

Better management of chronic GI symptoms: mobilising the multi-disciplinary team

Clare Shaw, Consultant Dietitian

Ann Muls, Nurse Consultant for late effects

Introduction

- What happens after cancer treatment?
- What are the problems?
- Who can help?
- Case study to illustrate



Physical impact



Psychosocial impact



What do patients need help with?

- Physical symptoms – diarrhoea, faecal incontinence, urgency to open bowels.
- General impact of incontinence
- Role of the individual
- Physical function
- Social function
- Personal relationships
- Emotional impact
- Sleep / energy
- Severity/ coping mechanisms



Coping mechanisms used by women

- Use of medication to control bowels
- Use of protection device such as panty-liners, incontinence pads
- Changes in diet
 - Advice from health care professionals including dietitian
 - Self imposed dietary changes
 - avoidance of certain foods
 - active choice of foods
 - change to ‘healthy eating’
 - avoidance of wholemeal foods, fruit and vegetables
 - skipped meals

Abayomi et al, 2009

Dunberger et al, 2011





Case study



Life demands excellence

Case study: Mr W.

- 82 y, male
- Adenocarcinoma of oesophagus diagnosed in 2007 (aged 78 at time of diagnosis)
- Pre operative chemotherapy which was poorly tolerated
- Ivor Lewis oesophagectomy
- Normal bowel function prior to surgery



Mr W - 6 months post surgery

- Weight loss
- Worsening diarrhoea, opening bowels 5-6x/day
- Woken from sleep to open bowels
- Increased urgency to open his bowels
- Episodes of faecal incontinence
- Feeling of not emptying bowels completely
- Stool is greasy (steatorrhoea)
- Excessive wind and burping
- Urinary urge incontinence
- Fatigue
- Abdominal pain
- Heartburn
- Episodes of feeling unwell which improved on rest and eating



Mr W - diagnoses

- Investigations showed
 - Bile acid malabsorption (SeHCAT scan)
 - Vitamin B 12 deficient
 - Late dumping (hypoglycaemia diagnosed with testing of blood sugar)
 - Small intestinal bacterial overgrowth



Other issues identified:

- Urinary frequency with urge incontinence
- Financial implications of using incontinence materials
- Running out of supply of incontinence materials
- Washing machine has broken down
- Body image problems and loss of independence



How to manage?

*Information
presentation*

*Collaboration
& sharing*

*Multidisciplinary
approach*

*Decision
making
process
& flexible
response*



Kane et al. (2011)

