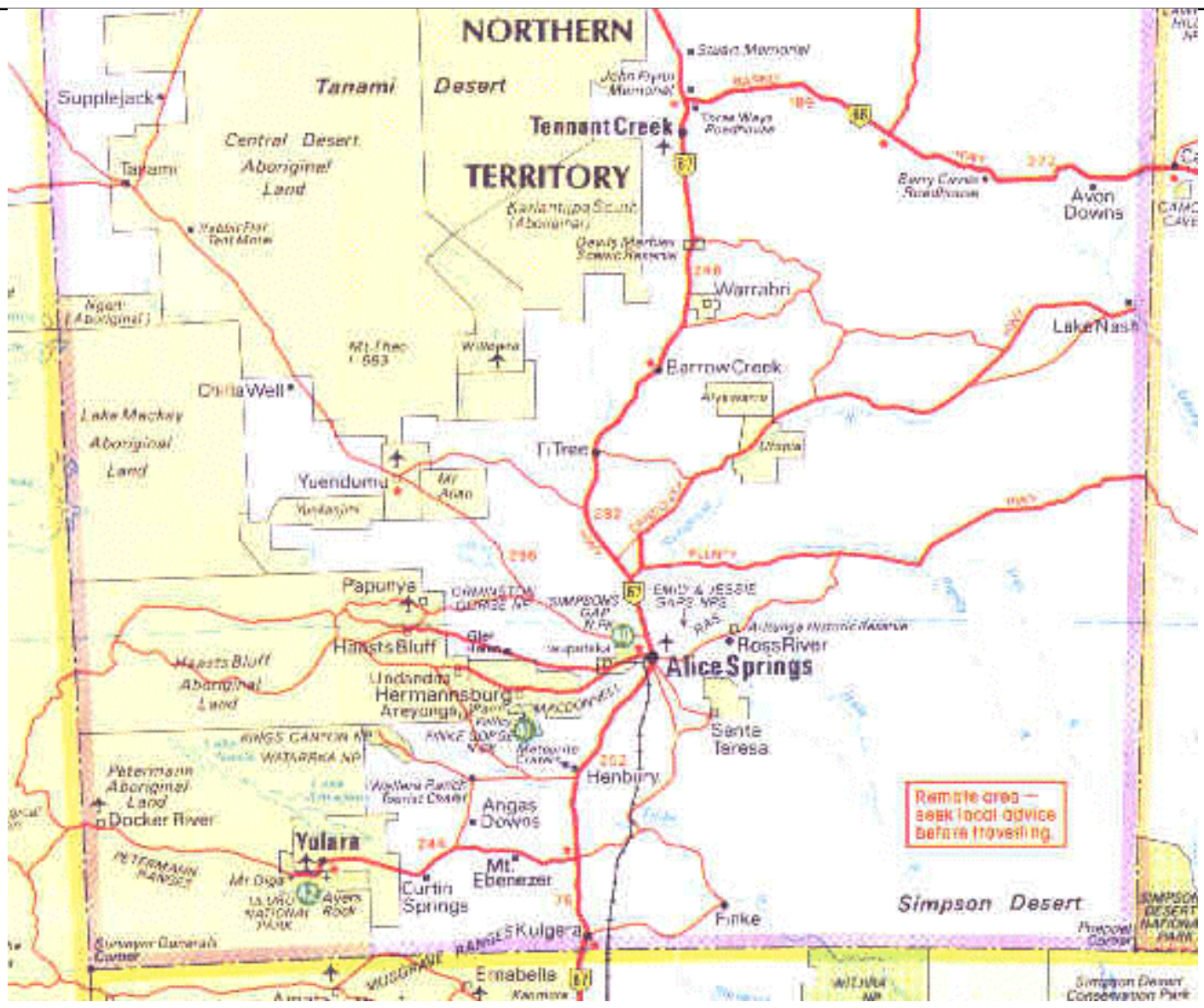


Kwatja Kwenye – Without Water

Fred Miegel
Clinical Nurse Manager
Territory Palliative Care,
Central Australia

Where is Central Australia?







Mrs Mac

- 77yr old Aboriginal Lady
- Lives in remote community 3 hours drive (2 hours on dirt) from Alice Springs
- 5 Children, one daughter receiving carer benefits
- Lived in house with up to 20 people staying there
- Local Clinic has 3 Remote Area Nurses (RANs)

Mrs Mac

- Diagnosed with Grade 2, stage 3 Endometrial cancer 2007
- Had Adjuvant Radiotherapy
- Had Groin nodes that needed regular dressings
- 1/10/2010 Staying in Hostel in AS with Lymphoedema
- Referral to TPC CA



- The groin nodes had tumor invasion and were compromised blocking lymph fluid passage.
- The other risk factor was that she had had Radiotherapy in this region.



