

Palliative care for patients with gastrointestinal diseases

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Scope

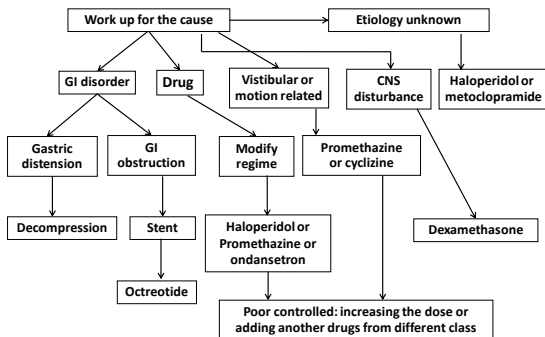
- Management of GI symptoms in patient with end of life care
- Palliative treatment of gastrointestinal diseases

Management of GI symptoms in patients with end of life care

- Nausea and vomiting
- Anorexia and cachexia
- Constipation
- Diarrhea
- Oral mucosal problem

Reuben DB, et al. Arch Intern Med 1986;146:2021-3.

Algorithm for managing N/V in palliative care



Nausea vomiting

62% of terminally ill patients developed nausea and vomiting
 40% having symptoms in the last 6 weeks of life

Regimens

- Ondansetron 8 mg ทุก 8-12 ชั่วโมง
- Metoclopramide 10-20 mg oral ทุก 6 ชั่วโมง
- Promethazine (phenergan) 25-50 mg oral ทุก 6 ชั่วโมง
- Haloperidol (Hadol) 0.5 -2 mg oral ทุก 6 ชั่วโมง
- Dexamethasone 1-4 mg oral ทุก 6-8 ชั่วโมง
- Dexamethasone 1-4 mg IV ทุก 6-12 ชั่วโมง
- Cyclizine 50 mg oral ทุก 6 ชั่วโมง
- Octreotide 50 mg tid IV or infusion

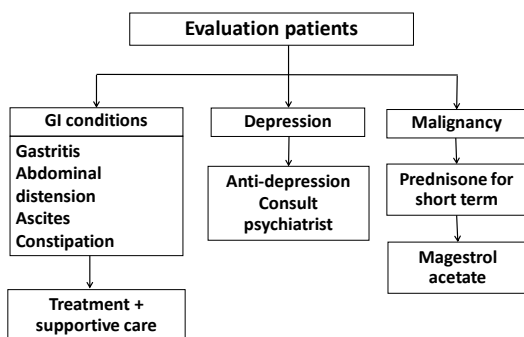
Supportive treatment

- Provide liquids frequently
- Provide patient relaxation techniques
- Mouth care
- Hydration and electrolyte replacement

Anorexia

- Check for underlying causes
 - Nausea and vomiting
 - Constipation
 - Dehydration
 - Depression
 - Pain
 - Oral candidiasis
 - GI conditions : gastritis, abdominal distension, ascites
 - Malignancy

Algorithm for managing anorexia



Regimens

- Methylprednisolone 16 mg oral bid for 5 days
- Dexamethasone 0.75 mg qid until death
- Megestrol acetate 160 mg at evening meal can gradually increase to 800 mg/day

Supportive treatment

- Removed of unpleasant odors
- Treat pain optimally
- Wine or whisky prior to meals
- Small and frequent meals
- Menu planning as wish

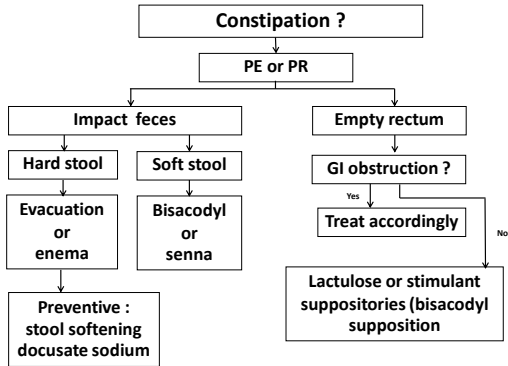
Constipation

50% in advanced cancer patients

85% in patients taking high dose opioids

Can lead to severe distress and discomfort

Algorithm for managing constipation



Regimens

- Lactulose 20-30 ml / day
- Bisacodyl 5-15 mg oral
10 mg PR
- Docusate sodium 1-2 capsules oral
- MOM 30-60 ml bid
- Senna 2-4 tablets oral
- Fleet enema 1 enema prn

