Vomiting in Cancer

10 top tips

1. Causes are often multiple and may not be related directly to cancer – e.g. urinary tract or other infection, medication, the vomiting cycle of anxiety and distress.

2. Always consider hypercalcaemia (and potential for reversal) when a cancer patient is nauseated/vomiting especially when there is confusion or constipation present.

3. Remember oro-pharyngeal candidiasis as a potential cause, treat with Nystatin for one week and if ineffective change to Fluconazole 50mg for one week and review.

4. It may be best to obtain control by parenteral route (syringe driver) and then convert to oral.

5. Avoid using multiple anti-emetics unless there is a clear reason to do so but particularly avoid the following combinations if possible as they are antagonistic: Cyclizine or Buscopan with Metoclopramide or Domperidone.

6. Opioids may initially cause transient nausea often related to gastric stasis. Prokinetics (Domperidone or Metoclopramide) may help but an alternative would be Haloperidol.

7. Chemotherapy and radiotherapy induced nausea/vomiting are usually treated with Ondansetron (melts available) or Granisetron but these are constipating.

8. Cyclizine is recommended for nausea/ vomiting related to raised intracranial pressure. It can be given subcutaneously but can cause skin irritation.

9. Haloperidol is used for chemical/ metabolic causes of vomiting (e.g. uraemia and hypercalcaemia) and it may also ease distress and related vomiting cycle. If ineffective, Levomepromazine may be used (25mg Levomepromazine tablets can be quartered for a starting dose of 6.25mg).

10. Intestinal obstruction not amenable to surgical intervention including stents may respond to use of hyoscine butylbromide (Buscopan), to reduce secretions and colic, in combination with Cyclizine or Haloperidol for nausea and vomiting. Have a low threshold for discussing the patient with the specialist team who may recommend Levomepromazine as a second line antiemetic. Consider docusate for reversible constipation and dexamethasone for treating gut wall oedema. Octreotide +/– NG tube may have a role.

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