Basics of Cancer Care Workshop

“Supportive Care”

Nursing Division,
Ministry of Health, Malaysia

Learning Outcome

By the end of this lesson, learners will be able to:

- Implement comprehensive supportive care that addresses the physical, psychological, social and spiritual needs of cancer patients to improve quality of life.

Introduction

Supportive care in cancer patients refers to the prevention and management of the physical, emotional, social, psychological, and spiritual problems associated with cancer and its treatment. It aims to improve the quality of life of patients and their families throughout all stages of illness, from diagnosis to treatment, recovery, survivorship, or end-of-life care (Scotté et al., 2023).

Contents :

- Pain management
- Psychosocial dimension of care
- Palliative and end-of-life care

Supportive Care

Pain Management

Introduction

- Pain in cancer care is a common symptom caused by the cancer itself or its treatment, and it requires proper assessment and management to reduce suffering and improve the patient's quality of life.

Type of pain


ACUTE
PAIN
A sudden sensation that alerts us to possible injury.
VS
CHRONIC
PAIN
Pain that persists—often for months or even longer.

Three Types of Pain[1-8]

NOCICEPTIVE



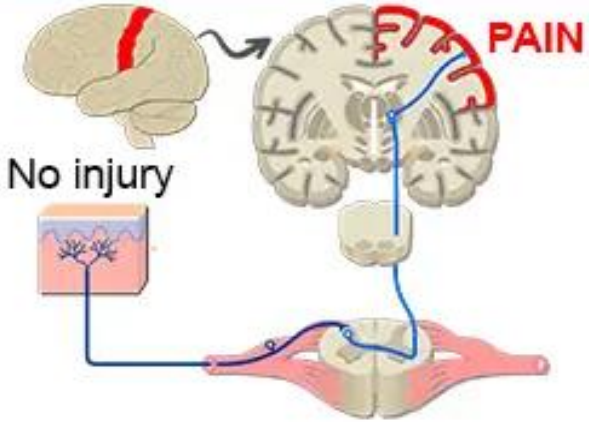
Mechanism: body's alarm system that activates when harmful stimuli trigger receptors to send signals to brain

NEUROPATHIC



Mechanism: lesion or disease in the nervous system caused by trauma, disease, chemicals or tumor invasion

NOCIPLASTIC



Mechanism: changes in the nociceptive pathway without evidence of nerve or tissue damage

Types of Pain Caused by the Tumour

TABLE: DIFFERENT MECHANISMS OF MALIGNANCY-RELATED PAIN CAUSED BY THE TUMOR[2,6]

Type of Pain	Mechanism	Example
Nociceptive	Direct activation of nociceptors	Pain to stretched skin or bone (somatic) Pain to internal organs (visceral)
Neuropathic	Direct injury of peripheral or central nerves	Tumor infiltration Damage by chemotherapy
Inflammatory	Release of chemical modulators resulting in increased nociceptor sensitivity	Release of growth factor, bradykinin-1, substance P
Mixed	Multiple mechanisms	Pancoast tumor (both nociceptive and neuropathic)

EVERYWHERE , EVERYONE










Principle of Pain Management

- Patients presenting with pain should be assessed and then placed on suitable treatment.
- The WHO analgesic approach remains a useful framework for cancer pain management, but modern care should be individualised and regularly reassessed

