

---

---

# PALLIATIVE SURGERY: INCIDENCE AND OUTCOMES

---

---

VIRGINIA SUN AND ROBERT S. KROUSE

---

---

**OBJECTIVES:** *To describe the goals of treatment, decision-making, incidence, and outcomes of surgical palliation in advanced cancer.*

**DATA SOURCES:** *Journal articles, research reports, state of the science papers, and clinical guidelines.*

**CONCLUSION:** *Surgical palliation is common in advanced cancer settings, and is indicated primarily in settings where the goals of treatment are focused on quality of life, symptom control, and symptom prevention. More research is needed to guide evidence-based best practices in palliative surgery.*

**IMPLICATIONS FOR NURSING PRACTICE:** *Oncology nurses practicing in clinical and research settings have a responsibility to arm themselves with knowledge related to the indications and options of palliative procedures, and the impact of surgery on quality of life for patients and families facing advanced cancer.*

**KEY WORDS:** *Palliative care, surgery, incidence, outcomes, quality of life*

**P**ALLIATIVE surgery is defined as surgical intervention in patients with incurable malignancy for symptoms attributable to their cancer.<sup>1</sup> Palliative surgical care is increasingly recognized as an important component of comprehensive cancer care. Studies from a

tertiary cancer center showed that 12.5% of cases were done with a palliative intent,<sup>1</sup> while 40% of inpatient surgical consultations met the criteria for palliative evaluation.<sup>1,2</sup> Additionally, in a survey of cancer surgeons, it was estimated that 21% of all surgical procedures for cancer patients are for palliation.<sup>3</sup> The diverse surgical indications to improve quality of life (QOL) in advanced cancer patients include hormonal imbalance, malignant fluid re-accumulation, obstructions, tumor bleeding or other local complications, and pain.<sup>4</sup> These may be caused by the many various primary or metastatic cancers. The resulting symptoms are often debilitating, and patients experience a significant amount of distress, which may often severely impact QOL.<sup>5-7</sup> The benefits of palliative surgery should always focus on QOL, symptom control, and symptom prevention.<sup>4,6</sup> This article describes the goals of treatment, decision-making, incidence, and QOL outcomes of surgical palliation, with a focus on the most common indications for

---

Virginia Sun, RN, PhD: Assistant Professor, Division of Nursing Research and Education, Department of Population Sciences, City of Hope, Duarte, CA. Robert S. Krouse, MD, FACS: Professor of Surgery, University of Arizona College of Medicine, Tucson, AZ; Staff General and Oncologic Surgeon, Southern Arizona Veterans Affairs Health Care System.

Address correspondence to Virginia Sun, RN, PhD, Assistant Professor, Division of Nursing Research and Education, Department of Population Sciences, City of Hope, 1500 East Duarte Road, Duarte, CA 91010. e-mail: [vsun@coh.org](mailto:vsun@coh.org)

© 2014 Elsevier Inc. All rights reserved.

0749-2081/3004-836.00/0.

<http://dx.doi.org/10.1016/j.soncn.2014.08.005>

surgical palliation in patients with advanced cancer.

### **GOALS OF PALLIATIVE SURGERY: DECISION-MAKING, QOL OUTCOMES, AND SURVIVAL**

For patients contemplating palliative surgery, the primary decision-making factor has been shown to be the physical impact of uncontrolled symptoms. While surgical risks are inherent and may influence decision-making, patients often consider surgery as their best option.<sup>4</sup> Secondary factors for decision-making included the social impact of symptoms and maintenance of hope.<sup>8</sup> Family caregivers typically participate in the decision-making process, and they experience similar disruptions in overall QOL pre-operatively. Family distress is common both in the pre- and post-operative setting and uncertainty is the most significant spiritual well-being concern.<sup>9</sup> Similarly, a study of patients with malignant gastric outlet obstruction requested patients to list and rank factors influencing their choice of palliative intervention.<sup>10</sup> Patients listed physician's recommendation and the desire to eat and drink normally as the most important factors influencing their decision. Such studies may ultimately identify the optimal outcome in palliative surgical assessment.<sup>11</sup>

The benefits and risks of surgical procedures are always of paramount importance, in the patient with advanced cancer. Frequently, survival is a secondary benefit of surgical palliation that should be considered. This is clearly an important goal for patients and families, even in the setting of incurable disease. Unfortunately, the literature frequently focuses exclusively on survival as an endpoint, leaving clinicians with little information on an intervention's impact on QOL.<sup>7</sup> A major dilemma in palliative surgery is the identification of measures of success. The surgical literature has been a poor guide for decision-making for this population of patients. Outcome measures related to QOL and symptom distress are not clearly defined and documented. Historically, the limited focus on palliation in the surgical literature has often been remiss in examining appropriate QOL outcomes.<sup>12</sup> This is in contrast to the more common outcome measures of physiologic response (69%), survival (64%), and morbidity and mortality (61%). While it is imperative to understand these outcomes, they should not be the

primary focus of palliative procedures, as they may not equate with an improvement in QOL.<sup>7</sup>

A series of studies conducted at the City of Hope focused on describing patient and family caregiver needs, decisions, and outcomes related to palliative surgery. The Decisions and Outcomes of Palliative Surgery (DOPS) study aimed to describe symptom relief and QOL in patients and family caregivers are not undergoing palliative surgery. As part of the overall project, a qualitative study of patients, family caregivers, and surgeons was conducted. Participants were interviewed pre-surgery and 2 to 4 weeks following surgery. The findings demonstrated that the physical impact of uncontrolled symptoms is the primary motivation to consider palliative surgery for both patients and family caregivers.<sup>8</sup> Physicians revealed their challenges in maintaining patients' health while trying to communicate an honest assessment of their status.<sup>8</sup> Subsequent prospective descriptive studies of patients and family caregivers who were candidates for palliative surgery were conducted to assess QOL, symptoms, and the decision-making process. When compared with patients, family caregivers had similar disruptions in overall QOL pre-operatively. Family distress in the social well-being domain worsened over time, and the most significant spiritual well-being concern was a sense of uncertainty.<sup>5</sup>

Nurses can play an integral role in caring for patients and families in palliative surgery settings. This role is not only focused on managing physical symptoms and complications from surgical palliation, but also supporting treatment decision-making as well as caring for the needs of family caregivers. With meticulous comprehensive nursing care, physical, psychosocial, and spiritual distress can potentially be prevented or avoided.

### **COMMON INDICATIONS FOR SURGICAL PALLIATION**

The common indications for surgical palliation include malignant bowel obstruction (MBO), gastric outlet obstruction, wound/fistula, biliary obstruction, malignant ascites, and tumor-related bleeding. These indications and signs and symptoms for surgical palliation are listed in [Table 1](#).

#### ***Malignant Bowel Obstruction***

MBO is the most common indication for palliative surgical consultation.<sup>1</sup> It occurs most

Download English Version:

<https://daneshyari.com/en/article/2676193>

Download Persian Version:

<https://daneshyari.com/article/2676193>

[Daneshyari.com](https://daneshyari.com)