

Supportive Care Following Surgery

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Related Diseases Symposium
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Goal for the Next 30 Minutes

Discuss Common Concerns in Supportive Care

- **Grief**
- **Pain**
- **Nausea / Constipation / Diarrhea**
- **Anxiety / Depression**
- **Fatigue / Tiredness**
- **Decision making**

Grief

Grief is described as a troubling sense of loss.

Often related to:

- **Death of a loved one**
- **Illness of a loved one**
- **Disappointment over lost hopes/dreams in one's life or in the life of a loved one**
- **Negative Feelings: Grief is typically associated with negative feelings like: sadness, fear, depression, anger, anxiety, and guilt.**
- **Positive Feelings: Can still experience positive emotions like: happiness, gratitude, peace, serenity, acceptance.**

Grief

- **It is usual to experience grief and a sense of loss when one receives diagnosis of pancreas cancer, for example (or another cancer)**
- **Both patient, family and friends will feel grief and sadness**
- **This is normal**
- **It may be surprising to the family that the affected person feels grief; they may try to protect the family from their grief**
- **They are sad at the prospect of losing their life**

Grief

- **Grief can also present an opportunity for personal and spiritual growth**
- **It is possible to still experience positive emotions in life even in the face of grieving**
- **It is ok for everyone to find happiness in the joyful parts of their life and those events and moments should be enjoyed and cherished**



Grief Management

- Sometimes we need professional help to allow ourselves to feel both the negative and positive emotions while grieving (pastors, social workers, nurses, counselors, psychiatrists).

Useful Strategies:

- Consider what you are grateful for (can you think of 3 things)
- Re-focus: Ask yourself- given everything that has happened, what matters most to me at this point in my life?
- Try to create an environment in the home that allows for expressions of grief (negative and positive) (it's ok to feel sad, can we talk about it?)
- Engage in distracting activities to promote positive feelings (shopping, movies, music, walking, keeping a journal, etc.)



Pain Management

Factors to Consider:

- ❖ **Phase of disease? Operative, post-op**
- ❖ **Cause of pain?**
e.g. Biliary obstruction, constipation, tumor invasion, pre-existing conditions? (arthritis, back pain)
- ❖ **Pain experience so far?**
- ❖ **What has worked before?**

Pain: 3 Step Treatment

(World Health Organization)

Step 1: (Pain Level 1 -2 /10)

- NSAIDS (Ibuprofen, Naproxyn)
- Acetaminophen
- Tricyclic antidepressants, muscle relaxants

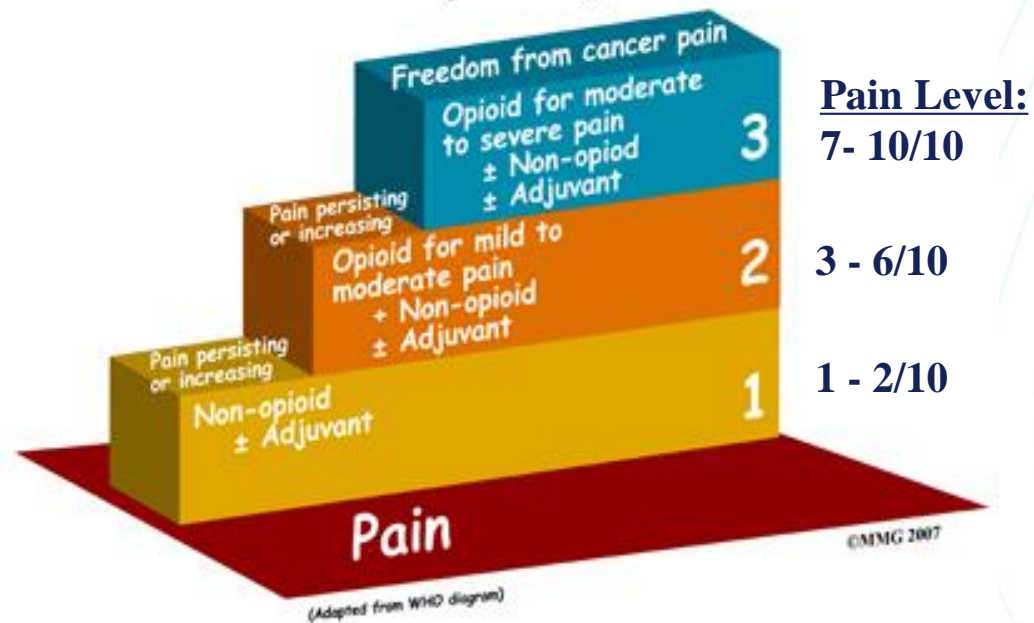
Step 2: (Pain Level 3 - 6 /10)