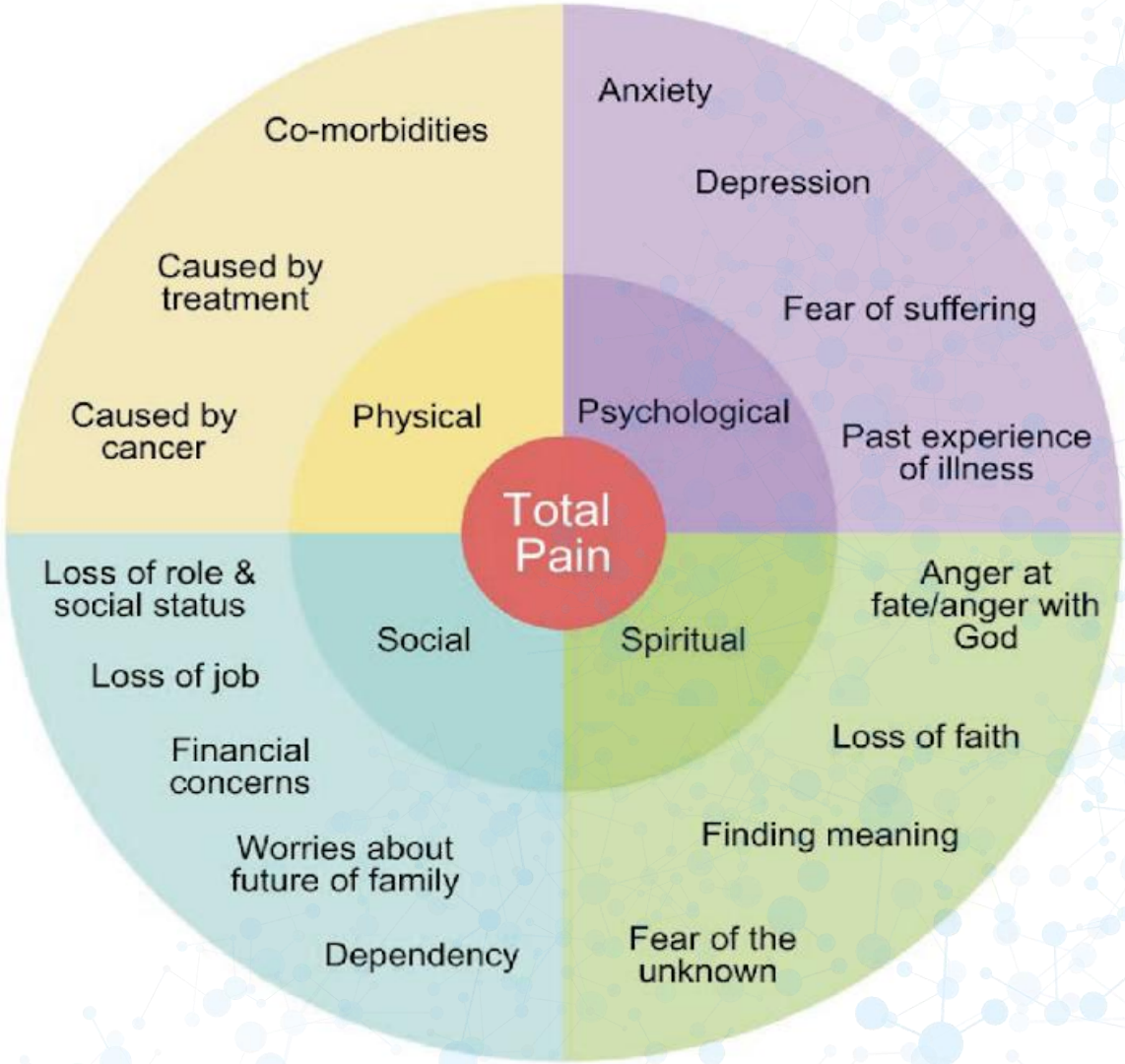


Figure 1. Principle of Pain Management

By Mouth

If possible, give by mouth
(If possible, give analgesics orally. If oral administration is not possible, consider an appropriate alternative route according to clinical condition and local policy. Avoid intramuscular injections where possible)

By Clock

- Give analgesic at fixed time intervals (at regular fixed intervals, according to the prescribed schedule).
- Start with an appropriate dose based on pain severity, previous opioid exposure, age, renal/hepatic function and frailty; titrate according to response and side effects.
- Next dose should happen **before effect of previous dose wears off.**

By the Individual

- Link first and last dose with waking and sleeping times
- Write out drug regimen in full or present in a drawing
- Check to be sure patient, family members or caregivers at home at home understand it.
- Ensure that pain does not return and the patient remains as alert as possible

The Pain Ladder: Drug Classes

Non-opioids

These include simple analgesics such as **Paracetamol** and **Aspirin**, as well as Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) such as **Ibuprofen, Ketoprofen and Diclofenac**.

- Use NSAIDs cautiously and according to contraindications, such as renal impairment, bleeding risk, gastritis/ulcer risk, thrombocytopenia and anticoagulant use.

Opioids

The opioids are a large group of drugs that include **codeine**, **tramadol**, **morphine** and **methadone**. They play an important role in the management of pain in a large proportion of cancer patients.

