



# Travel health update

This month *Jane Chiodini* looks back at her experience of cancer and its impact on subsequent travel and draws out learnings that any travel health nurse can put into practice

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[www.janechiodini.co.uk/](http://www.janechiodini.co.uk/)  
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In 2009 I was unexpectedly diagnosed with breast cancer, which ruined my plans to present at the conference of the International Society of Travel Medicine (CISTM) in Budapest that year among other things! Treatment included major surgery, chemotherapy, radiotherapy and inclusion in a drug trial over a period of 15 months in total. Post treatment I was very fatigued and it took some considerable time to start to feel 'normal'. The hardest challenge was probably being a patient in a health system where I was used to doing the caring and since then I've been teaching on this subject. In my work as a travel health specialist nurse, there were a number of challenges post treatment and I would like to share them to create – I hope – a better understanding for our patients.

- In January 2011 I had to travel India to participate in a course in tropical medicine. Having been out of 'work mode' I completely forgot to check on the status of travel vaccines until 4 weeks prior to departure. I was so busy thinking about visas, suitable clothes etc. that it went out of my head. How ridiculous given my knowledge – but it made me appreciate that travel vaccination may not always be travellers' top priority and their late attendance may not be intentional.
- I was travelling again to Seoul later in the year but I wasn't able to obtain any

travel insurance on an annual policy because of my medical history, and most companies I tried would not cover the breast cancer at all, even though I was now cancer free! I was incensed, having worked so hard to get through treatment, but I took out a single policy which excluded the cancer and travelled without problems. Only on my return did I think how crazy that had been. What if I'd had a mosquito bite on my arm in which all lymph nodes had been removed? What if that bite had become infected and developed into a cellulitis and septicaemia? The insurance probably wouldn't have covered me as the cause could have been attributed to my condition. Today more companies seem to be offering better insurance provision. See <https://travelhealthpro.org.uk/factsheet/10/travel-insurance> for advice to offer travellers.

- I was absolutely fastidious about good bite protection on my 'lymph-node free' arm as I didn't want an infection that could trigger lymphoedema but it took so long to apply the creams I preferred to be sure of reaching every nook and cranny. I wondered how many travellers really adhere to the advice? For daytime applications, I put on sunblock then repellent, as per UK guidance.
- My hair had taken some time to grow back post treatment and headgear plus high factor sun creams were important to add protection – I have put some links on [www.janechiodini.co.uk/help/disability/](http://www.janechiodini.co.uk/help/disability/) but please note, I am not endorsing such products.
- Ongoing fatigue made travel in a hot humid environment even harder work and I hadn't appreciated just how important pacing and good planning were going to be.

In 2013 I developed lymphoedema

and now have an arm pressure garment that I'm meant to wear at all times to help prevent deterioration of the condition, which has no current cure. I would wear this on a long flight as I would flight socks, but it's not particularly comfortable and if I'm honest, it's rarely on by the time I arrive. See Resources for information on travelling with lymphoedema.

It is recommended that patients who have had an attack of cellulitis should carry a two week supply of antibiotics with them particularly when away from home for any length of time, e.g. on holiday – see Resources.

Those who have had lymph node clearance are constantly reminded not to have injections, blood pressure readings or phlebotomy on that limb, although there is limited evidence to support the advice. Cancer Research UK says 'it is not clear whether having blood taken in the arm on the same side as your surgery, or having injections, can increase the risk of lymphoedema, so it is advisable to avoid these.'

If my experiences have given you food for thought, please put some of the learnings into your practice.

## RESOURCES

BMJ Learning. Chronic Oedema and Lymphoedema  
<http://learning.bmj.com/learning/module-intro/lymphoedema-.html?moduleId=10029385>  
Lymphoedema Ireland. Travelling with Lymphoedema: Air-Travel & Holiday Tips  
<http://lymphireland.com/travelling-with-lymphoedema/>  
British Lymphatic Society International Consensus 'Best Practice for the Management of Lymphoedema' guidance  
<https://www.lymphoedema.org/index.php/cellulitis/cellulitis-in-lymphoedema>

