

CLINICAL UPDATE



Nursing Considerations for the SAVI® Applicator

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Nurses play a critical role in the delivery of radiation therapy with the SAVI applicator. In addition to wound care and infection control, nurses are responsible for patient education, including explanation of the procedure and instructions for follow-up care. A nurse's involvement can significantly impact a patient's experience throughout accelerated partial breast irradiation (APBI) treatment.

The Radiation Therapy Experience for SAVI Patients

Prior to the decision to place the SAVI applicator, the patient is routinely sent for a consultation with the radiation oncologist. The RN should anticipate the needs of the patient with educational materials provided by Cianna Medical, i.e., brochure and informational DVD, and help set the patient's expectations for treatment and beyond.

Approximately two to four days prior to treatment, the breast surgeon inserts the SAVI applicator through a single incision. Within one to two days, the patient undergoes a planning CT simulation scan at the radiation oncology facility, followed by a dressing change. If treatment commences on Monday, the planning scan typically occurs on Thursday or Friday of the prior week. Many physicians choose to place their APBI patients on a prophylactic antibiotic for the duration of their treatment.

Radiation delivery is administered twice a day for a total of five days. Each treatment is preceded by a brief CT

scan or scout films to confirm correct device position, followed by a dressing change. Following the final treatment, the radiation oncologist collapses the SAVI device and removes it from the same incision through which it was inserted. A new dressing is applied and the patient is provided with care instructions for the incision site.

Although pain and discomfort upon device removal is rare, some physicians have applied a topical analgesic or injected a small amount of local anesthetic near the incision site prior to removal. Patients may take an OTC analgesic (i.e. Tylenol) prior to device removal.

Patient Education

One of the nurse's primary responsibilities includes educating patients about the radiation therapy process, from expectations prior to treatment through follow-up care.

Prior to commencing treatment, educate patients about what to expect during radiation therapy, including device

insertion, treatments and device removal. Setting patients' expectations about wound draining will help reduce anxiety over this occurrence. During treatment, instruct patients regarding the proper care of the applicator and incision site, which includes refraining from showering while the applicator is implanted. It is also recommended that patients wear a wire-free cotton bra or a loose-fitting bra at all times while the device is in place, even while sleeping.

Following device removal, provide patients with information regarding signs of infection and proper care of the wound site.

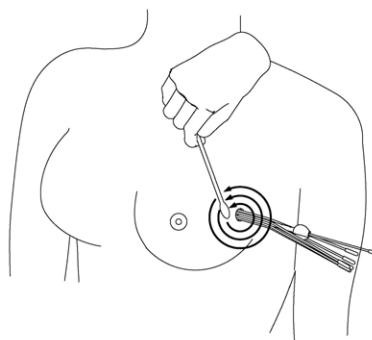
Wound Care

The dressing should be changed at every treatment in order to keep the incision clean and prevent infection. Be sure to dress the incision site in a manner that maximizes patient comfort throughout treatment. If possible, apply the dressing with the patient standing or sitting upright as this will provide greater comfort between appointments. Unless a patient is especially sensitive to tape, use Mepore tape to secure the dressing in place. If the patient has a sensitivity to tape, using gauze and the bra may be sufficient to maintain a clean dressing site.

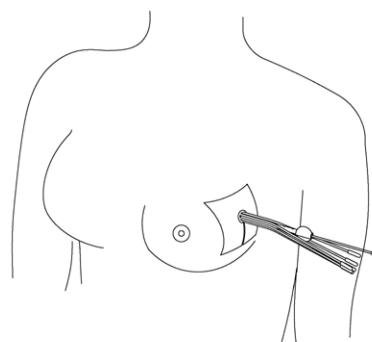
Commonly Used Supplies:

- Betadyne or alcohol swabs
- Sterile gloves
- 4x4 drain sponges
- ABD pad
- Topical antibiotic
- Front closure, non-wire, sports bra to be brought to surgeon's office for initial placement (Wal-Mart, Fruit of the Loom)

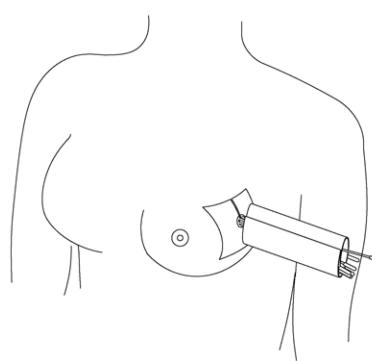
Following the initial CT scan and all treatments, make sure the purple catheter protectors are securely placed in each catheter. This will keep the catheters dry and clean, as well as protect the catheter ends to ensure secure connections to the HDR afterloader. Move the white disc away from the patient's skin as this can be irritating to the incision site. Be mindful not to bend the catheters more than 90 degrees at any time to avoid crimping.



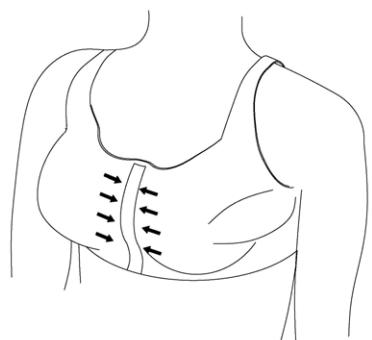
Step 1: Clean the incision with Betadyne swabs, or alcohol if patient is allergic to iodine, and apply topical antibiotic.



Step 2: Apply a split drain sponge around the base of the SAVI applicator.



Step 3: Apply a second split drain sponge around the base of the SAVI applicator with the slit in the opposite direction. Wrap the exposed portion of SAVI applicator in an ABD pad cushioning for comfort.



Step 4: Put bra back on patient and close using the compression of the bra to hold dressings in place.

Following removal of the device on the final day of treatment, clean the incision as previously described and dress with sterile 2x2 gauze and Mepore tape. Instruct patients to remove the dressing within two days and avoid exposing the incision to water until a scab has formed. Inform patients that while some skin redness around the incision is normal, certain conditions require a call to the physician, including: fever, purulent drainage or red streaks on the breast.

Conclusion

One of the primary benefits of breast brachytherapy is the reduction in time and inconvenience of

treatment. Nurses' involvement can further improve the convenience of radiation therapy with the SAVI applicator and their role in patients' comfort and health throughout treatment will affect patients' perception of the procedure. Changing the dressing quickly makes it easier for patients to return to work or home after each treatment session, adding to the convenience of this therapy. Applying the dressing according to the aforementioned guidelines enables patients to continue their daily routine with fewer interruptions, reduces the risk of infection, and maximizes comfort.



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