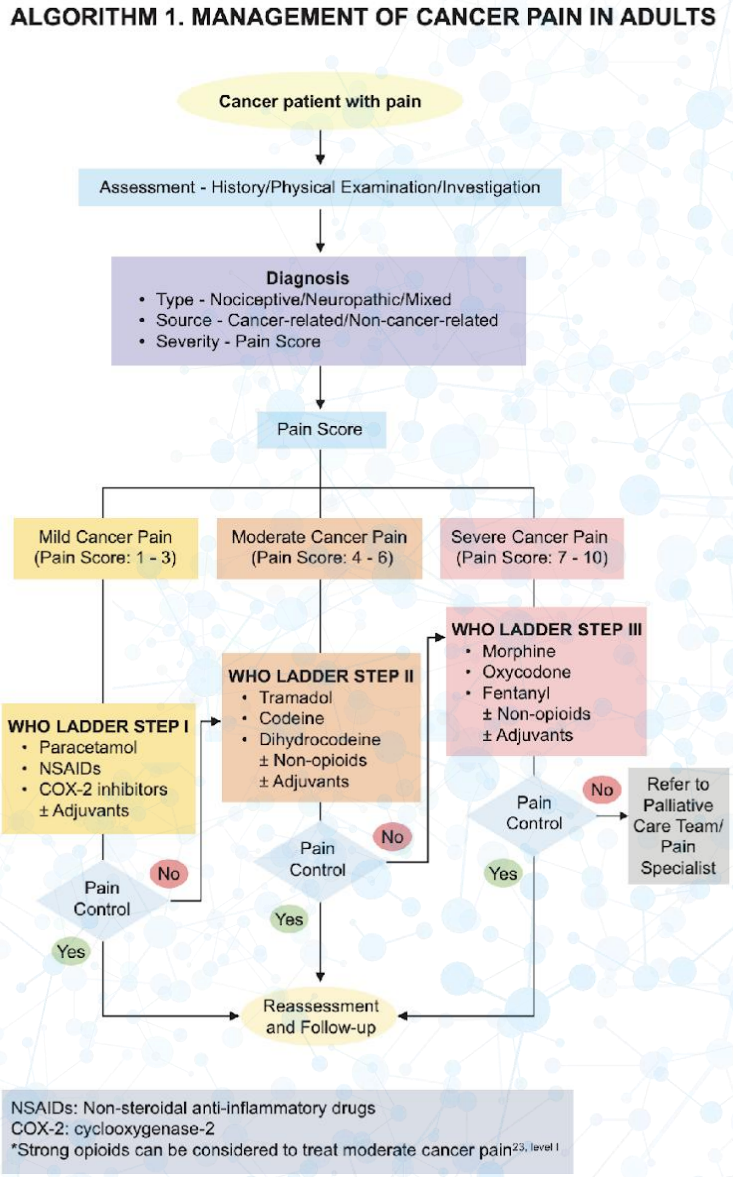
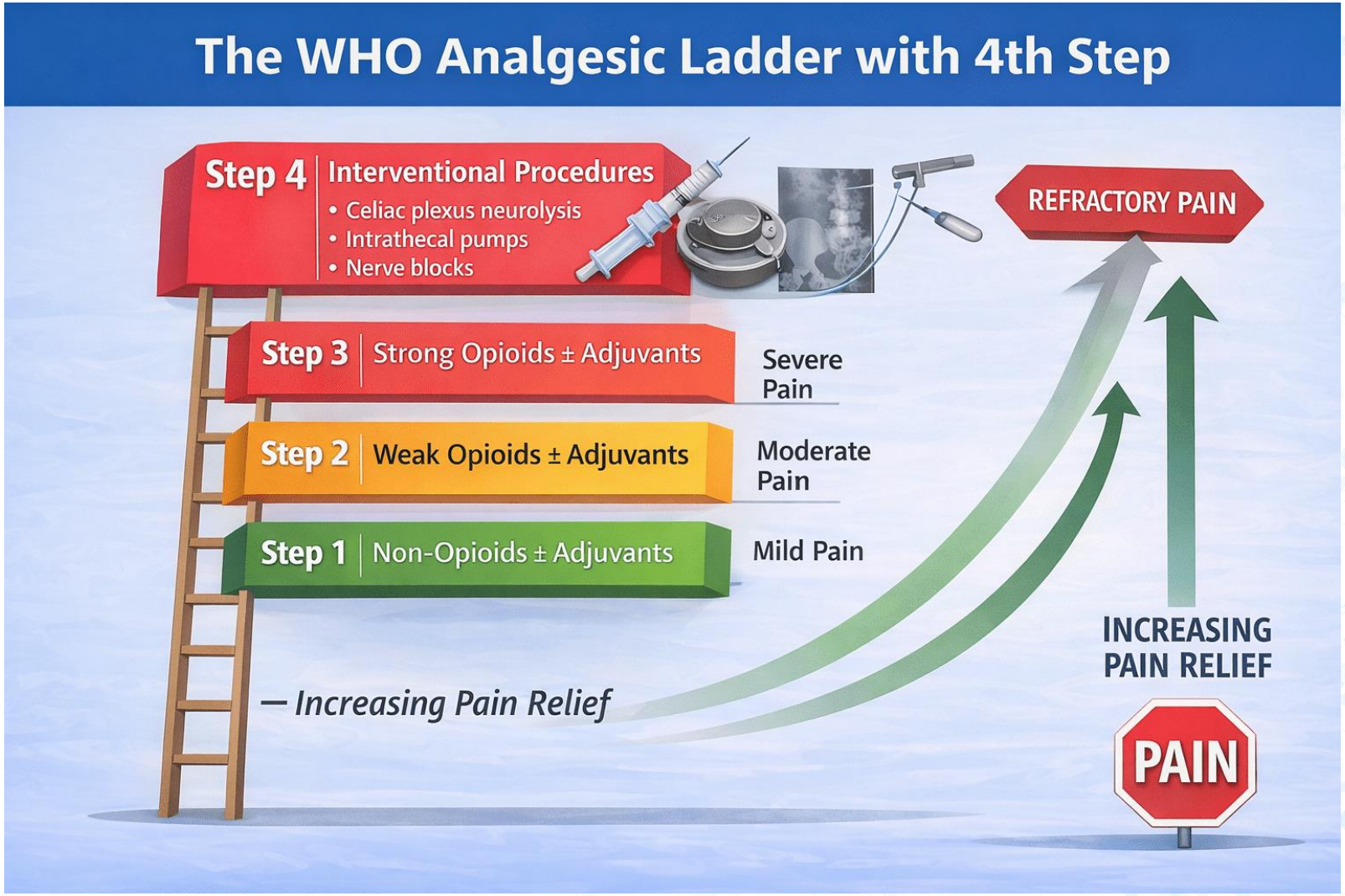


Figure 2. Flowchart of Cancer Pain Management in Adults

WHO Ladder of Pain Management



(*Beyond the WHO Ladder: An Update of Cancer Pain Management*, 2026)

Figure 3. WHO Analgesics Ladder

Breakthrough Pain

- All patients on modified release morphine should have immediate release morphine available PRN for breakthrough pain.
- Calculate the total mg of modified release morphine prescribed in 24Hrs and divide by 6 to give PRN immediate release morphine dose.

  Example: MST 90mg 12hrs= 180mg morphine /24hours divided by 6 = 30mg Oral morphine (immediate release morphine) PRN
- Breakthrough dose is commonly one-tenth to one-sixth of total 24-hour opioid dose; adjust for frailty, renal impairment, sedation and local policy.