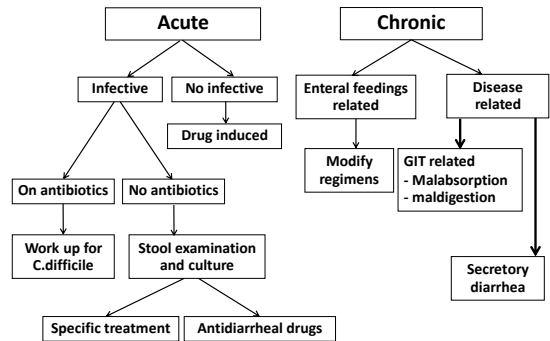
Diarrhea in palliative care patients

Diarrhea occur in about 6% of terminally ill cancer

5-10% of Hospice care

Malnutrition, dehydration, electrolyte imbalance and pressure sore are the problem related to diarrhea

Algorithm for managing diarrhea



Regimens

- Octreotide 100-300 mcg sc tid
- Cholestylamine 4-12 g oral tid
- Codeine sulfate 15-60 mg oral qid
- Loperamide 4 mg oral ทุก 4-6 ชั่วโมง
- Tincture opium 6-12 ml oral ทุก 4-6 ชั่วโมง

Oral mucosal problems

70% of hospice care suffer from xerostornia

34% stomatitis

40-70% of patients undergoing chemotherapy have mucositis

De Cono FR, et al. J Pain Symptom Manage 1989;4:20-30.

Regimens

- Sucralfate suspension oral rinses as needed
- Viscous lidocaine as needed

Palliative treatment of gastrointestinal diseases

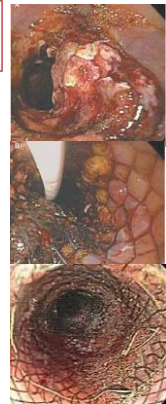
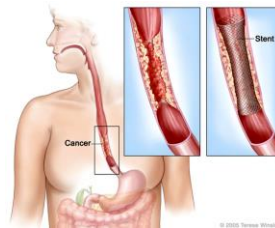
Esophageal stent



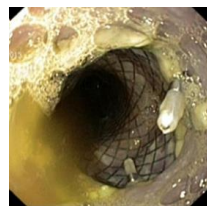
(1) (2) (3) (4)

(1) Boston Scientific's Polyflex Esophageal Stent, (2) Ultraflex Esophageal NG Stent System, (3) WallFlex Fully Covered Esophageal Stent, (4) WallFlex Partially Covered Esophageal Stent.

Endoscopic stenting for esophageal cancer



ESOPHAGEAL STENT FOR FISTULA



Colonic stent placement for obstructive colon cancer

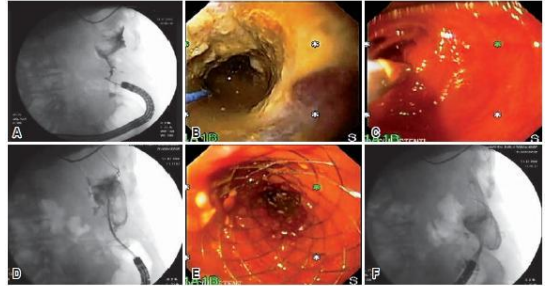
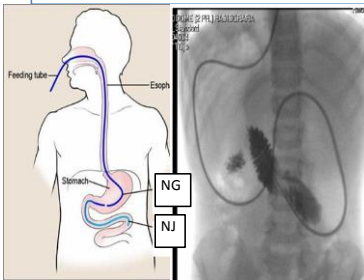


Figure 7. A. Contrast x-ray of stenosis. B. Passage of guide wire through stenosis. C. OTW Advance. D. Stent advanced close to stenosis. E. Distal end of deployed stent. F. Contrast x-ray of released stent.

Rodrigo Castaño Llano:<http://www.scielo.org.co/>



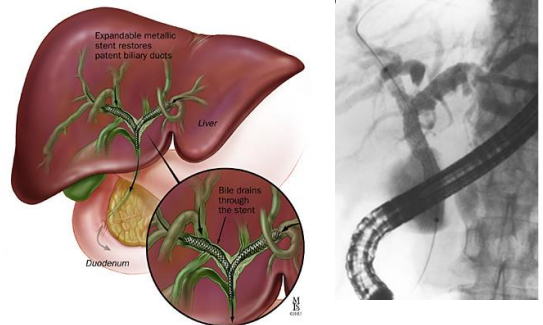
Nasojejunal tube feeding



Indication :

- By pass obstruction
- Gastroparesis
- Severe vomiting
- Pancreatitis

Self expandable metal stent for hilar cholangiocarcinoma and pancreatic cancer



Nasobiliary plastic stent placement



Celiac nerve block

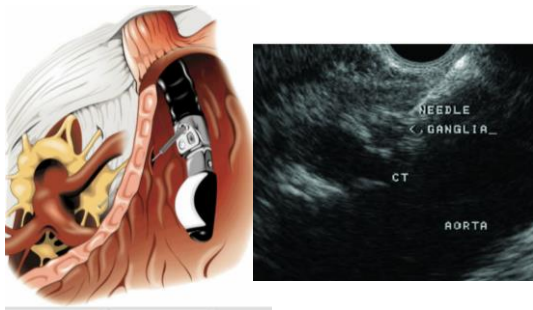


Table 1 Pain relief and techniques used in patients with endoscopic ultrasound-guided celiac plexus neurolysis

