



Original Article

Study on follow up of patients in the Department of Radiotherapy in a teaching hospital

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Abstract

Follow-up of patients is one of the most important parts of cancer management. But in our country as most of the patients do not come for follow-up, at present it is only possible to find the total number of patients, their sex, number of patients planned for radiotherapy and chemotherapy and or other treatment modality and their percentage but not possible to find out the cure rate and survival rate due to above mentioned limitations. So it is suggested to improve the documentation system in a computerized manner and increase patient counseling so that patients come for follow-up and when ever a patient comes whether he or she is new or old can be recognized at once.

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Introduction

Follow-up of patients is one of the most important parts of cancer management so as in any other job. Particularly in the treatment of cancer, the deadly disease follow up is an essential part because even after complete remission there is every possibility of recurrence of the disease at any time of his or her rest of the life. In every center, patients are always advised to come after certain time periods for follow up. Patients are advised to come bi-monthly after completions of the treatment for follow up in the first two years. If no recurrence occurs in the first two years then they are advised to come three or four monthly during the next three years. If no recurrence found even after five years still they are advised follow-up yearly during rest of their life. This is done to detect any recurrence as early as possible so that necessary steps can be taken to combat the enemy.

Rajshahi Medical College Hospital is the biggest tertiary hospital in the northwest part of Bangladesh. About one thousand new patients are getting cancer treatment in the Radiotherapy department of this hospital each year. In this hospital most of the patients are getting treatment as outdoor basis. Different kinds of patients attend this department. They are registered in a registry book and a registration number is given which is fixed for the patient forever. The patients are seen and examined to assess the stage of there diseases. There are some limitations about the investigations because all facilities are not available in this hospital. So we give more emphasis on clinical staging. Then the patients are planned for treatment. Those who need surgical treatment are referred to surgery department for necessary action. Those who come from surgery department are planned either for radiotherapy or

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chemotherapy. Many of the patients refuse chemotherapy because of its cost and then planned for radiotherapy at least for palliation, but some of them also refuse radiotherapy because of false belief and ignorance. Many patients are advised and planned for radical radiotherapy with curative intent but some of them also refuse to complete treatment.

My aim was to find out how many patients come for follow up after completing treatment. It was found that a large number of patients did not come for follow up after completing treatment. Though many patients completed the course of radiotherapy, some of them do not come regularly for follow up.

Materials and method

Patients who came in 2003 were studied. All patients were counted and listed in a separate data collection form. Their name, address diagnosis and plan for treatment were written. Patients were divided according to their sex mainly. Age distribution was neglected. Patients who came in January completed their course of radiotherapy after 6-7 weeks. Counting started from July 2003 to find the patients of January who came for follow-up after six months of their first arrival in the department and continued up to December 2004 to get those patients who came in 2003 and completed their treatment in early months of 2004. Patients who came after six months of their registration were counted and analyzed.

Result

It was found that out of 1038 patients registered in 2003, only 183 (17.63%) patients came up to December 2004 for follow-up. 107 (58.47%) were male and 76 (41.53%) were female. 113 (61.75%) patients completed radiotherapy and 9 (4.92%) patients did not complete radiotherapy but came for follow-up. 61 (33.33%) patients were planned for chemotherapy or surgery due to recurrence of the disease. Out of them 30 (16.39%) were male and 31 (16.94%) were female.

Discussion

It was found that a large number of patients did not come for follow up. In comparison to total number of patients (1038), 855 (82.37%) did not come after six months of their registration for treatment. Why a large number of patients did not come for follow up is a major question. Some of the probable causes are as follows:

a) Poor economic condition – due to poor economic condition people of Bangladesh specially those of northern part are unable to take costly treatment of cancer.

Most patients need other supportive treatment, which is also costly, and again the poor economic condition comes in front.

b) Illiteracy, ignorance and taboo- due to illiteracy people have some false belief about diseases and other unexplained natural phenomenon. They believe that diseases are curse and they have to suffer from diseases as punishment, there is no way out. About radiation, their belief is that, radiation itself is very harmful for health and some patients do not believe that cancer is a curable disease. They frequently go for other methods of treatment like homeopathic medicine or some kind of herbal medicine. There is strong influence of superstition about modern treatment in the village and town too.

c) Lack of consciousness, enough motivation or patient counseling. There is no sufficient system for patient counseling to explain them how radiation and drugs cure the disease. In spite of some counseling, all patients themselves do not contact doctors regularly and there is deficiency in manpower for counseling.

d) Another major problem is insufficient information about the patients. There are fewer patients who have contact number or address and or the documentation and registration form lacks sufficient information. There is less scope to identify how many times did the patient come for follow up. It is very difficult to find out the number of patients

coming for follow up. So it is also impossible to find out the cure rate and survival rate at the present recording system.

Conclusion

As most of the patients do not come for follow-up, at present it is only possible to find the total number of patients, their sex, number of patients planned for radiotherapy and chemotherapy and or other treatment modality and their percentage but not possible to find out the cure rate and survival rate due to above mentioned limitations. So it is suggested to improve the documentation system in a computerized manner and increase patient counseling so that patients come for follow-up and

when ever a patient comes whether he or she is new or old can be recognized at once.

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