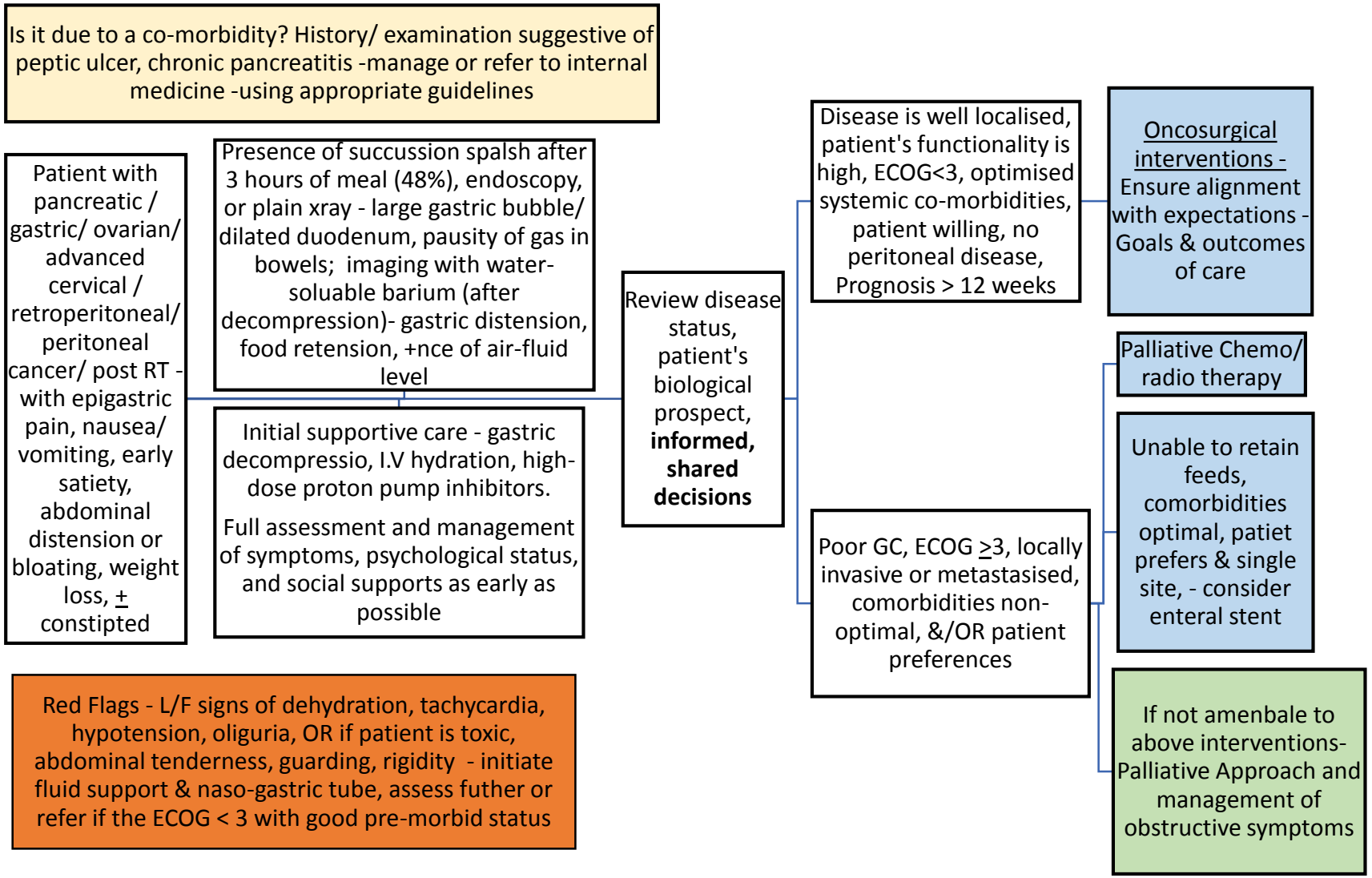