- Patients initiated on morphine should have their doses reviewed regularly, often daily during titration
- Titrated up by 30-50% increments as necessary if background pain remains inadequately controlled
- Dose adjustment should consider pain score, number of breakthrough doses, side effects, renal/hepatic function and specialist advice
- Considering both the regular dose of morphine and the number of PRN doses that they have required in the previous 24 hours

Adjuvant Medications

Adjuvant medicines may be used to manage opioid side effects, enhance analgesia, or treat associated symptoms such as anxiety, insomnia or depression.

These include:

- To treat the adverse effects of opioid analgesics (eg antiemetics, laxatives)
- To enhance pain relief (eg corticosteroids in nerve compression pain)
- To treat psychological disturbances such as depression, insomnia or anxiety (eg antidepressants, sedatives/anxiolytics cautiously, especially with opioids, frailty, delirium or respiratory compromise)

Drug	Uses	Dose (example)
Corticosteroids	Analgesia (nerve compression), improves appetite, antiemetic	Dexamethasone 2mg - 16mg daily. (higher end for nerve compression)
Diazepam	Analgesia (muscle spasm), anxiolytic	2-5mg up to TDS
Haloperidol	Anxiolytic, antiemetic	0.5-3mg up to TDS
Prochlorperazine	anxiolytic, antiemetic	5mg TDS
Amitriptylline	analgesia (neuropathic pain), antidepressant, anxiolytic	25-75mg od
Zoledronic acid	Bone pain (prophylaxis with metastases)	4mg infusion IV, every four weeks

Supportive Care

Psychosocial Dimension of Care

Nursing Division,
Ministry of Health Malaysia

Introduction Psychosocial Dimension of care

The psychosocial dimension of care focuses on addressing the emotional, psychological, social, and spiritual needs of patients, helping them cope better with illness and improving their overall well-being and quality of life

Psychosocial Dimension of care on

- Altered Body Image
- Wound Care
- Mental Health

Altered Body Image

Altered body image in cancer patients refers to distress, dissatisfaction, or changes in how a person perceives and feels about their physical appearance and bodily functions after cancer or its treatment. It is a common psychosocial issue that can affect emotional well-being, relationships, self-esteem, and quality of life.

Causes of Altered Body Image in Cancer Patients

Cancer and its treatments can produce visible and invisible changes, such as:

- Hair loss from chemotherapy
- Surgical scars
- Removal of body parts (e.g., breast after mastectomy, limb amputation)
- Weight loss or gain
- Skin changes from radiation therapy
- Presence of stomas, catheters, or feeding tubes
- Fatigue and physical weakness
- Sexual dysfunction or infertility



Figure 4. Example of Altered Body Image

Psychological and Emotional Effects

Altered body image may lead to:

- Anxiety and depression
- Low self-esteem
- Shame or embarrassment
- Social isolation
- Fear of rejection
- Loss of identity or attractiveness
- Sexual concerns and intimacy problems

Some patients avoid mirrors, social gatherings, or physical intimacy because of discomfort with their appearance. Screen for distress and refer early if symptoms are persistent, severe or affecting safety/function.

Nursing intervention and Supportive Management

Healthcare professionals play an important role in helping patients adapt.

- Provide accurate information about treatment effects
- Encourage participation in self-care and grooming
- Promote support groups and counseling
- Teach use of wigs, prostheses, makeup, or adaptive clothing if desired
- Involve family and partner support
- Refer to psychologists, social workers, or rehabilitation specialists when needed
- Communication: Empathetic and non-judgemental communication is essential. Patients should be allowed to discuss fears and concerns openly.
- Use a distress screening tool, such as the Distress Thermometer/problem list where available, and document referral/follow-up.

Conclusion

Altered body image is a significant emotional and psychosocial challenge among cancer patients. Physical changes caused by cancer and its treatment can deeply affect self-perception and social relationships. Early recognition, emotional support, counseling, and holistic care can help patients adapt positively and improve their quality of life.

2. Wound Care

Introduction

Wound care among cancer patients involves specialised assessment and management of wounds caused by cancer, surgery, radiation therapy, chemotherapy, or pressure injuries. Cancer patients often have delayed wound healing due to weakened immunity, poor nutrition, reduced blood supply, and the effects of treatment. Proper wound care is important to prevent infection, reduce pain, control odor, and improve quality of life.

Type of Wounds

Main Types of Wounds in Cancer Patients

- **Surgical Wounds**

  Wounds after tumor removal or cancer surgery.

- **Malignant/Fungating Wounds**

  Tumor breaks through the skin causing ulceration, odor, bleeding, and drainage.

- **Radiation-Induced Wounds**

  Skin damage from radiation therapy.

- **Pressure Ulcers**

  Pressure ulcers due to immobility and poor nutrition.

Fungating Wound



Figure 4. Fungating Wound of Breast Cancer



- **Figure 4.1** - A fungating wound which has developed from a malignant melanoma



- **Figure 4.2** - Fungating wound on the breast, chest wall and upper arm arising from recurrent breast cancer

Factors Affecting Wound Healing in Cancer Patients

Several factors slow healing:

- Chemotherapy suppresses immune function
- Radiation damages healthy tissue and blood vessels
- Malnutrition and weight loss
- Anaemia and low oxygen supply
- Infection
- Reduced mobility
- Stress and fatigue

For many malignant/fungating wounds, the goal is symptom control rather than healing: reduce pain, odour, exudate and bleeding, and improve comfort and dignity.



