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

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Introduction

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

- Fatigue
- Equipment feeding tubes
- Changes in appearance
  - Reduced taste
  - Lymphoedema
  - Long recovery time
  - Difficulty with personal ADLs
- Fatigue
- Equipment colostomies
- Long recovery time
- Flatulence
- Tingling and numbness in the feet
- Equipment
- Reduced comprehension
- Difficulty gaining weight
- Limited meal size
- Equipment
- Able to do less
- Difficulty with domestic ADLs
- Fatigue
- Swallowing
- Visual disturbances
- Equipment
- Debilitated
- Reduced enjoyment of food and drink
- Unpredictability of symptoms
- General discomfort
- Somnolence
- Equipment
- Less strong
- Pain
- Difficulties
- Weight loss
  - Diarrhoea
  - Poor sleeping
  - Incontinence
- Diarrhoea
- Loss of hair
- Bowel irritation
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

Abayomi et al, 2009
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
seeking a new normal

- individualised tailored support
- Adjustment to the new normal
- Information about the condition
- physical and psychosocial impact
Case study
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 B₁₂ 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
So who can help this patient?

- Psychological support
- Medical review
- Nursing review
- Financial advice
- GP
- District nurse
- Dietetic review
- Other specialist services
- Physiotherapy
- Lymphoedema service
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


- 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