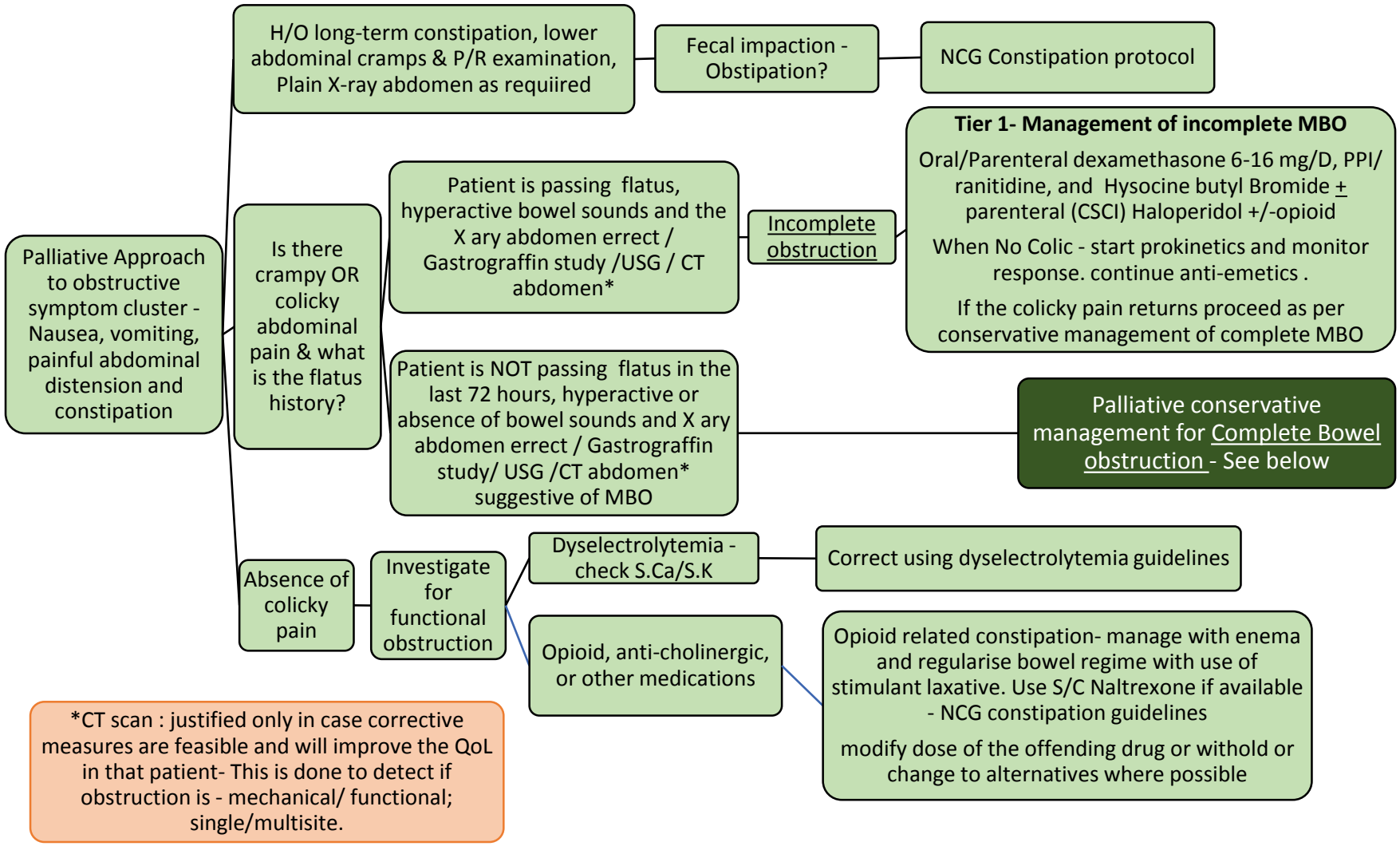
Approach to upper GI obstruction



