

# Intra-infusion exercise in a regional chemotherapy day unit: A patient perspective

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# Background



**Exercise**



**Systemic Anti-cancer therapy**

**Pain**

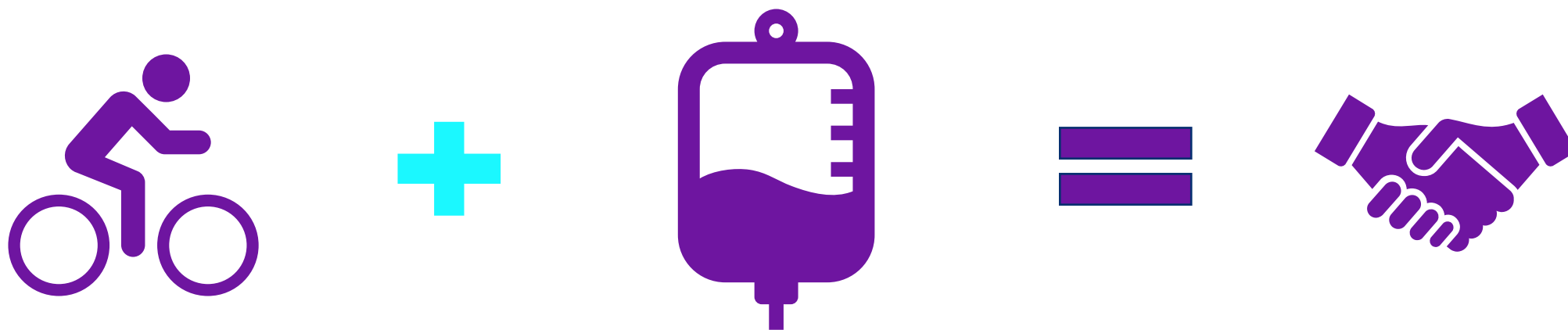
**Fatigue**

**Mood**

**Nausea**

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# Background



# Methods

## Design

A single-centre, mixed methods prospective cohort study

## Population

≥18 years, completed ≥ 1 cycle of SACT in Chemotherapy Day Unit (CDU)

PHASE 1:

Nurse Education

PHASE 2:

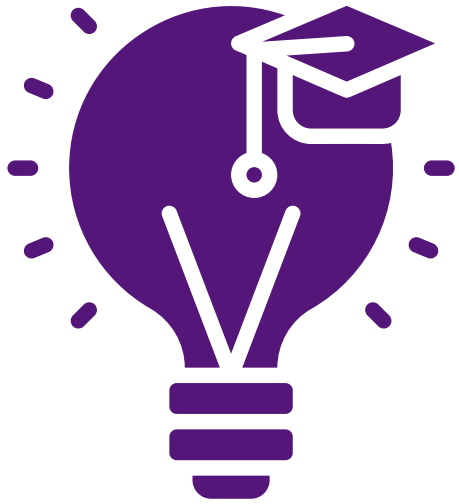
Pilot

PHASE 3:

Qualitative feedback

Post study: implement  
as part of usual care

## PHASE 1: Nurse Education



- 3 formal training sessions
  - Providing education to nurses in the CDU about the benefits of intra-infusion exercise and the logistics around implementation
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## PHASE 2: Pilot

- **Low intensity** seated cycling
- Limited trial days
- EP screening and first session
- Nursing staff supervision of subsequent sessions
- Patients were surveyed at every session



## PHASE 2: Pilot – change to protocol



- Referrals via email
  - Allied Health Assistant
  - Inclusion criteria
  - Resources
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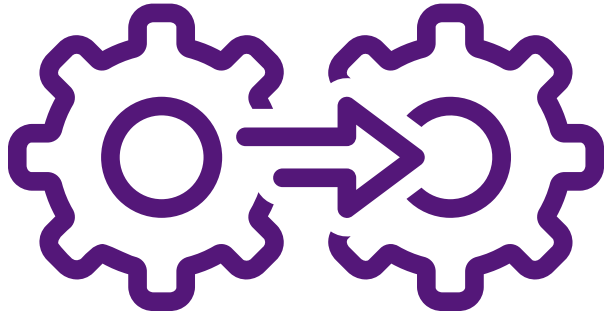
## PHASE 3: Qualitative feedback



- Nursing staff: focus group
  - Patients: individual interviews
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Post study: implement as part of usual care



Implement this new program as part of standard care in the oncology setting

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# Results - Patients

33 patients consented to be contacted by researchers

10 recruited into study  
(4 male, 6 female)

Age = av 63.8yrs (52-81yrs)

7 patients consented to interviews



# Results – Patient interviews

PHASE 3: Qualitative feedback

Overall perceived positively in many facets

Staff involvement facilitates exercise

Procedures and paperwork burdensome

Uptake seen to be low

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# Results – Patient interviews

Overall perceived  
positively in many  
facets

*“When I’m starting to feel tired and a bit fatigued, I tend to think, oh well I know that exercise has helped so let’s go out for a walk”*

*“The side effects from having a cannula in and the intravenous chemotherapy were lessened, once I started doing the cycling program. So that also encouraged me to want to do it every time I had chemotherapy”*

*“Yeah, I think the cycling helped me immensely, yes I do”*

*“Yeah, I’d definitely recommend it. Because it passes - it helps pass the time”*

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# Results – Patient interviews