Discharge Control



Foul Smell



Bleeding Control



Pain Control

Assessment of the Wound

Healthcare providers assess:

- Wound size, depth, and appearance
- Amount and type of drainage
- Presence of necrotic tissue
- Signs of infection
- Odor
- Pain level
- Bleeding

Treat the Cause

Surgery:

- Surgery can be used occasionally to reduce tumor mass, to debride the wound, to extend symptom free period and improve cosmetic appearance.
- Surgery may not be possible due to the extent of the disease, health status, healing ability, hemorrhage and/or involvement of surrounding structures and organs.
- Debridement should be considered carefully because malignant wounds may bleed easily; specialist wound/palliative review is recommended.

Treat the Cause

Chemotherapy:

- Chemotherapy can relieve tumor symptoms and decrease mass
- Effectiveness depends on tumor responsiveness to chemotherapy.

Radiotherapy:

- Radiotherapy may reduce malignant tumour burden and help symptoms such as bleeding, pain and exudate in selected patients.
- With radiation treatment wound may initially deteriorate as malignant cells die and skin reactions occur.



Treat the Cause

Address Patient and Family Concerns

- Address physical, psychological and social concerns.
- Provide emotional support- psychosocial oncology services, support groups
- Appropriate spiritual care according to the patient's beliefs



Management of Exudate: Control of Odours

- Malignant fungating wounds can produce noxious odors, which even in moderate cases can cause distress, embarrassment and withdrawal from social contact.
- Odor can be the result of organic breakdown of enzymes, bacteria or fungal infection.
- First manage the cause of odour at the wound level where possible; room deodorization is secondary.

Management of Exudate: Control of Odours

Type of Wound/Goals of Care	Dressing Choice
Malodorous Wounds • wound cleansing • reduce or eliminate odor	charcoal dressings • topical metronidazole • iodosorb gel



- Antimicrobials (e.g. silver dressings) may be used to decrease bacterial burden and odor.
- Topical metronidazole may help malodour; oral metronidazole or other antibiotics should be reserved for clinically infected wounds or according to specialist advice.



Management of Exudate

Type of Wound/Goals of Care	Dressing Choice
Low Exudates • maintain moist environment • prevent dressing adherence and bleeding	Nonadherent contact layers • Sheet hydrogels • Hydrocolloids: contraindicated with fragile surrounding skin, may increase odor • Semi-permeable films: contraindicated with fragile surrounding skin
High Exudates • absorb and contain exudates • prevent dressing adherence in areas of lesion with decreased exudates	• alginates • foams • starch copolymers • gauze • soft cotton pads • menstrual pads (excessive exudates)



molecules

MDPI

Review

Beneficial Effects of Green Tea EGCG on Skin Wound Healing: A Comprehensive Review

Fa-Wei Xu [1,†], Ying-Li Lv [2,†], Yu-Fan Zhong [1], Ya-Nan Xue [1], Yong Wang [1], Li-Yun Zhang [1], Xian Hu [1] and Wei-Qiang Tan [1,*]

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Abstract: Epigallocatechin gallate (EGCG) is associated with various health benefits. In this review, we searched current work about the effects of EGCG and its wound dressings on skin for wound healing. Hydrogels, nanoparticles, micro/nanofiber networks and microneedles are the major types of EGCG-containing wound dressings. The beneficial effects of EGCG and its wound dressings at different stages of skin wound healing (hemostasis, inflammation, proliferation and tissue remodeling) were summarized based on the underlying mechanisms of antioxidant, anti-inflammatory, antimicrobial, angiogenesis and antifibrotic properties. This review expatiates on the rationale of using EGCG to promote skin wound healing and prevent scar formation, which provides a future clinical application direction of EGCG.

Keywords: EGCG; skin wound healing; wound dressing; anti-inflammation; angiogenesis; antifibrosis

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Citation: Xu, F.-W.; Lv, Y.-L.; Zhong, Y.-F.; Xue, Y.-N.; Wang, Y.; Zhang, L.-Y.; Hu, X.; Tan, W.-Q. Beneficial Effects of Green Tea EGCG on Skin Wound Healing: A Comprehensive Review. *Molecules* **2021**, *26*, 6123. https://doi.org/10.3390/molecules26206123

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1. Introduction

The skin is the first line of defense against external aggressors. The skin's integrity can be damaged by trauma, tears, cuts or contusions, resulting in skin wounds. Full-thickness wounds that extend beyond the two layers of skin (dermis and epidermis) heal through a granulation process and scar formation [1]. Scars are apparently distinguished from the surrounding skin (e.g., darker colour, stretched, depressed or raised), and may also have various symptoms such as inflammation, erythema, pruritus and pain. In some cases, pathological scars (e.g., hypertrophic and keloid scars) inevitably form, adversely impacting sufferers' life quality. In addition, some diseases such as diabetes impede wound healing process through causing long-term inflammation [2]. Wound healing requires suitable environment to promote healing process, e.g., optimal moisture and redox environment [3,4]. Plant polyphenols as natural antioxidant agents are cost-effective alternatives to current pharmacologic therapeutics, which have been formulated or fabricated in wound dressings to improve the conditions for wound healing [5,6].