Ref.	n	Pain evaluation	Technique of EUS-CPN	Follow-up period (wk)	Pain alleviation
Doi <i>et al</i> ²³ 2013	68	Numeric rating scale	Ganglia vs central	1	73% vs 45%
Leblanc <i>et al</i> ²⁴ 2013	20	Numeric rating scale	Ganglia + central	6	90%
Seicoan <i>et al</i> ²⁵ 2013	32	Brief pain inventory	Central	2	75%
Wiechowaska-Kozłowska <i>et al</i> ²⁶ 2012	29	Numeric rating scale	Central + bilateral	8-12	76%
Wyse <i>et al</i> ²⁷ 2011	48	Likert scale	Bilateral	12	60.70%
LeBlanc <i>et al</i> ²⁸ 2011	50	Numeric rating scale	Central vs bilateral	14	69% vs 81%
Iwata <i>et al</i> ²⁹ 2011	47	Visual analogue scale	Central	1	68.10%
Asuncion <i>et al</i> ³⁰ 2011	64	Numeric rating scale	Ganglia or bilateral	1	50%
Sakamoto <i>et al</i> ³¹ 2010	67	Visual analogue scale	Under celiac trunk	4	33%-93%
Sabai <i>et al</i> ³² 2009	160	Visual analogue scale	Central vs bilateral	1	70% vs 45%
Ramirez-Lana <i>et al</i> ³³ 2008	10	Visual analogue scale	Central	4	72.20%
Levy <i>et al</i> ³⁴ 2008	17	General descriptors	Ganglia	4	94%
Tran <i>et al</i> ³⁵ 2006	10	Numeric rating scale	Central	Not stated	70%
Gonaratanam <i>et al</i> ³⁶ 2001	58	Visual analogue scale	Bilateral	24	78%
Wiersema <i>et al</i> ³⁷ 1996	30	Visual analogue scale	Bilateral	12	79%-88%

Andrada Seicean *World J Gastroenterol* 2014; 20(1): 110-117

Table 2 Immediate and late complications reported for endoscopic ultrasound-guided celiac plexus neurolysis in adenocarcinoma patients

Ref.	No. of procedures	Complications	Indication	Technique	Substance
Muscariello <i>et al</i> ³⁸	1	Retroperitoneal abscess	PC	Not stated	Alcohol + bupivacaine
Gimeno-Garcia <i>et al</i> ³⁹	1	Celiac axis infarction, kidney, splenic, hepatic infarction, death	PC	Bilateral	Alcohol + bupivacaine
Fuji <i>et al</i> ⁴⁰	1	Anterior spinal cord infarction with lower paraplegia	PC	Ganglia + central	Alcohol + bupivacaine
Wiechowaska-Kozłowska <i>et al</i> ⁴¹	29	Hypotension-1 Pain exacerbation-2 Transient diarrhoea-3	PC	Bilateral + central	Alcohol + bupivacaine
Mittal <i>et al</i> ⁴²	1	Anterior spinal cord infarct with lower paraplegia	PC	Ganglia + central	Alcohol + bupivacaine
O'Toole <i>et al</i> ⁴³	31	Hypotension-1	PC	Bilateral	Alcohol + bupivacaine
Levy <i>et al</i> ⁴⁴	17	Pain exacerbation-2	PC	Ganglia	Alcohol + bupivacaine
Leblanc <i>et al</i> ⁴⁵	20	Lightheadedness-1 Transient diarrhoea-2	PC	Central + ganglia	Alcohol + bupivacaine
Doi <i>et al</i> ⁴⁶	68	Transient nausea and vomiting-3 Transient hypotension-3 Upper gastrointestinal bleeding-1 Pain exacerbation-17 Transient diarrhoea-5	PC	Central + ganglia	Alcohol + bupivacaine
Jang <i>et al</i> ⁴⁷	1	Liver and splenic infarction, ischemia of the stomach and small bowel	Pancreatic metastasis	Central	Alcohol + bupivacaine + triamcinolone

Andrada Seicean *World J Gastroenterol* 2014; 20(1): 110-117

Summary

- GI symptoms are commonly presented in patients with end of life care
- Quality of life can be improve by medical and nonmedical measures
- Endoscopic treatments are alternative choices for treatment patient with GI failure, GI obstruction and obstructive jaundice

Thank you for attention