*“Everything’s organised, machine’s brought to you, you got a chair, you don’t like that chair they’ll give you another chair. Nothing’s a problem”*

*“I guess it is all just education if anything else from that - doing that bike, even if only did it five minutes each time I went. But it’s that education about how important exercise is”*

Staff involvement  
facilitates exercise

*“Because of all the encouragement I had from the different exercise physiologists and so forth, even just little things like when I’d go to do my chemo I never used the lift, I always walked up the steps”*

# Results – Patient interviews

*“Fair bit involved at the first bit.  
But I went, geez, just to pedal a  
bike”*

Procedures and  
paperwork  
burdensome

*“Procedures. Procedures, procedures,  
procedures. For the bike one, which is  
a stationary thing, you are not walking  
you are not anywhere - you’re only  
sitting and pedalling, yeah, too much -  
too many procedures”*

# Results – Patient interviews

*“I only saw one other lady do it once, but I think she did it because she saw me doing it”*

*“I just think there should be more advertising about it”*

*“I mean some days, what 15 people up there and I was the only one pedalling a bike”*

*“Maybe there should be a little leaflet handed out when - you know how sometimes they hand you things when you're in your chemo chair, that say, this is available”*

Uptake seen to be low

# Results – Nurse perceptions

## PHASE 3: Qualitative feedback

Enablers	Barriers
<ul style="list-style-type: none"><li>• EP delivered education sessions</li><li>• Written resources</li><li>• Peer support/teamwork</li><li>• Ease of seeing who was booked in to exercise</li><li>• EPs accessible and responsive</li><li>• Equipment proximal to CDU and easy to set up</li></ul>	<ul style="list-style-type: none"><li>• Not all staff received education</li><li>• Busy work environment</li><li>• Difficult or unable to reschedule patients to available program days</li><li>• Two person lift for pedals</li><li>• Cluttered areas may cause trip hazard when in use</li><li>• Storage of pedals needs consideration</li></ul>

*“...other nurses will come in to help so that’s a good thing about the good dynamic in here that we help each other.”*

*“...it would grow exponentially if was every day of the week.”*

*“Ownership. Something positive...it impacts all of life”*

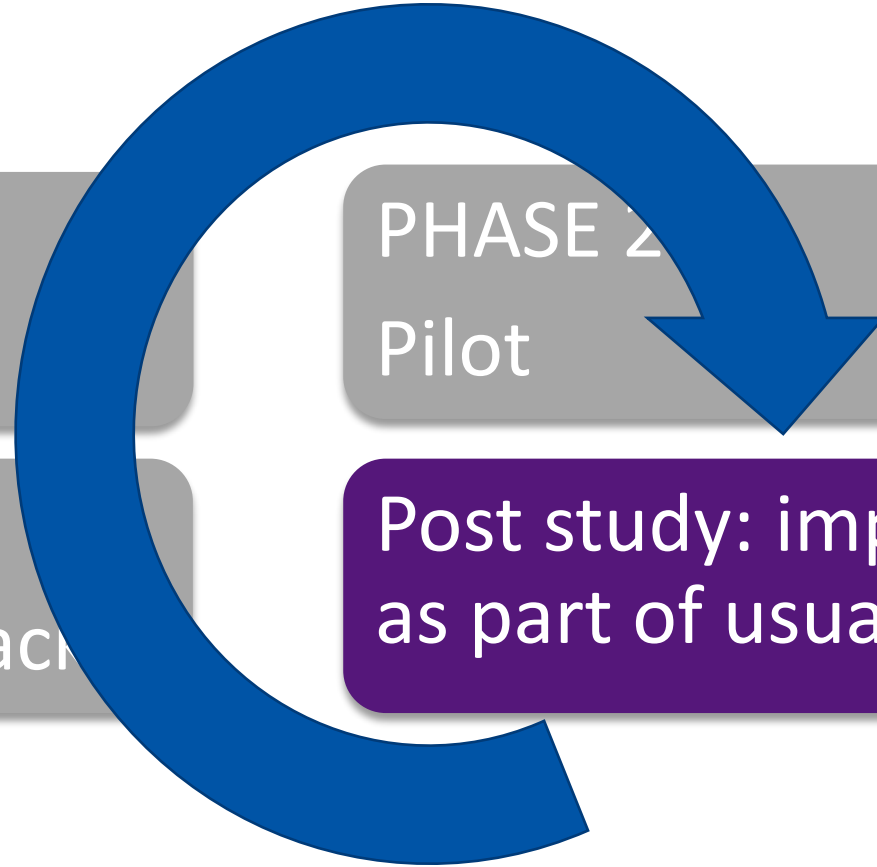


PHASE 1:  
Nurse Education

PHASE 2:  
Pilot

PHASE 3:  
Qualitative feedback

Post study: implement  
as part of usual care



Your name:

Date of birth:

Today's Date:

BRADMA

**Before you start:** Please fill in the questionnaires

1. Fatigue: Please circle the number that best represents your current level of fatigue

0 1 2 3 4 5 6 7 8 9 10  
Low high

**After your treatment today:** Please fill in questions 2 to 4.

2. Fatigue: Please circle the number that best represents your current level of fatigue

0 1 2 3 4 5 6 7 8 9 10  
Low high

3. Total minutes of cycling today: \_\_\_\_\_

4. Any feedback on today's exercise experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Thank you

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