Green tea is characterized by the high content of polyphenols, which is produced from the tea plant *Camellia sinensis*. (−)-Epigallocatechin gallate (EGCG) is regarded as the most abundant compound in tea leaves with excellent bioactivities, such as antioxidant/free radical scavenging [7], anti-inflammatory and antimicrobial properties [8,9]. However, the clinical application of EGCG is restricted by its low bioavailability, since EGCG is unstable under the alkalescent condition of the intestinal track and circulatory system [10]. It was reported that a single injection of EGCG hardly accelerated the healing process of the wound on the back of rats [11]. Thus, topical application might be an ideal route to

Figure 5. Study of Green Tea in Wound Healing

Control and Prevent Bleeding

- Using non-adherent dressings.
- Promoting clotting using calcium alginate dressings.
- Using silver nitrate applicators to control local bleeding. Use only if trained and according to local policy; avoid trauma and escalate for persistent or heavy bleeding.
- Applying pressure to the wound for 10 to 15 minutes. Use gentle direct pressure with non-adherent dressing where appropriate; urgent review is required for significant bleeding.
- Using absorbable hemostatic dressings. (e.g.QuikClot Combat Gauze/Chitosan-Based Dressings)
- Radiation therapy may also help to control and prevent bleeding.

Compression Dressing



A soft silicone dressing was applied to the wound base and left in place up to 7 days. A secondary dressing was applied on top of the primary dressing to increase exudate absorption.



Figure 6. Compression dressing



Figure 7. Hemostatic Dressing

Figure 1: A-D, Gross findings of patient's left breast showing a mass with ulcerative, hemorrhagic and necrotic morphology

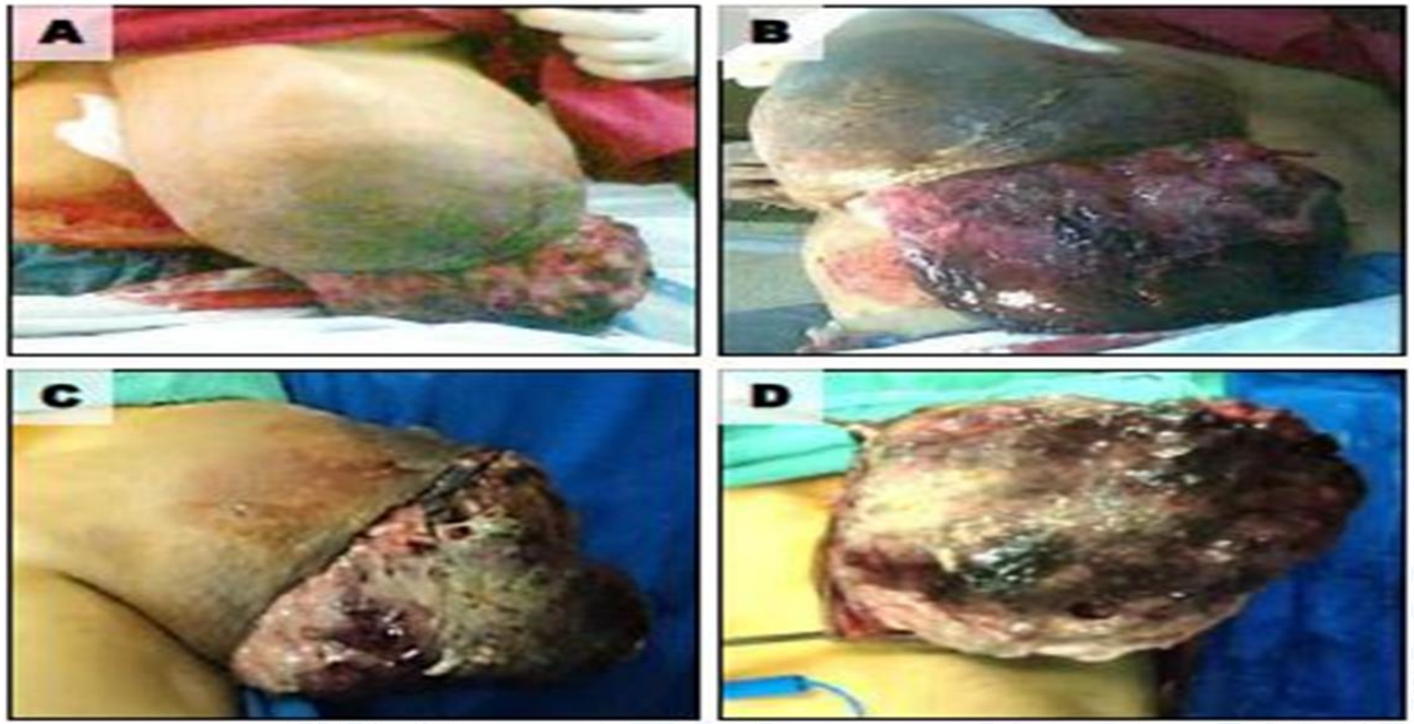


Figure 8. Papain-based enzymatic dressings may help soften slough for debridement where available and appropriate.

