

**P-118 SUPPORTED: THE DEVELOPMENT OF AN ABDOMINAL SUPPORT GARMENT FOR PEOPLE WITH ASCITES**

<sup>1</sup>Nancy Preston, <sup>1</sup>Janet Rigby, <sup>2</sup>Anita Griggs, <sup>2</sup>Susan Salt, <sup>3</sup>Rachael Holmes, <sup>3</sup>Debbie Wright. <sup>1</sup>International Observatory on End of Life Care, Lancaster, UK; <sup>2</sup>Trinity Hospice in the Fylde, UK; <sup>3</sup>Jobskin, Nottingham

10.1136/bmjspcare-2016-001245.141

**Background** Ascites, a palliative symptom, is the build-up of large volumes of fluid in the peritoneal cavity which is drained at around five litres. If an indwelling catheter isn't possible then living with large volumes of fluid which are intermittently drained, is very uncomfortable. Earlier research showed that an abdominal support garment improved discomfort and provided support to their large distended abdomens (Preston 2004). However, the garment was too warm and also 'rode up' making it difficult to wear especially in warmer weather.

**Aim** To assess the acceptability of a support garment for use with people with ascites.

**Methods** Five prototypes for a support garment using a range of materials to offer abdominal support were developed with the company Jobskin. The ongoing study with eight participants with ascites (alcohol related liver disease and malignancy) will assess wear-ability and support requirements including an assessment of comfort, ease of putting on/off, mobility and acceptability. The garment, shaped like cycling shorts, can be made in a range of sizes and colours.

**Results** A garment was developed using five sections offering different types of pressurised support including a main abdominal area which allows for support but can significantly increase to allow for abdominal growth. The support garment supported an increase in abdominal girth from 70 cm to 110 cm in the initial participant yet remained comfortable. Early results have had it described as 'invaluable' by one doctor at the end of life of a patient to help her get in and out of bed when drainage was no longer an option.

**Interpretation and conclusions** A support garment has been created which can allow for increased abdominal girth yet provide abdominal support. Early indications show it is very acceptable, improves discomfort and offers the support required.

**P-119 'IN CONTROL FOR WHAT MATTERS' LIVING WITH BREATHLESSNESS AND LOW ENERGY: VIDEO RESOURCES FOR PATIENTS**

Amanda Campbell, Karen Kidsley, Alison Hooper. *St Margaret's Hospice, Taunton, UK*

10.1136/bmjspcare-2016-001245.142

**Background** 2014 Staff Conference "Be Inspired" "*An increasing ageing population... Unmet needs... Life limiting conditions, Limited resources*". The message heard 'Become preventive and proactive'.

Breathlessness patients who achieve self-management breath control, typically say "*I am overcoming my fears and worries*", "... *Given me back my life*".

Our patients have not stopped living and the timely access and mastery of self-management are key but do not happen only when in the presence of a health professional.

**Aims** How can the existing resources reach these unmet palliative care needs with empowerment and enablement?

The early referral is the most proactive "...*Exercise and acquiring anxiety reduction techniques is most useful early*". What will enable the early referral?

Patients fear coming to the Hospice "first thought... a place people go to die". What resources will reduce these fears?

Patient empowerment is necessary for success of the interventions. What resources are needed for mastery and how to make them accessible?

**Method** The physiotherapy team have produced short video tutorials with in-house resources for patients to use at home. The first one explains the breathlessness spiral of fears, avoidance and deconditioning, introducing upward spiral of gaining control and power. The rest of the videos have the various techniques taught in the outpatient session; thus supporting practice by the patient at home following their appointment.

**Results** Currently the videos are in CD format with patient feedback currently being collected. The hospice's next step is the development of a "Patient and Carer Portal" with direct links to the electronic patient record; wherever they are located, patients will be able to access their 'prescribed' videos, through the Portal.

This pilot of self-help videos will be tested against measureable criteria establishing

- cost effectiveness
- accessibility
- compliance
- patient outcomes and satisfaction,
- impact on resources.

**P-120 HOSPICE BASED DAY CASE BLOOD TRANSFUSIONS ENCOURAGE EARLIER REFERRAL INTO PALLIATIVE CARE SERVICES**

<sup>1</sup>Katherine Newton, <sup>1</sup>Ruth Keeble, <sup>1,2</sup>Nikki Reed. <sup>1</sup>Marie Curie Hospice, West Midlands, Solihull, UK; <sup>2</sup>Heart of England NHS Foundation Trust, Birmingham, UK

10.1136/bmjspcare-2016-001245.143

**Background** Anaemia is widely prevalent in palliative care patients, and is often multifactorial. Effects of anaemia can include fatigue, breathlessness, or even angina. Palliative care patients benefit from treatment of their anaemia, and day case blood transfusions help to avoid inpatient admissions.

**Aims** Our day case blood transfusion service was set up in 2012. Initial review of this service indicated that offering a blood transfusion within a hospice setting encouraged earlier referral into palliative care services. On this basis we explored the options for increasing our blood transfusion referrals. This allows patients to benefit from the diversity of therapies and services that the hospice can offer at an earlier stage in their illness, and reduces pressure on hospital services.

**Method** Since July 2015, in conjunction with our local acute NHS trust haematology unit, we have significantly increased our referrals to the blood transfusion service within our hospice. To enable us to do this we installed a satellite blood fridge in the hospice, and now run a thriving day case blood transfusion service.

**Results** At present, we can accommodate 14 transfusion appointments per week (offering packed red cells and platelet transfusions) and we have seen a significant increase in appointments in this last year.