- Step 1 + Opiates:
(Percocet - Oxycodone)

Step 3: (Pain Level 7 -10/10)

- Step 1 + Stronger Opiates:
Dilaudid, Morphine, Fentanyl

WHO Three-Step Analgesic Ladder



Non-Pharmacologic Interventions

- ❖ Distraction techniques
- ❖ Relaxation techniques
- ❖ Guided imagery
- ❖ Therapeutic touch/massage
- ❖ Reiki
- ❖ Acupuncture
- ❖ Magnets
- ❖ Cutaneous nerve stimulation

(Non-pharmacologic interventions can be complimentary and work with meds in providing not just pain relief but stress & anxiety reduction)



Management of Nausea / Vomiting Constipation / Diarrhea

AVOID:

- ❖ Greasy foods
- ❖ Spicy foods
- ❖ Hard to swallow foods
- ❖ Strong odors
- ❖ Lying down flat after eating to reduce reflux
- ❖ Avoid wearing tight clothing

Management: Nausea / Vomiting Constipation / Diarrhea

OK:

- ❖ Hard candies (but watch sugar)
- ❖ Salty foods – pretzels, crackers
- ❖ Flat carbonated drinks
- ❖ Cool or room temperature foods and drinks
- ❖ More fiber foods and protein - fewer carbs
- ❖ 5 small feedings a day- grazing



Management: Nausea / Vomiting Constipation / Diarrhea

❖ Antiemetics

- Zofran
- Compazine
- Reglan
- Scopolamine

❖ Beware of Constipation

- Keep hydrated
- Colace, Senna, Dulcolax, Magnesium Citrate, Milk of Magnesia
- consider decreasing creon

❖ Diarrhea

- Can easily get dehydrated
- Creon, Imodium



Anxiety and Depression- Symptoms

Beware The 2 H's:
Hopelessness and
Helplessness

- ❖ Worthlessness
- ❖ Guilt

- ❖ Suicidal
- ❖ Abandoned by God or
- ❖ Sign from God
- ❖ Failure to Trust



Management: Anxiety and Depression

Meds:

- 1) SSRI - **Prozac, Lexapro, Paxil, Zoloft**
 - 2 - 4 weeks before feeling of relief
 - Best for DGE and urinary retention
- 2) Tricyclic - **Sinequan, Tofranil**
 - Watch for sedation
- 3) Psychostimulants -
Methylphenidate, Modafinil
 - Rapid onset – may assist with appetite, fatigue, well-being

- **Professional counseling**
- **Pastoral services**
- **Social work**
- **Support Groups**

Management of Fatigue / Tiredness

- In a study that we conducted of 102 people with pancreas cancer, we found that a low to moderate intensity walking program **improves cancer-related fatigue, pain and reduces depression and anxiety. (2012)**
- **Start with an individualized walking program-**
- **We recommend a low to moderate intensity walking program**
(See 3 phase exercise prescription- See next slide)

Modified From: Every Step Counts- A Walking Exercise Program for Persons Living with Cancer (Mock,1996)

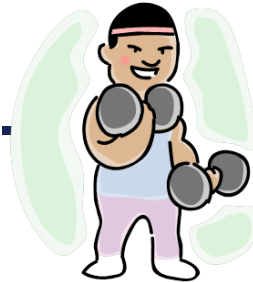
(Sample Program)

Name:

Month 1	Phase 1: Warm-up	Walk slowly for:	2 – 5 minutes
Dates:	Phase 2: Brisk Walking	Walk more briskly for:	5 - 10 minutes
	Phase 3: Cool Down	Walk slowly for:	5 minutes
Month 2	Phase 1: Warm-up	Walk slowly for:	2- 5 minutes
Dates:	Phase 2: Brisk Walking	Walk more briskly for:	10- 20 minutes
	Phase 3: Cool Down	Walk slowly for:	5 minutes
Month 3	Phase 1: Warm-up	Walk slowly for:	2- 5 minutes
Dates:	Phase 2: Brisk Walking	Walk more briskly for:	20 -30 minutes
	Phase 3: Cool Down	Walk slowly for:	5 minutes

