Northern Health Palliative Care



Malignant Bowel Obstruction

Definition

Bowel obstruction occurs when there is blockage of the forward flow of gastric and intestinal contents through the gastrointestinal tract and can occur in the large or small bowel. Bowel obstructions may be partial or complete, acute or insidious and reversible or irreversible. This may occur due to tumour growth, adhesions, carcinomatosis, fecal impaction, pharmacotherapy and/or neuropathy.

Assessment

Ongoing comprehensive assessment is the foundation of effective management of bowel obstruction, including:

- Symptom assessment using O-V (See page 100 in the Symptom Management Guidelines)
- Medication review
- Physical assessment
- Medical and surgical review
- · Psychosocial review
- Review of appropriate diagnostics

Assessment must determine the cause, effectiveness and impact on quality of life for the patient and their family.

Diagnosis

Identifying the underlying etiology of bowel obstruction is essential in determining the interventions required.

References

NH PC symptom guidelines (2008)2nd Ed. P99-104 Victoria Hospice Society (2008) Medical Care of the Dying p. 301-353

Clinical symptoms

- Pain, may be constant, crampy, colicky
- Abdominal distention
- · Nausea and vomiting
- Bowel sounds are usually altered and may be tympanic, high pitched, diminished or absent
- Fatigue
- Anorexia
- Overflow diarrhea with partial obstruction
- Absence of feces and flatus in complete obstruction

Education

Involve the patient and family in discussions. Reinforce information so that appropriate decisions regarding disease modifying or symptom modifying therapies can be made.

P.I.N.S Acronym: Pharmacological Treatment

P: Pain (opioids)

I: Inflammation (dexamethasone)

N: Nausea (haloperidol)

S: Secretions (octreotide)

Nonpharmacological treatment:

- NPO initially
- Surgical options (resection, bypass, stenting, colostomy/ileostomy venting gastrostomy if irreversible)
- Good regular mouth care
- Artificial hydration (patient specific depending on PPS, if the obstruction is complete or incomplete, and patients goals of care)