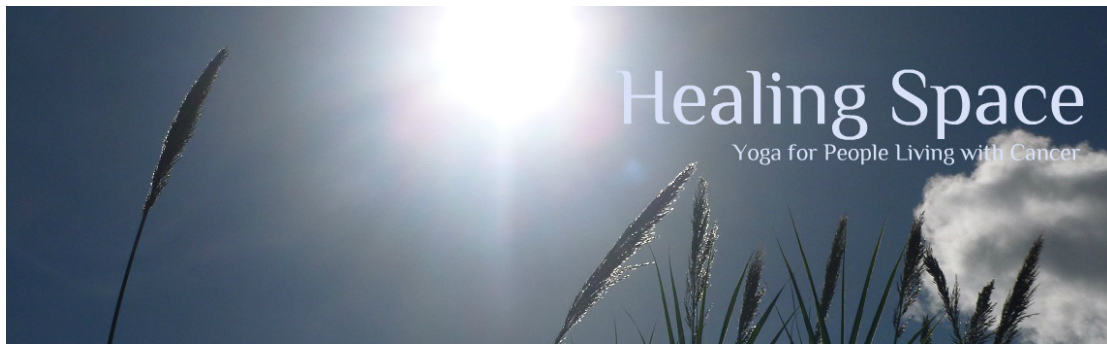
Margaret is in her early forties and has cancer which is affecting the stomach cavity and lining (peritoneum)

Despite rigorous chemotherapy, the cancer has metastasised and has spread to other organs in her abdomen and pelvis. As a result she has had to have a hysterectomy including removal of the ovaries, which has brought on an early menopause. She is receiving chemotherapy as a palliative measure to try and slow the progress of the disease.

The tumours are quite large and this is causing swelling and pressure in the abdomen. Steroid treatments have caused her to gain weight in fat around the abdomen also. She has back pain of unknown origin, although there may be pressure from the weight or from the tumours themselves causing this discomfort.

Margaret is also being treated for clinical depression and has a lot of anxiety and distress around her condition, especially approaching the time of her regular scans to assess the progress of the cancer. She also had one episode of an allergic reaction to a new chemotherapy drug, so there is a lot of anxiety around that.

She has some fatigue, but her energy levels remain mostly stable.



Case Study 2

Daniel

Daniel is in his early fifties and is used to being very fit and active, playing amateur rugby regularly with a local team which he was still doing until a couple of weeks ago when he was diagnosed cancer in the chest and lung.

The tumours are in his chest and on the top third of his right lung. They are pressing against other organs in his chest causing tightness and a feeling of breathlessness. He also has fairly severe swelling in his neck, and although this may also be caused by the pressure of the tumours, there is some suspicion of a blood clot which will be determined by a scan.

Daniel is currently receiving radiotherapy to try and reduce the size of the tumours before surgery.

He is also a chronic mouth breather. He developed this habit, having had his nose broken on numerous occasions on the rugby pitch. He has since had surgery to remove obstructions in his nostrils and he can breathe perfectly well through his nose but it makes him feel panicky. The breathlessness and tightness related to his condition are exacerbating this feeling.



Case Study 3

Maeve

Maeve is in her early sixties and is recovering from bowel cancer which was diagnosed just over a year ago. She has a comfortable home and lifestyle and she volunteers for a local charity, devoting the rest of her time to her husband and grown up family. She takes great pride in her appearance, and always has her hair and make up done.

Maeve received chemotherapy and surgery, after which there was severe complications including infection. During this time her family were led to believe that she may well not make it and prepared for the worst. Maeve rallied however and started on the long road to recovery.

She had part of the bowel removed so has an ileostomy with the further complication that she has also had part of her small intestine removed. This makes her much more at risk of developing an obstruction in the bowel. As a result she has been advised to avoid high fibre foods – ie all foods which would normally be considered healthy (which she would normally choose). She has also been advised to eat as much as possible to build her up after significant weight loss.