Recommendations Regarding Exercise: Resistance Exercise-Weight lifting

- **Start Low, Go Slow!**
- Use 1 - 2 pound hand weights, or
- Exercise bands (come in 4 strengths)
- Exercise Upper Body-arms, shoulders, abs, back
- Exercise Lower Body-hips, legs



- Work out at home or with a Certified Trainer or Cancer Rehabilitation Specialist
- Progress at own pace
Goal: 1 - 2 times week

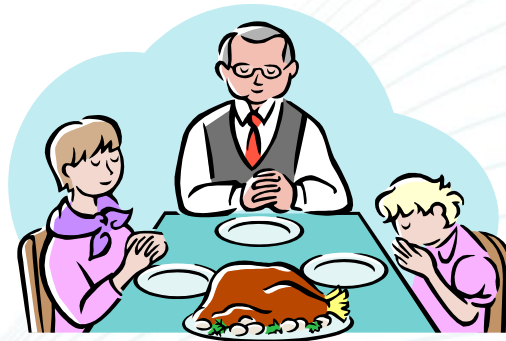
Management of Fatigue / Tiredness

- ❖ **Pilates and yoga: Start with beginner classes and work up to more challenging classes**
- ❖ **Medications may or may not be helpful unless have anemia or low white blood cell count**

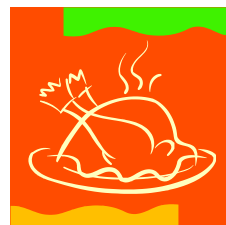


Designated Decision Maker

- Power of attorney
 - Health care proxy
 - Designated “spouse, son or daughter”
 - Many names for the designated decision maker—
-
- **Bottom Line: Hard to know what your loved one wanted if don’t talk about it!**
 - **The difference between a good death and a hard death may rest on whether or not the loved one’s wishes had been known and respected.**



- **Thanksgiving coming up- perfect time to start the conversation**
- **E.g. “I may have to make some decisions for you one day, what do you want?”**
- **“I know this is hard to discuss, but it is important...”**





Second-hand Chemotherapy

- Questions raised about risk of toxicity from chemo for family members / intimate partners
- There are currently **no studies** indicating that chemotherapy has caused health problems in family members
- Unborn babies and young children would be most at risk
- **Recommend that men wear condoms during intercourse for 48 hours after receiving chemotherapy and avoid deep kissing or:**
- **Avoid intercourse for 48 hours following chemotherapy**
- **Flush toilet twice in the 48 hours following chemo administration**
- **Men should sit to urinate to avoid splashing**

Second-hand Chemotherapy

- **Concern over chemo drugs in water supply- still active drugs can be found in urine, feces, vomit, saliva, tears and semen**
- **Can make their way into the environment through sewage and water systems**
- **No evidence of direct human harm according to the EPA**
- **May be some ecological harm**

Disease Progression

“The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick.”

“Failure to understand the nature of suffering can result in medical intervention that fails to relieve suffering but becomes a source of suffering itself.”

(when is enough enough?)

Eric J. Cassell



What is a Good Death? (From the View Point of the Individual)

- ❖ Maintain dignity
- ❖ Be Kept Clean
- ❖ Comfortable with their nurse and doctor
- ❖ Someone who will listen
- ❖ Know what to expect
- ❖ Opportunity to name Decision Maker
- ❖ Financial Affairs in Order
- ❖ Trust physician
- ❖ Free of Pain
- ❖ Maintain sense of humor
- ❖ Say goodbye to people
- ❖ No shortness of breath
- ❖ Free of Anxiety

Palliative and Hospice Care

- ❖ Both of these are multi-disciplinary interventions to alleviate symptoms and treatments that enhance comfort of serious, chronic or terminally- ill persons.
- ❖ Palliative care can start immediately after diagnosis.
(Medicare, insurers usually cover)
- ❖ Hospice care defined as 6 months (or less) of expected life
(Medicare covers)