TEAMWORK ... BETTER FOR ALL

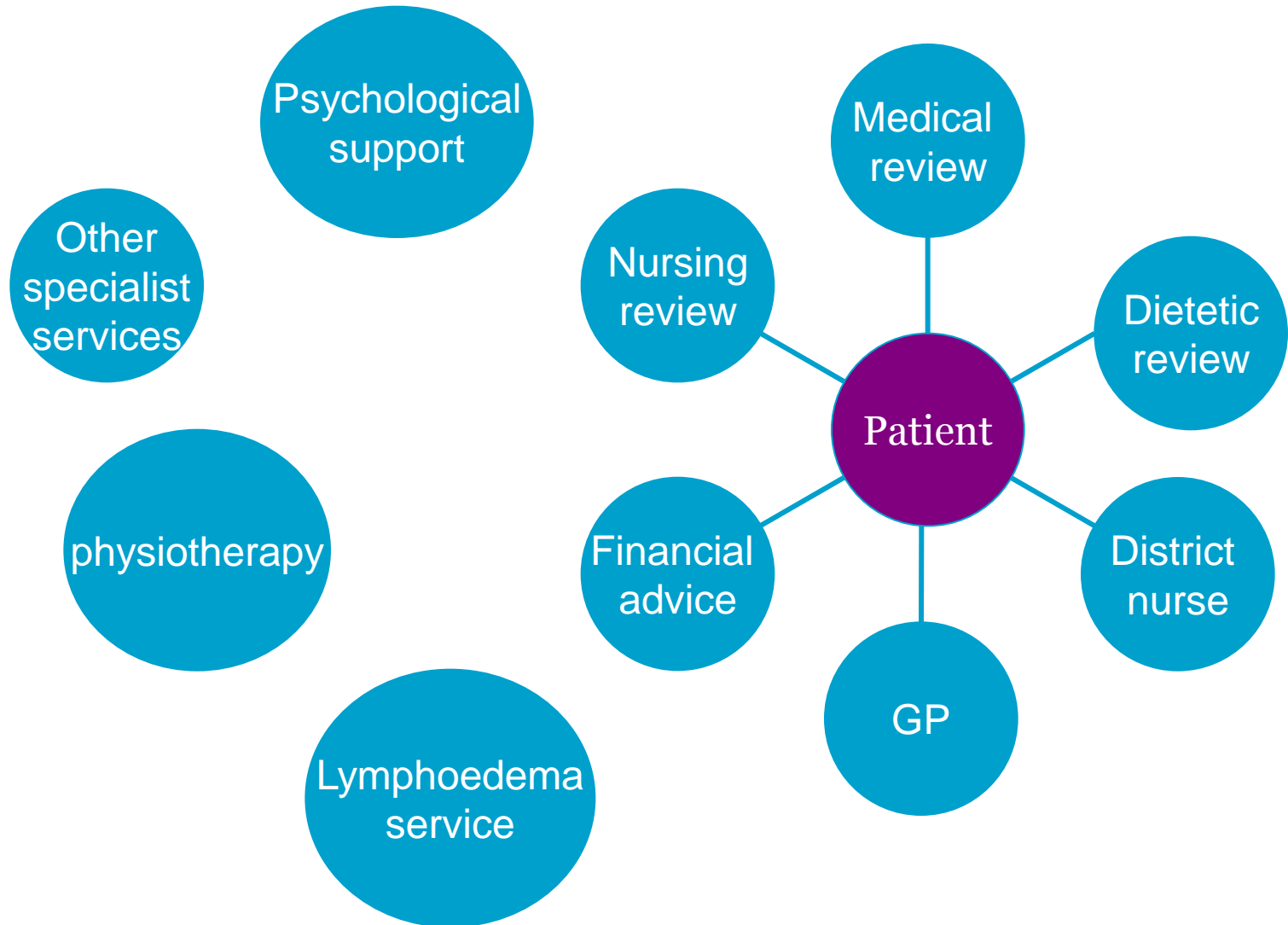


Team Management (TM)MIL™ team management thoughts and inspiration by Douglas and Jonathan G. Francis. Published by DYNAMIC INC., 5040, Indus Road, New Cairo 11822, Tel: 4027617, 4026412, Fax: 4017544, 4017545, 4017546. Website: www.TeamManagement.com

1 of 6 Copyright ©



So who can help this patient?



Medical management

- Colesavelam for BAM
- Review recent blood test results: no significant problems identified
- Test recurrence of SIBO:

Breath test

If positive, upper GI endoscopy with aspirate to establish sensitivity of bacteria

Treat with course of antibiotics



Dietetic management

- Nutritional assessment
 - Dietary intake and meal pattern
- Dietary advice
 - Food choice in patient with reduced capacity
 - Weight loss – high energy intake to address weight loss
 - Home circumstances – cooking / shopping
 - Use of nutritional supplements
 - Diagnosis and management of late dumping – advice on meal timing and intake of complex carbohydrate foods with a low glycaemic index
 - Vitamin and mineral intake / absorption including vitamin A and D (risk of osteoporosis with Vitamin D deficiency)
 - Vitamin B12 injections every 3 months



Nursing management: Physical aspects

- Urinary infection excluded.
- Urinary urge incontinence is also linked to having more difficulty to postpone defaecation, resulting in faecal incontinence (Wyndaele et al., 2011).
- Fatigue: Hb within normal limits. Not sleeping well due to going to the toilet and worrying.
- Abdo pain related to opening bowels after eating, resolves spontaneously. Has tried buscopan but does not find this very helpful.
- Mobile and managing independently with ADLs



Nursing management: other aspects

- Financial: problems with providing funds for new washing machine and incontinence materials.
Has state pension.
- Psychological: fully orientated in time, place and person. Mr W. has a full understanding of his previous diagnosis and the effects of his cancer treatment. He feels his wife is very understanding but also struggles to cope with his loss of independence.
- Social: Lives with his wife and has 2 adult sons who are very supportive.



Suggestions for management

- Life style changes: controlled but regular exercise
- Pelvic floor muscle exercises for improving bladder control
- Scheduled toilet training
- Consider anti-muscarinic medication (Thüroff et al. (2011). ie oxybutinin 2.5mg BD
- Referral to DN service for incontinence materials
- Request a Macmillan patient grant to assist in buying a new washing machine
- Suggest benefits advice through local services: SS, local charity, citizen's advice bureau.



Summary

- Treatment for cancer has the potential to create ongoing physical, psychological and social problems for the patient
- Require investigation
- Holistic management is only achieved by using the whole strength of the multi-disciplinary team.

"The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."

-Thomas Edison, Inventor (1847-1931)



References

- Abayomi JC et al (2009) Coping mechanisms used by women in an attempt to avoid symptoms of chronic radiation enteritis. *Journal of Human Nutrition and Dietetics* 22: 310-316
- Abayomi J et al (2009) The prevalence of chronic radiation enteritis following radiotherapy for cervical or endometrial cancer and its impact on quality of life *European Journal of Oncology Nursing* 13: 262 – 267
- Dunberger G et al (2011) Loose stools lead to fecal incontinence among gynecological cancer survivors *Acta Oncologica* 50: 233-242
- Kane, B. & Luz, S. (2011) Information Sharing at Multidisciplinary Medical team Meetings. *Group Decision and Negotiation*, 20(4): 437-464
- Thüroff et al.(2011) EAU Guidelines on Urinary Incontinence. *European Urology*, 59: 387-400
- Wyndaele et al (2011) Lower bowel function in urinary incontinent women, urinary continent women and in controls. *Neurology and Urodynamics*, 30: 138-143