Supportive Care

Mental Health Symptoms in Cancer Care

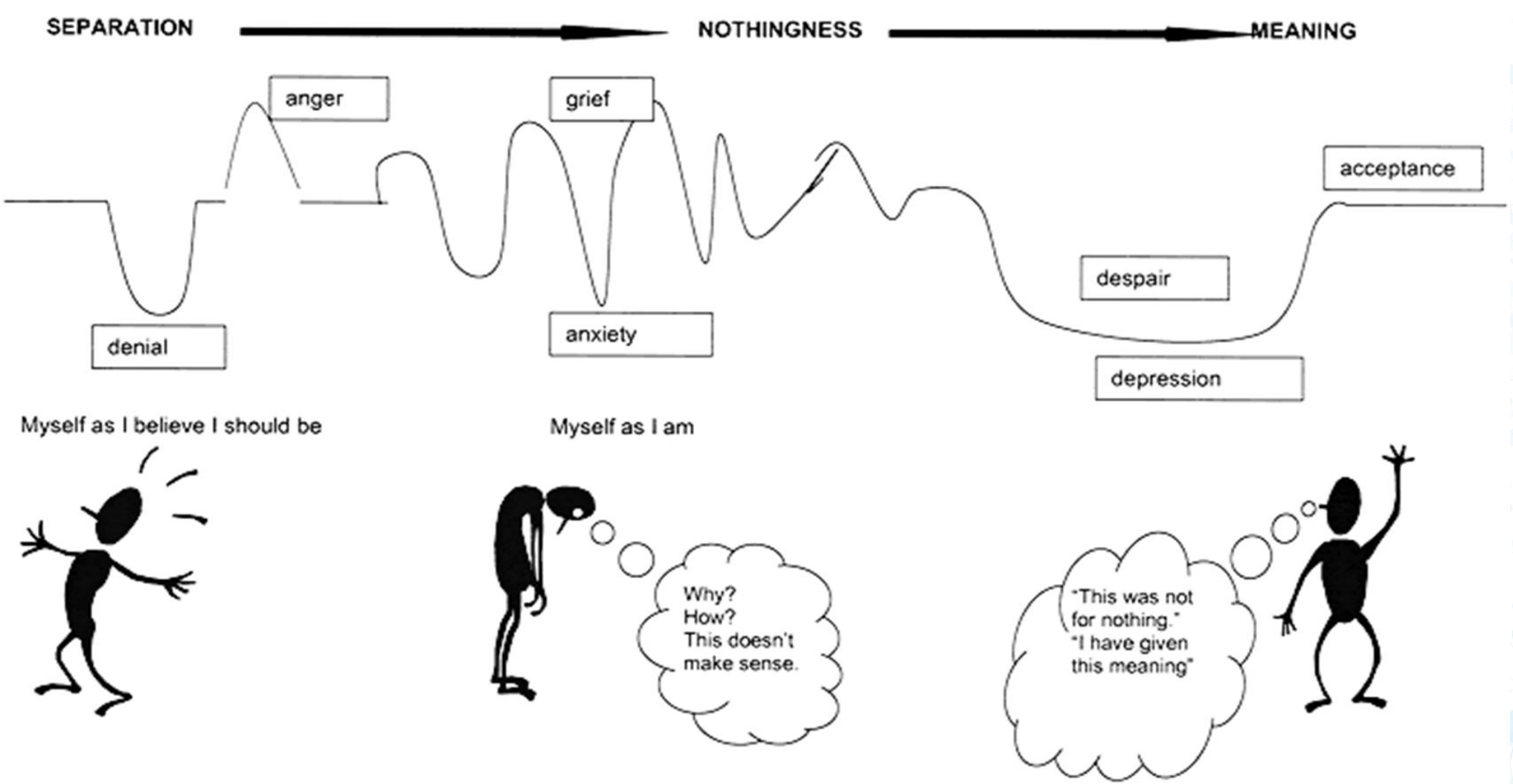
Nursing Division,
Ministry of Health Malaysia

Introduction

Some mental health symptoms may overlap with symptoms related to cancer or side effects from treatment.

For example :

- Fatigue
- Poor sleep,
- Appetite change
- Poor concentration can overlap with cancer/treatment effects.


SEPARATION
NOTHINGNESS
MEANING
anger
grief
acceptance
denial
anxiety
despair
depression
Myself as I believe I should be
Myself as I am
Why?
How?
This doesn't
make sense.
"This was not
for nothing."
"I have given
this meaning"

Distress

- Unlike chronic mental health conditions, the symptoms of distress are linked to a stressful event, such as a cancer diagnosis, and cancer-related distress may improve with support, but it can persist and should be screened, assessed and managed.

1. PERSONAL NEEDS

Needs to be recognised and respected; need to feel important

2. PRACTICAL NEEDS

Need for specialised knowledge and medical expertise.

Anxiety

- Anxiety may be a normal response or a clinical disorder when persistent, severe or impairing function.
- Symptoms may include:
  - Uncontrolled worry
  - Trouble focusing thoughts
  - Muscle tension
  - Trembling or shaking
  - Restlessness
  - Dry mouth
  - Irritability or angry outbursts

Depression

- Depression is a mood disorder characterised by persistent low mood or loss of interest with associated emotional, cognitive and physical symptoms; assess clinically and refer when needed.
- Symptoms of depression may include:
  - Emotional numbness
  - Nervous or shaky
  - A sense of guilt
  - Moodiness
  - Scatterbrained
  - Racing heart, dry mouth, or increased respiration
  - Upset stomach, headaches, or other pains
  - Changes in energy level

Treatment

Pharmacological interventions

- Low dose diazepam (2.5-5 mg at night or twice daily) can be used if necessary.
- Usually not needed if care is good.

Delirium/agitation requires assessment for reversible causes and medical review. Haloperidol may be used for delirium according to local protocol. Opioids treat pain or dyspnoea, not delirium itself.

Adjuvant therapy with opioids.

