

Abstract Preview - Step 3/4

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Category: Other Symptoms

Title: Malignant intestinal obstruction - treatment and ethical dilemmas in palliative medicine

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Text: **The aim of the article** - The treatment of intestinal obstruction in the terminal stage of the disease for patients placed in hospice is a challenge that physicians are faced in palliative medicine. The selection of the patients for operative or conservative treatment should be based on thorough evaluation of advancement of disease, expected life time, quality of life, desicion of patient and family members.

Methods and statistics - At hospice total of 165 patients with malignant intestinal obstruction were treated in the period 2005-2010; 86 with colon cancer, 22 with gastro cancer, 19 with genital cancer, 10 with cancer of the pancreas and the other with metastatic changes from other sides. From all the patients that got obstruction during their placement in hospice, 57 were subjected for surgical treatment; the remaining patients were treated conservatively.

Results - Only seven of all patients who had undergone surgical treatment lived more than 60 days; but at four of them again occasionally partial intestinal obstruction occurred. At 19 patients, who were operated, the following complications had appeared: wound infection and dehiscence, sepsis, fistula enterocutanea, bleeding and pulmonary embolusmus. 53 patients were conservatively treated with proximal nasogastric tube decompression, two with PEG, and the remaining with drug therapy -antiemetic, antisekretolitics, and one patient was given octreotide.

Conclusion - Recommendations for conservative versus surgical treatment for patients with malignant bowel obstruction in advanced stage are still divided. The decision should be based on a multidisciplinary approach between the physician in hospice, surgeon, oncologist, the patient and his family.

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