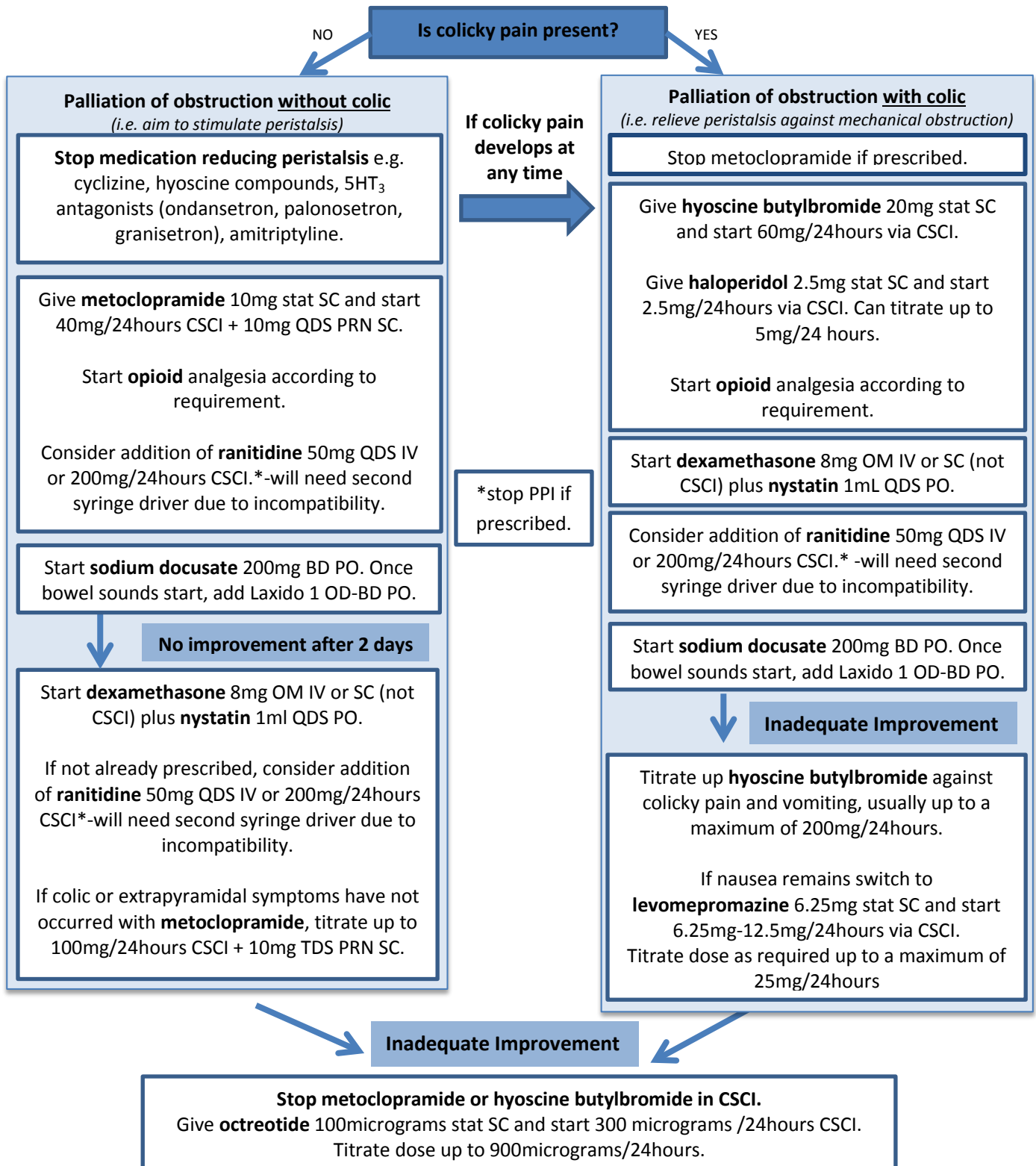


### Malignant Bowel Obstruction for Palliative Patients

- Malignant bowel obstruction (MBO) is due to mechanical obstruction (partial or complete) of the bowel lumen and/or peristaltic failure.
- Commonly occurs with carcinoma of the ovary or bowel.
- The management of obstruction is particularly difficult; please refer early to the Specialist Palliative Care Team (SPCT).
- Symptoms of MBO include: vomiting, abdominal distention and colicky or constant abdominal pain.
- Suggest subcutaneous continuous infusion (CSCI) where possible as GI absorption is likely to be poor.

Rule out opioid-induced constipation as a causative factor.  
Consider surgery, chemotherapy and stenting; discuss with surgeons, oncologists and SPCT.

**Ensure patient is adequately hydrated throughout management & electrolytes are appropriately corrected. Consider decompression with NG tube.**



**Medication Guidance:**

Drug	Purpose	Comments
Dexamethasone	To reduce peri-tumour oedema, reduce gastric secretions and improve nausea and vomiting.	Administer before 15:00 to reduce sleep disturbance. Monitor blood sugar levels.
Haloperidol	To reduce nausea and vomiting.	Monitor for extrapyramidal side effects. Take care if patient on medication that prolongs QT time.
Hyoscine butylbromide	To reduce smooth muscle spasm (and so reduce colic pain) and reduce nausea and vomiting. Also has an anti-secretory effect.	Anticholinergic antiemetic so monitor for antimuscarinic side effects. Avoid in patients with severe heart failure.
Laxido (or other macrogol)	To continue to treat and prevent constipation.	Only to be used once patient has bowel sounds. Patient must be able to tolerate liquid volume (1 sachet requires 125mL of water).
Levomepromazine	To reduce nausea and vomiting.	Monitor for extrapyramidal side effects and excessive drowsiness. Monitor for postural hypotension.
Metoclopramide	Prokinetic; aims to stimulate peristalsis.	Stop if colic develops. Monitor for extrapyramidal side effects. Take care if patient on medication that prolongs QT time.
Nystatin	To prevent oral candida developing while on dexamethasone.	Administer after food (to ensure liquid coats the mouth and has time to act locally).
Octreotide	To reduce nausea and vomiting and gut secretions.	A somatostatin analogue.
Ranitidine	Reduction in gastric secretions; gastric protection.	Preferred to PPI; meta-analysis showed superior reduction in upper gut secretions when using ranitidine at lower doses <sup>2,3</sup> .
Sodium docusate	To soften stool allowing movement through a narrowed lumen and prevent additional constipation.	Other stool softening laxatives are to be avoided as they increase stool volume via osmosis and so worsen intestinal distension. Stop all oral laxatives if completely obstructed.

**General Guidance:**

- Avoid high fibre foods.
- Maintain good mouth care.
- In complete bowel obstruction decompression with NG tube can be helpful if tolerated.
- The need for clinically assisted nutrition needs to be assessed on an individual basis.

**References:**

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