NURSE LED PARACENTESIS FOR PALLIATIVE CARE PATIENTS IN THE HOME SETTING IN A LOW- AND MIDDLE-INCOME COUNTRY: A CASE SERIES

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Background Ascites in palliative care is associated with numerous distressing symptoms and can affect the quality of life of patients. Management of ascites-related symptoms is challenging especially in cancer patients due to the lack of evidence of response to diuretics. Abdominal paracentesis offers quick symptomatic relief but generally requires transfer to hospital for outpatient interventional radiology which is not easily available or financially feasible for patients in low- and middle-income countries.

Methods We present the results of the retrospective analysis of case notes of patients referred to our palliative care unit for nurse led paracentesis from November 2018 till date. These patients have an ultrasound confirmed ascites and first paracentesis in hospital setting. They are then referred for continuation of paracentesis at home.

Results Out of the eighty patients with median age of 65 (38–96) seen by palliative care team at home, 59% were male, 47% had cancer (Hepatocellular 37%, Ovary 11%). Fifty-five (69%) of patients had less than 5 interventions while two (3%) had more than twenty interventions. The median number of days under the care of palliative care team was 29 (3–712) were. Out of the twenty (25%) patients who are alive at the time of reporting, 75% are continuing with procedure while in 15% it was stopped as ascites resolved. There were no immediate post procedure complications though two (3%) had one episode of hospital admission with spontaneous bacterial peritonitis from which they recovered. Among the patients who had died, the median duration of referral to palliative care service before death was 33 (8–494) days.

Conclusion Nurse led home-based palliative paracentesis is a safe, effective, and convenient intervention for hospice and palliative care patients with symptomatic ascites.

OBJECTIVE ASSESSMENT OF CANCER-RELATED FATIGUE, CARDIAC MUSCLE AND AUTONOMIC NERVOUS SYSTEM FUNCTION IN A PALLIATIVE POPULATION: A FEASIBILITY STUDY

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Introduction Cancer-related fatigue is a common symptom whose pathophysiology may involve dysfunction of cardiac muscle & autonomic nervous system (ANS).

Aim Assess feasibility of objective measurement of fatigue, cardiac muscle & ANS function in a palliative population.

Methods Consecutive participants with cancer recruited from palliative outpatient clinic. Fatigue measured subjectively (brief fatigue inventory [BFI]) & objectively (grip strength, timed-up-and-go [TUG], sit-to-stand [STS]).

A 2D transthoracic echocardiogram assessed cardiac function (systolic: ejection fraction [EF]; diastolic: isovolumic relaxation time [IVRT], LV filling velocities [E/A]). Myocardial strain analysed using EchoPAC software.

Heart rate variability (HRV) recorded for five minutes each of spontaneous & paced breathing. SDNN: standard deviation of RR intervals; RMSSD: Root mean square of successive differences. Active stand identified postural hypotension. Participants completed an acceptability questionnaire.

Results 10 participants, 7 female. Mean age: 66 years (57–71). Cancer types: Lung, colorectal, breast, gastric, ovarian. Metastatic disease: n=10. BFI ≥ 3 (indicating fatigue): n=7

Median (Range) BFI 4.2 (0–8.9). Grip strength (kg force) 18 (9–39). TUG (s) 9 (7–23). STS (no. in 30s) 10 (0–15)

Ejection fraction normal 67.5%. Grade I diastolic dysfunction present (E/A 0.8, IVRT 96ms).