

Ostomy Fistula and Palliative Care for Patient with Malignant Tumors in Advance Cancer

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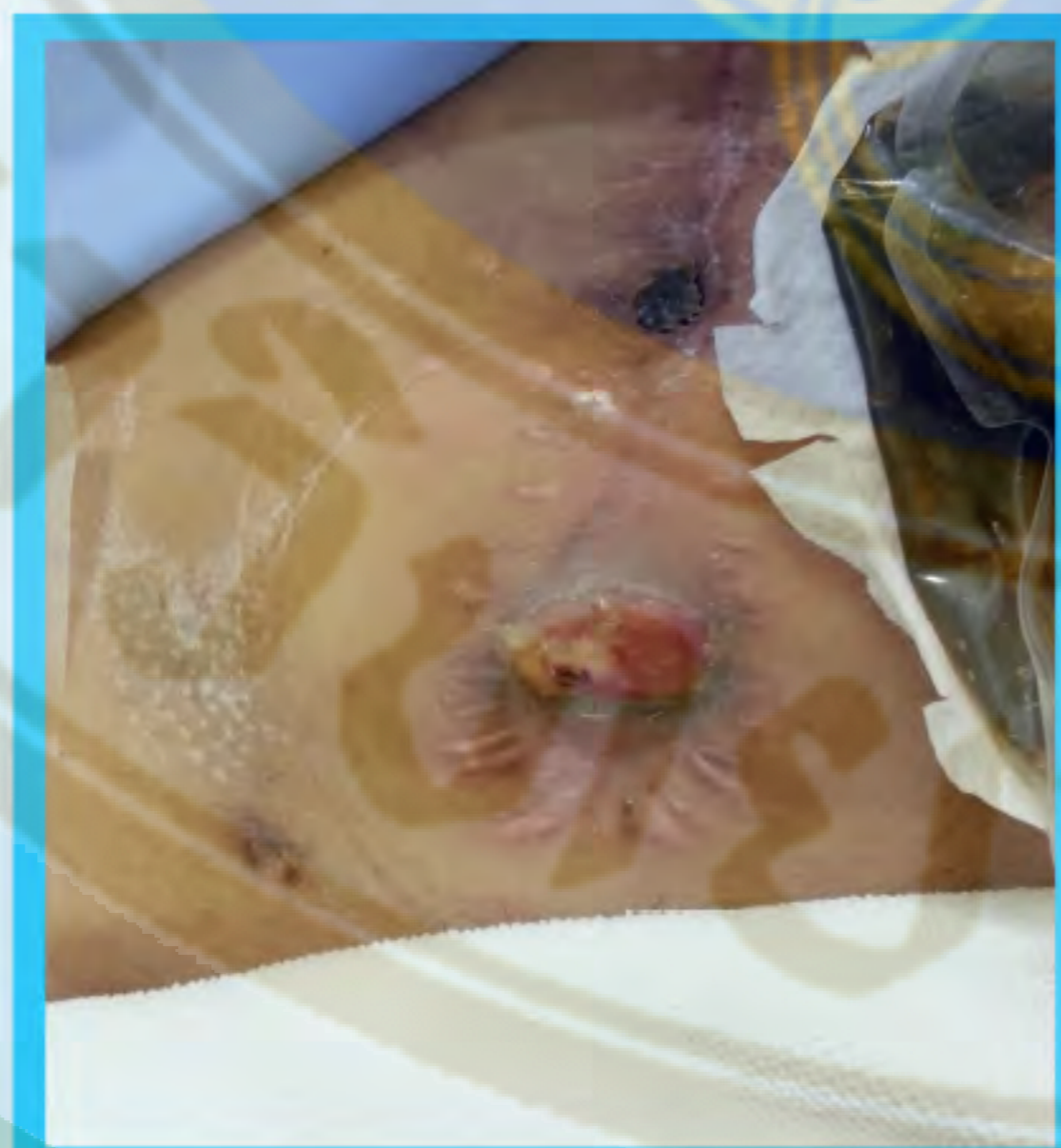
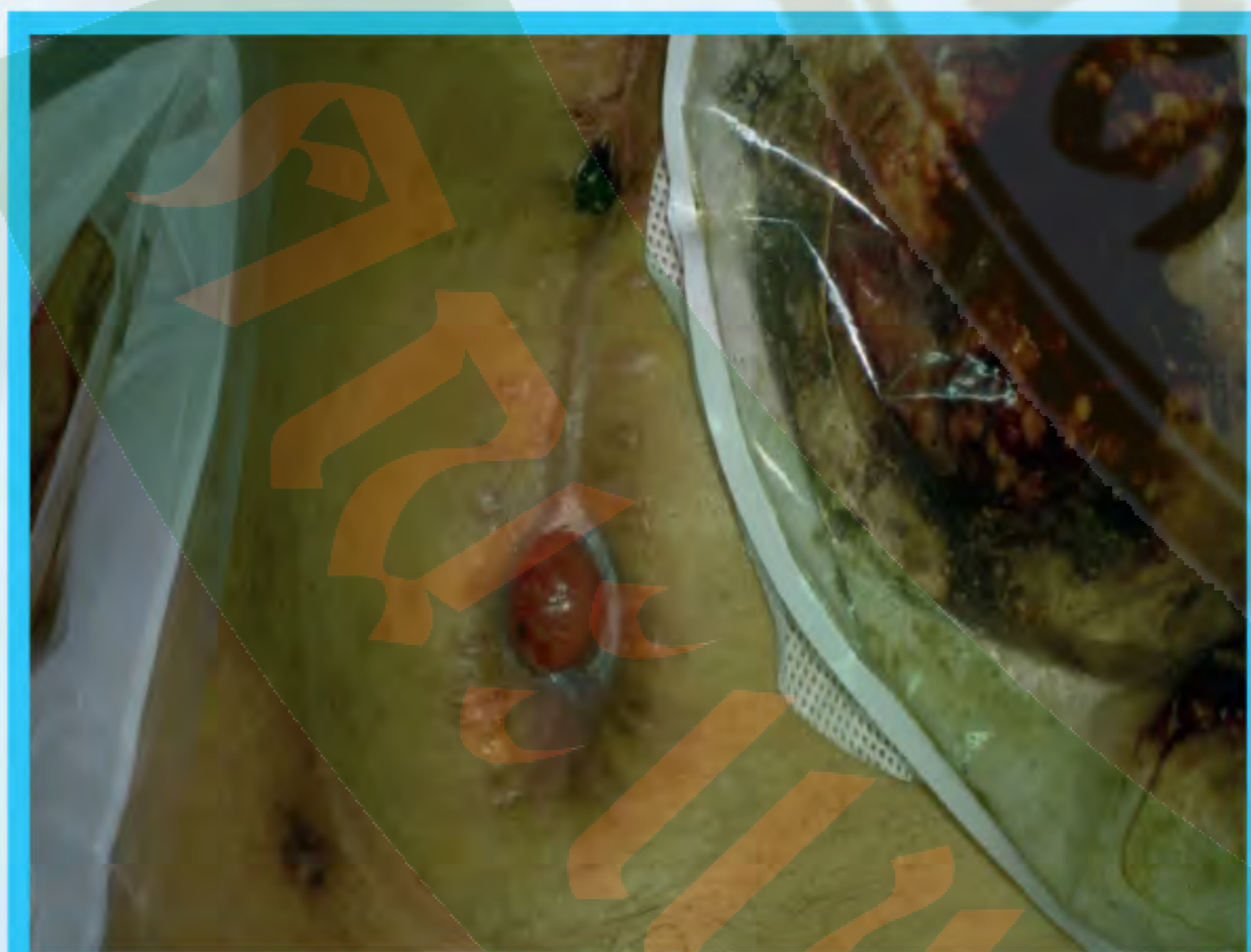
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Malignant Tumors in Advance Cancer present both physical and emotional challenges to the patient, family, caregiver and even the most experienced ET nurse. These ostomy and wound may be associated with pain, odor, effluent, bleeding. The management goal of palliative care is to relieve suffering and provide the best possible quality of life for people facing pain, many of these symptoms as possible because these tumors cannot be surgically removed, it is not expected to heal and stresses of terminal illness.

In a representative case study, a young woman with a large malignant stoma on left lower abdomen. After 1 week she developed Colocutaneous Fistula at below umbilical. They grow very quickly and have a cauliflower appearance.

These malignant tumors can be quite painful and odorous; they produce large amounts of effluent. She was unable to sleep all time and anxiety about others can smell them. Pain control with continuous morphine 6mg/hr and Patient Anesthesia Control (PCA) with morphine 8mg/hr via intravenous, on total parenteral nutrition via central line. Adhesive remover was chosen because it helps decrease the pain by removing old pouch.

Apply Skin barrier Paste at Perifistula then used 2 big flexible appliances for collecting large amounts of effluent from ostomy and fistula, and control odor by Odor neutralizer.



Touch, emotional support and understanding are very importance for patient and family distress. Last day of life I told her "If u are so tried, please sleep my dear and do not worry about everything".

Successful management of malignant tumors involves the combined effort of all members of the healthcare team, including patient and family, along with the correct use of appropriate products.