Palliative and Hospice Care

Focus on Quality of Care

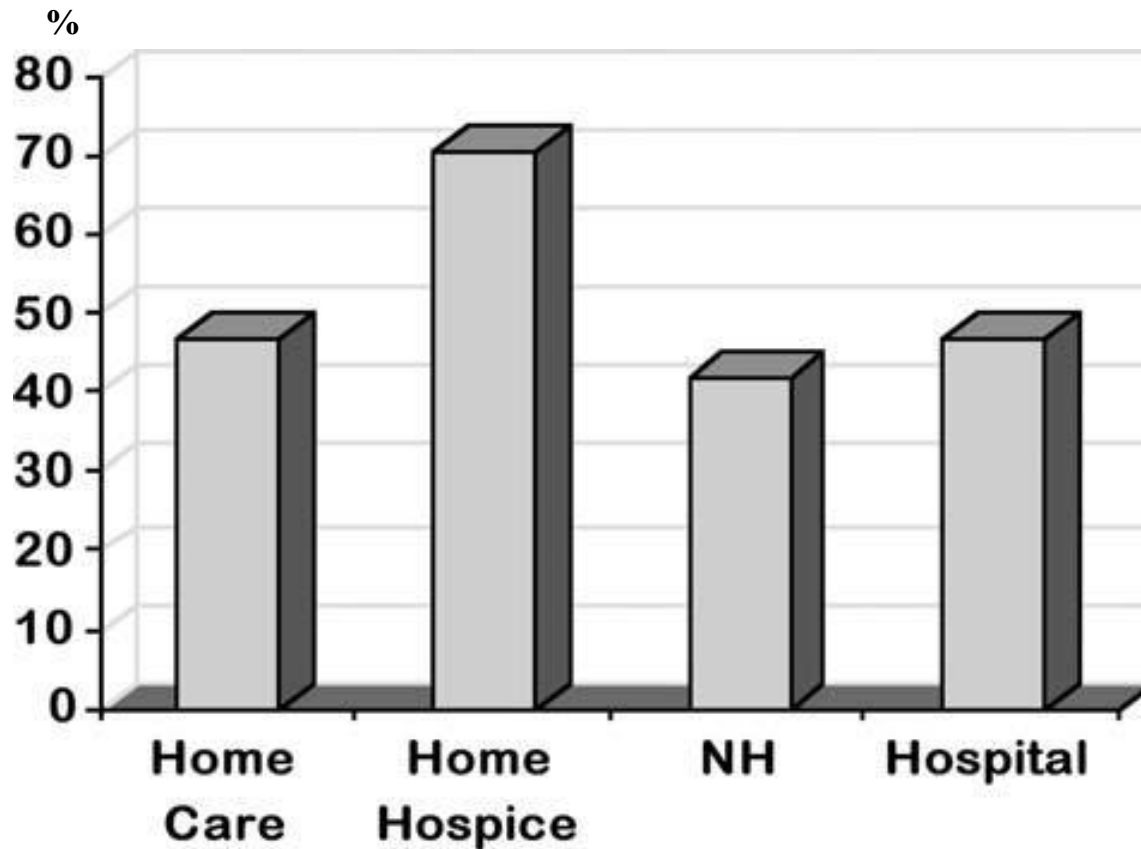
Goals:

- ❖ Have a care plan to meet the individuals ongoing needs
- ❖ Pain control
- ❖ Being home with loved ones
- ❖ Allow people to connect with meaning in their lives

Provided in:

- ❖ Patient's home
- ❖ Freestanding hospice centers
- ❖ Hospitals
- ❖ Long Care facilities

Family Rating of End of Life Care



Degree to which family rated end of life care as “excellent” in by care setting



How to Get Assistance with These Services- in PA:

- **Jefferson Myrna Brind Center for Integrative Services**
- **Jefferson Palliative Care Services- inpatient service**
- **Senior Adult Oncology Service at Jefferson**
- **Main Line Health**
- **Palliative Care Services at Pennsylvania Hospital and HUP**
- **EverCare in the greater Philadelphia region**

How to Get Assistance with These Services- NJ

- Samaritan
- Moorestown VNA
- VITAS

**Have a Positive Attitude
During Recovery....**



Thoughts?



Don't Face a Pancreatic Cancer Diagnosis Alone



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