- Given to Left leg, October 2010
- Massage
- Bandaging
- Scanning Laser





- Two week treatment with intensive work on the leg
- Reduction of leg to comfortable size for Mrs Mac
- Knee length compression garment obtained as her thigh too big and concerns that Mrs Mac would have trouble getting it on and off
- Home to community





- Liaison with clinic for follow up
- Clinic noted family not helping Mrs Mac with garment.
- Getting hot in the Territory and garment is uncomfortable
- Family bringing her to clinic for shower and dressing to groin wound three times a week
- ‘Leg getting painful due to volume, limiting mobility’
- Started on Buprenorphine patch for pain

- Reorganised for Mrs Mac to come into Alice Springs, part treatment and part respite for family
- Looking to find a sustainable way of relieving pressure in the leg
- Cannulation was initially resisted by some quarters



Cannulation



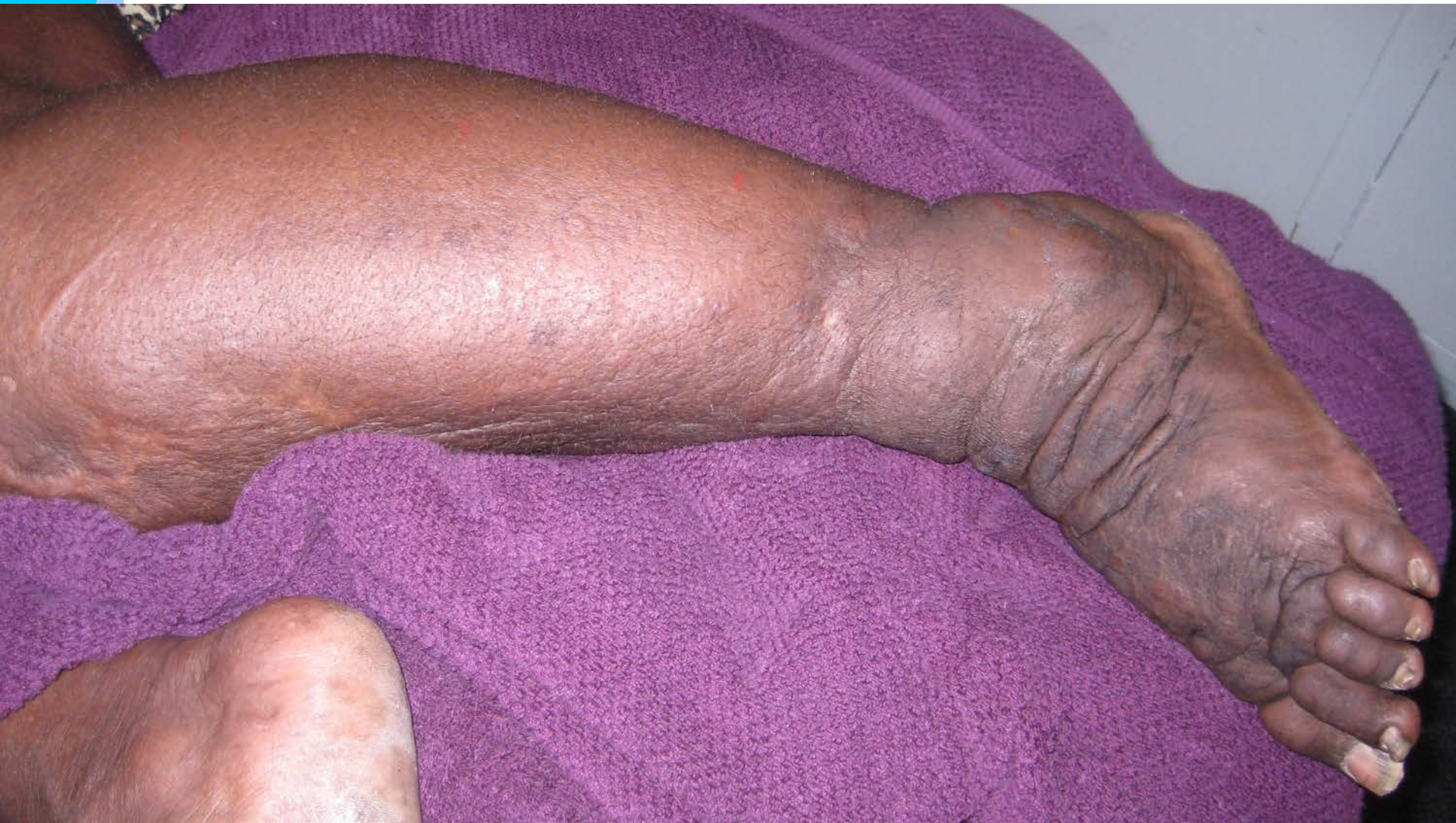
”we drained the muddy water”.





- Remote clinic staff were shown how to insert cannulas and Mrs Mac would attend the clinic to have the drainage performed
- Reality was that the disease would progress and Mrs Mac would deteriorate.





- Mrs Mac was admitted to Alice Springs Hospital from her community as an air retrieval on 5th November 2011 and died 9th of November
- She was able to be supported at her home community for 13 months less the time spent in Alice springs

What did it take to do this?

- Trusting relationships
- Multidisciplinary team work
- Palliative care champions
- Experienced staff who helped us problem solve
- Consumables, Bandaging material, Cannulas, Stoma bags
- Laser with experience to use in this situation
- Willingness to practice outside the square and adapt
- Willing to make room for extra work
- Understanding of the complexity of remote care

My Recommendation

- Don't discount options that are not quick fixes
- Research all the options
- This is not for everyone, but another tool in our bag
- Look for Palliative care champions