Released Date: May 2021
National Cancer Grid

Palliative Approach, assessment and Management bowel obstruction which is incomplete



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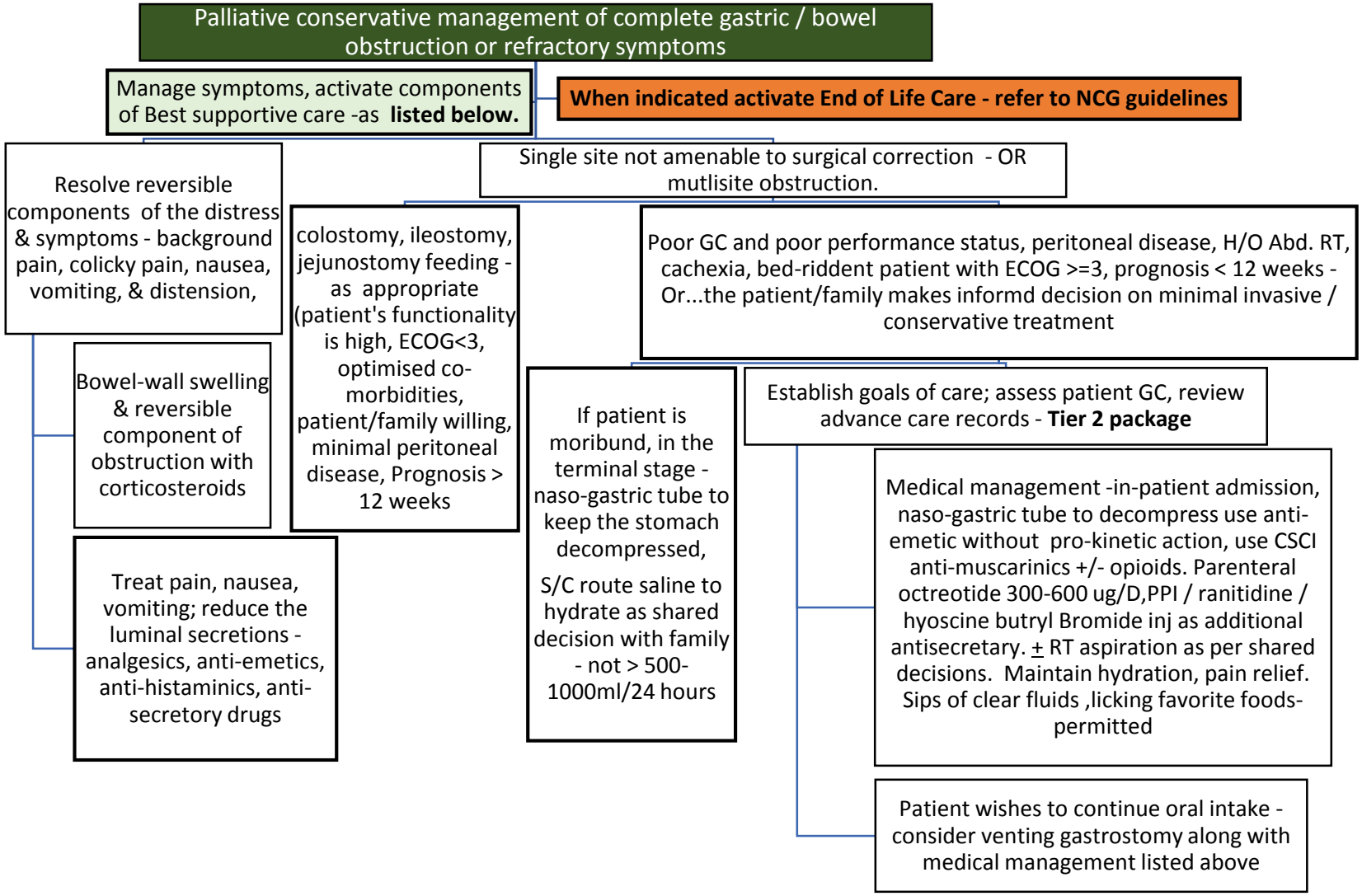
Palliative Care approach and management of Complete Malignant Bowel obstruction



