Role of the Anaesthetist/Pain Consultant in Palliative Care Medicine

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Dame Cicely Saunders 1918-2005

- Founder of the hospice movement
- Initiator of regular administration of opiates
- Introduced idea of “total body Pain”
- Established culture of palliative care

Where is cancer pain managed?

- Hospital
- Oncology units
- At home
- Hospice
- Specialist palliative care unit
- Nursing home

Preferred place of death

- Over 90% people would choose to die at home
- 70% of all deaths occur in institutions in developed countries (Corr et al. 1997)
- 56.2% male deaths, 51.7% female deaths occur in hospitals in UK


What does specialist pain management have to offer in palliative care?

- Assessment of complex cases
- Interventional techniques

- Specialist knowledge of treating different types of pain eg neuropathic pain, CRPS
- TENS, Acupuncture
- Psychological aspects of pain management
- Sedation
- Management of non malignant pain
- Opioids, specialist knowledge, different routes of administration

Assessment of complex cases: Case Study

- Mrs DH 58 years, pain not well controlled with opioids
- Anorectal carcinoma, abdomino-perineal resection, chemo, pelvic recurrence with presumed colovaginal fistula
- Deep perineal pain
- Buttock pain more on left than right
- Partial incontinence of urine
- Walking normally

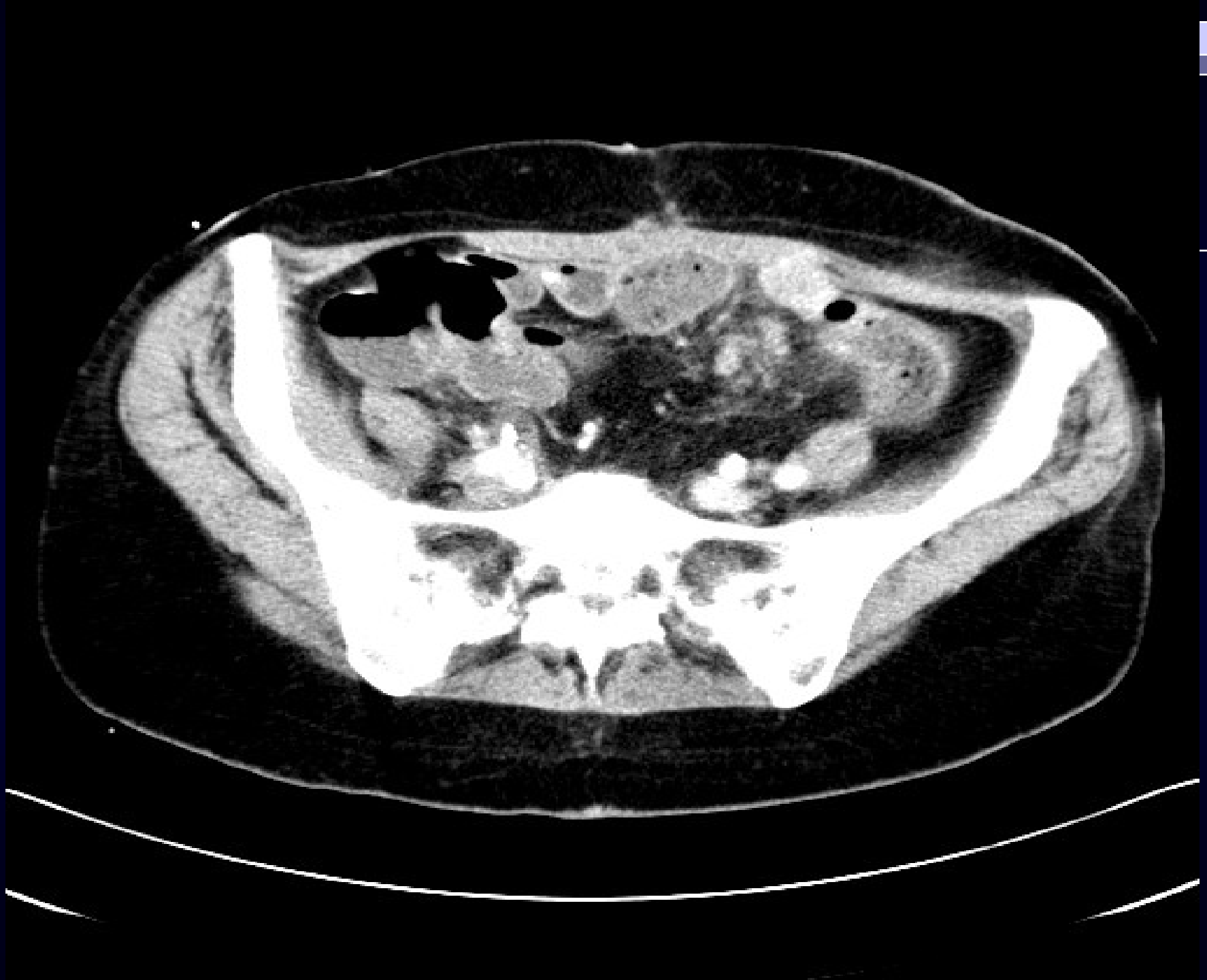

great Fanta taste
zero added sugar

Pain Management

- Intrathecal injection of phenol for perineal pain with good result, but buttock pain persisted
- Tunnelled epidural inserted; good pain relief, possible later implanted pump
- 4 days later, fever, drowsiness, confusion
- UTI treated with trimethoprim
- Transferred from hospice to hospital with possible epidural infection
- CRP 156, Hb 8.3, WCC 10.8, neutrophils 8.8, normal creatinine, urea

- Epidural site clean
- CT scan:

- *Hydronephrotic right kidney, stent running down a dilated ureter ending in a thick walled collection in the pre-sacral region measuring 8x7cm. Filled with material and air bubbles and erodes into sacrum with possible connection with vagina or base of bladder.*
- *Two small liver, one peritoneal deposits*
- *Bilateral pulmonary emboli*
- *Right common iliac thrombus*



What next?