Treatment: Non-Pharmacology

- Management requires a collaborative effort.
- Focus on preserving the patient's safety and integrity.
- Minimizing any unnecessary stress.
- Emotional support-comfort patient
- Unnecessary and potentially harmful devices (lines, catheters) should be removed or fixated to prevent harm to the patient/caregiver or staff.
- Encourage mobility or bed exercises only if safe and consistent with the patient's goals and condition
- Assist with activities of daily living.

Supportive Care

Palliative Care and End-of-Life Care

Learning Outcome

By the end of this lesson, learners will be able to:

- Manage and apply palliative-care and end-of-life-care interventions

Introduction

- Quality of life includes physical, emotional, social and spiritual well-being and the ability to function in daily life. Palliative care supports realistic hope, comfort and dignity.

- Descriptive term that refers to people's physical , emotional, social and spiritual well-being, and their ability to function in the ordinary tasks of living.

Physical Care

- Biggest concerns of dying persons is the control of acute and chronic physical pain.

Other symptoms

- Distressing
- Physical:
  - Constipation
  - Diarrhoea
  - Nausea
  - Vomiting
  - Weakness
  - Loss of appetite
  - Shortness of breath
  - Dehydration

Physical Care

- Patients may be concerned about self-image, including hair loss, dark circles around the eyes and skin colour changes.
- The multidisciplinary team, including doctors, nurses, pharmacists and allied health staff, can support symptom control and physical care.

Enjoying the Time that Remains

- What many dying persons want most is to participate in ordinary daily activities.
- Being able to eat with someone; to walk to the bathroom and use it in private, unaided; to talk with a friend; to watch a favorite TV show; to hold a grandchild.
- People who are dying may take comfort in eating their favorite foods, listening to their best-liked music, going for a ride to see cherished places, or simply watching the changes of nature through a window.

Principles of giving psychological support

Never tell a lie

•Provide truthful and accurate information.
•Use language the patient can understand.
•Be honest about uncertainties while remaining compassionate.
•Trust is the foundation of a therapeutic relationship.

Never take away all hope

•Avoid false reassurance but maintain realistic hope.
•Focus on achievable goals, symptom relief, comfort, and quality of life.
•Help patients identify sources of strength and meaning.
•Hope can exist even when cure is not possible.

Listen well

•Give the patient your full attention.
•Allow them to express fears, concerns, and emotions without interruption.
•Use active listening skills, including eye contact and reflective responses.
•Listening helps patients feel heard, valued, and supported

Psychological support of the family

- Support of relatives of the dying patient
- Bereavement :
  - To accept the reality of loss,
  - Experience the pain of grief,
  - Adjust to an environment in which the deceased is missing,
  - Support relatives through grief, adjustment and bereavement by offer bereavement support and referral when needed.

Psychological Care

- Take seriously what dying persons are feeling.
- They are likely to express negative feelings including anger, denial, sadness, anxiety, and fear.
- There is no universal right thing to say or do. Individualise support according to patient values, culture, faith and preferences

Anger

Anger may be directed toward illness, faith, healthcare staff or family members. Respond with calm listening and support.

These feelings are often directed towards :-

- God-letting happen
- Doctors-they are unable to cure
- Family-who may need considerable support and explanation.

Denial

- Denial is a coping strategy adopted by some patients.
- It is important not to force the patient to give up this coping stance; offer opportunities to ask questions when ready.
- Give opportunity to ask questions.

Fear



- Some are unable to admit it, and deny it even to themselves.
- Nurses must
  - Be calm
  - Confident
  - Use knowledge, skills and support to provide calm, confident care.
  - The nurse shows by staying close, still holding her hand, and remaining relaxed, that she is willing to stay alongside, and that she is without saying anything.
  - Encourage the patient to go on.

Social Care

- Dying persons want to maintain relationships with the special people in their lives.
- They may be concerned about their roles within the family, in the work-force, and in the community.
- They may want to take care of some very practical issues.
- Discuss goals of care, preferred place of care, emergency contacts and advance-care planning according to local policy and patient preference
  - Arranging their funeral
  - Telling their spouse how to do the chores
  - Organizing or passing down their material goods
  - Talking about the well-being of their loved ones in the future

Spiritual Care

Allow the patient to :

- Take the lead
- Share their doubts
- Share their beliefs, doubts or non-beliefs.

The nurse:

- Sensitively responding to the needs
- Be a good listener

Family Care Interventions in Palliative Care

Potential Need Of The Family	NURSING INTERVENTION
Patient Comfort	**Terminally ill care Quality Of Life** • Explanation, education and ideas of how to keep the patient comfortable. • Teach how to use equipment and how to handle and move the patient safely and comfortably.
Information	• Provide local information, advice and support 24-hours helpline numbers and clarity on who to call if worried or in an emergency. • If appropriate, family members should be invited to accompany patients during clinical consultations and be involved in discussions about treatment and care. • Explain signs of impending death and what to do at the time of death if at home. • Provide written guidance and local contact numbers for home death, symptom crisis and medication issues

Family Care Intervention In Palliative Care

POTENTIAL NEED OF THE FAMILY	NURSING INTERVENTION
Emotional Support	• Family members should be given the opportunity to have their needs and preference for support and information assessed separately to those of patients. • Time given to listen to how they are feeling • Maintaining hope strategies.
Practical Help	• Help families identify their practical help needs. • Arrange practical assistance early (do not assume family members want to be responsible for providing personal hygiene care for the patient regardless of how devoted they are. Many do not want to take on this responsibility or know how to identify the need d for respite care at an early stage.

Preferences

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THANK YOU