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Medications

Analgesics: Opioids – for the persisting pain due to cancer infiltration

1. Oral morphine- Start with 5mg fourth hourly and SOS in opioid naïve patients
2. Injection morphine titration- e.g.:-1.5 mg iv or s/c fourth hourly or equivalent dose of continuous infusion and titrate accordingly
3. Injection Fentanyl titration-e.g.:- 10mcg iv or s/c every hourly, titrate and convert to continuous infusion
4. Transdermal fentanyl patch- Controlling pain initially with injection fentanyl or morphine and convert to equivalent dose of patch
5. Oral / injection Tramadol- Start with 50mg sixth hourly up to 400mg/day

Anticholinergics/Antisecretory drugs – to reduce the distension & the colicky, spasmodic intermittent pain

1. Injection Hyoscine butyl bromide- 10mg sixth hourly or as Continuous S/C infusion – Max: 120 mg / 24 hours OR as Transdermal patch
2. Hyoscine Hydrobromide – Injection- 0.2- 2.0 mg S/C
3. Injection Glycopyrrolate 0.1 – 0.4 mg per day
4. Octreotide injection as continuous infusion- 300-800 mcg/day
5. Injection Ranitidine as infusion 150-200mg per day- to reduce upper GI secretion & distension

Anti-inflammatory - Steroids

1. Injection Dexamethasone 8-16mg OD (slow iv or 6 mg S/C) Per oral once N/V abates.
    a. Stop Dexamethasone - if there is no improvement in 5 days or side effects appear
    b. If obstructive symptom relieves - wean gradually over 2 weeks
2. Gastrografin (amidotrizoate) – oral contrast medium per oral – in selected patients to shift fluids from wall into the lumen and relieve obstruction

Antiemetics

1. **Prokinetic antiemetics – Stop if there is colic, or vomiting worsens → complete obstruction**
    a. Oral/injection metoclopramide- 10mg 4-8th hourly optimal up to 30 mg / 24 hours Max: up to 40 mg / 24 hours
    b. Domperidone – mouth-dissolving, rectal suppositories
2. **Antiemetic without prokinetic action**
    a. Oral/injection Haloperidol- 0.5 mg once daily to start with and slowly titrate up – Max up to 5 mg / 24 hours
    b. Cyclizine – 50 – 150 mg / 24 hours as Continuous S/C infusion or as intermittent S/C injection
    c. Combine Haloperidol + Cyclizine
    d. 5HT3 antagonists – parenteral Ondansetron 8mg three times a day

Laxatives - Refer protocol for Palliative care management of constipation

Fluids, electrolytes – for correction of Dyselectrolytemia / hydration (only if significantly dehydrated monitored for 3rd space expansion

Supportive care

Symptom management

- Demonstration and education on mouth care using luke-warm water with salt & soda – for thirst, oral symptoms & nausea

Communication

- Check insight. Communication with patient and family members regarding prognosis, and care options
- Informed supported, shared decision making and documentation
    a. Palliative surgery
    b. Preferred place for care, benefit/ risk of parenteral hydration, nutrition,

MDT referrals

- Emotional support – to patient/family
- End of life care – symptom relief, emotional, legal required preparation of patient, family – unfinished business, religious / spiritual care
- Dietician – small volume, low -residue food , drink ; jejunal feeds
- Nursing – care of bed ridden patient, enteral / parenteral feeds, procedures

Procedures

- Palliative Surgical interventions – colostomy, ileostomy, feeding jejunostomy, venting gastrostomy – as appropriate
- For associated Ascites - judicious decision on paracentesis – refer to the NCG guidelines
- Minor Nursing procedures
    - P/R Examination and rectal suppositories - done in OPD, or during day-care admission
    - Regular enema - Few hours of day-care admission may be needed in OPD. Using local anesthetic, lubricate the end of phosphate enema fluid and administer inside the rectum

- High up enema - Few hours of bed needed. 2 sachets of Phosphate enema is placed high up beyond the rectum after connecting to well lubricated 16G catheter
- Naso-gastric tube insertion and aspiration - 14 G Nasogastric tube aspirate the contents from the stomach.
- Intravenous or subcutaneous injections and infusions - Procedure done during admission. Use the recommended dosage of medications through syringe pump, syringe driver or normal IV drip set.