- Anticoagulate?
- CT guided drainage of pelvic abscess
- Epidural left in situ
- Returned to hospice
- Epidural removed, no recurrence of pain

Further progress

- Swelling of right leg
- One dose of heparin, frank haematuria
- Hypercalcaemia, treated with pamidronate
- Recurrent fever, buttock pain
- Fentanyl 4x100mcg/hour patches, Oramorph 200 mg for breakthrough pain, gabapentin, metronidazole
- What next?

Interventional techniques

- Neuraxial
  - Intrathecal or epidural opiates and local anaesthetics
- Sympathetic blocks
  - Stellate ganglion, coeliac plexus, lumbar, superior hypogastric, ganglion of impar
- Plexus blocks
  - Brachial, lumbar
- Intrathecal phenol
- Cordotomy

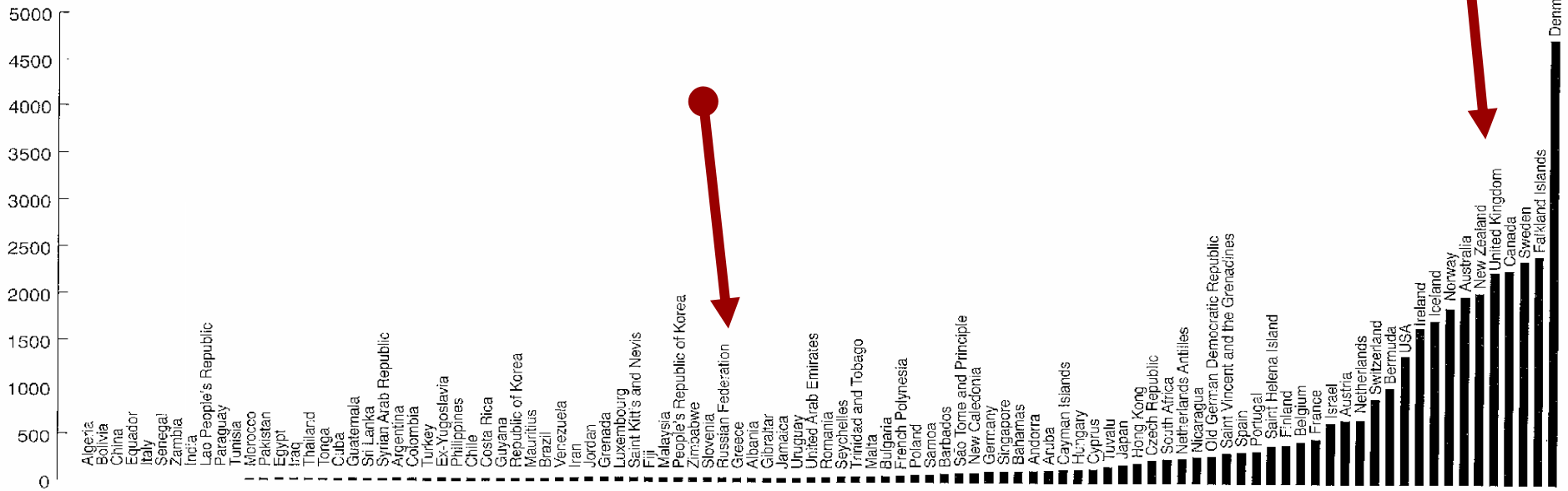
Examples of available opioids

- Buprenorphine
- Codeine
- (Dextromoramide)
- (Dextropropoxyphene)
- Diamorphine
- Dihydrocodeine
- Dipipanone
- Fentanyl, alfentanil, sufentanil, remifentanil
- Hydromorphone
- Meptazinol
- Methadone
- Morphine
- Oxycodone
- (Pentazocine)
- Pethidine
- Tramadol
- (Tapentadol)

Routes of administration

- Oral
- Rectal
- Transdermal
- Transmucosal
- Parenteral
  - Subcutaneous, intramuscular, intravenous
- Neuraxial
  - Epidural, intrathecal

Daily consumption of morphine per million inhabitants; International Narcotics Control Board 1995



Barriers

- Legislation
- Availability of drugs
- Professional
  - Unwilling to consult
  - Refer difficult cases only
- Financial
- Unwillingness to change

Kay et al. Provision for advanced pain management techniques in adult palliative care: a national survey of anaesthetic pain specialists. Palliative Medicine 2007; 21:279-284

- Referral rates from palliative medicine to pain clinics were low
- 31% respondents received >12/year
- Joint consultations rare
- 25% pain anaesthetists had time allocated for palliative medicine
- Total interventions estimated at <1,000/year

Summary

- Persevere and carry on fighting the battles
- Campaign for the availability of oral morphine
- Educate, educate, educate
- Start in hospitals
  - Consider audit of pain in cancer
- Hospices and specialist units grow out of the need for palliative care
- Communicate and build on successes
- Takes 20 years!