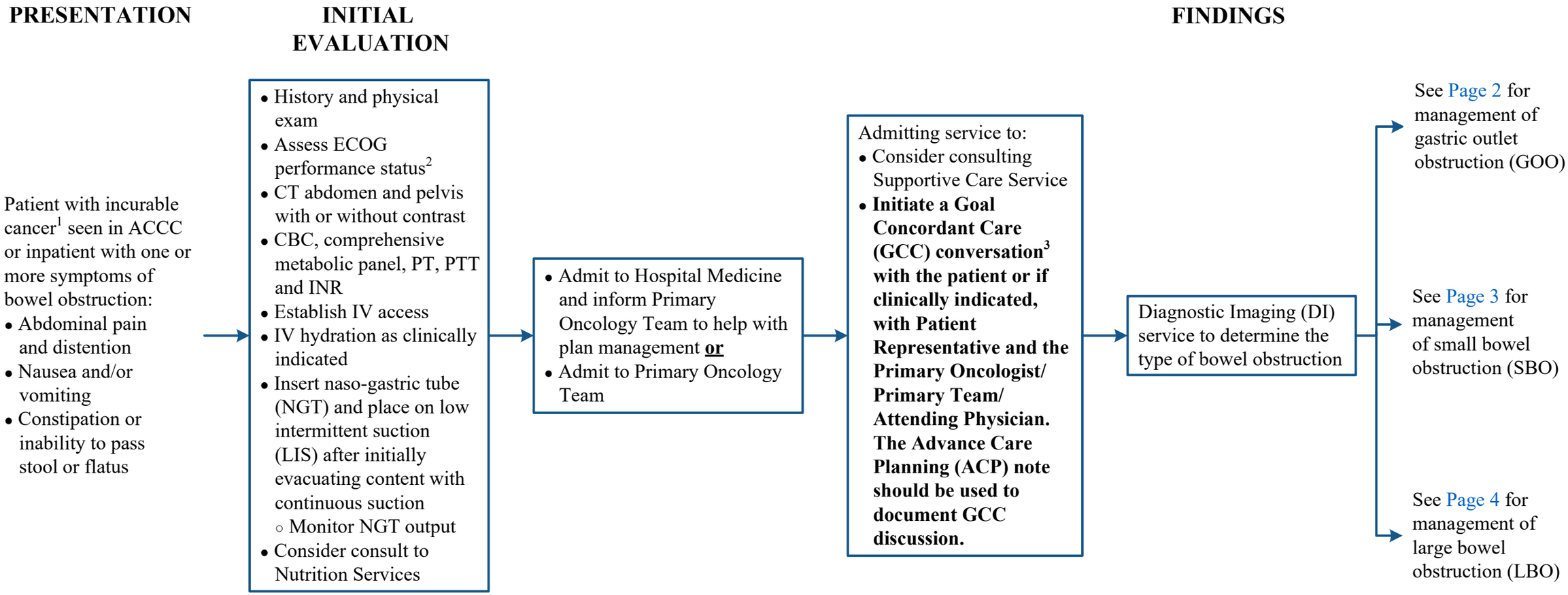
Palliative Management of Bowel Obstruction

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*



ACCC = Acute Cancer Care Center
ECOG = Eastern Cooperative Oncology Group

[1] This algorithm excludes patients with a new oncologic diagnosis and those without a current oncologic treatment plan. Clinicians may refer to primary oncologist's note for details on prognosis and Goal Concordant Care.
[2] Patients with a poor performance status (ECOG score of 3 or 4) are not surgical candidates
[3] **Refer to GCC home page (for internal use only)**

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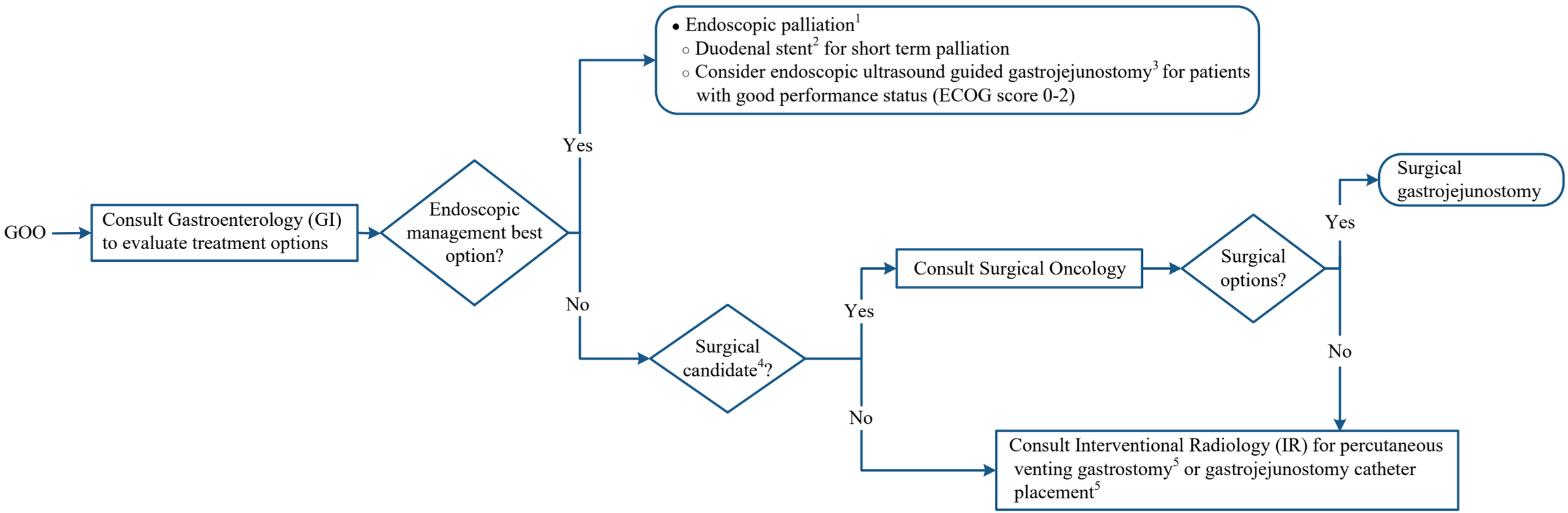
PRESENTATION **EVALUATION** **TREATMENT**



[1] Optimize patient before endoscopic procedure:
- NGT with LIS for 24 hours prior to the procedure
- Electrolyte replacement if indicated
- Lab parameters: Platelet count > 50 K/microliter, INR < 1.5, Hgb > 8 g/dL

[2] Duodenal stents are a good option for short term palliation. Duodenal stents have high rates of delayed adverse events and require re-interventions.

[3] Discuss with Surgical Oncology prior to procedure, as complications may lead to surgery

[4] Patient with good performance status (ECOG score of 0-2), and expected survival > 6 months

[5] Optimize patient before IR procedure: Platelet count > 50 K/microliter, INR < 1.5, Hgb > 8 g/dL

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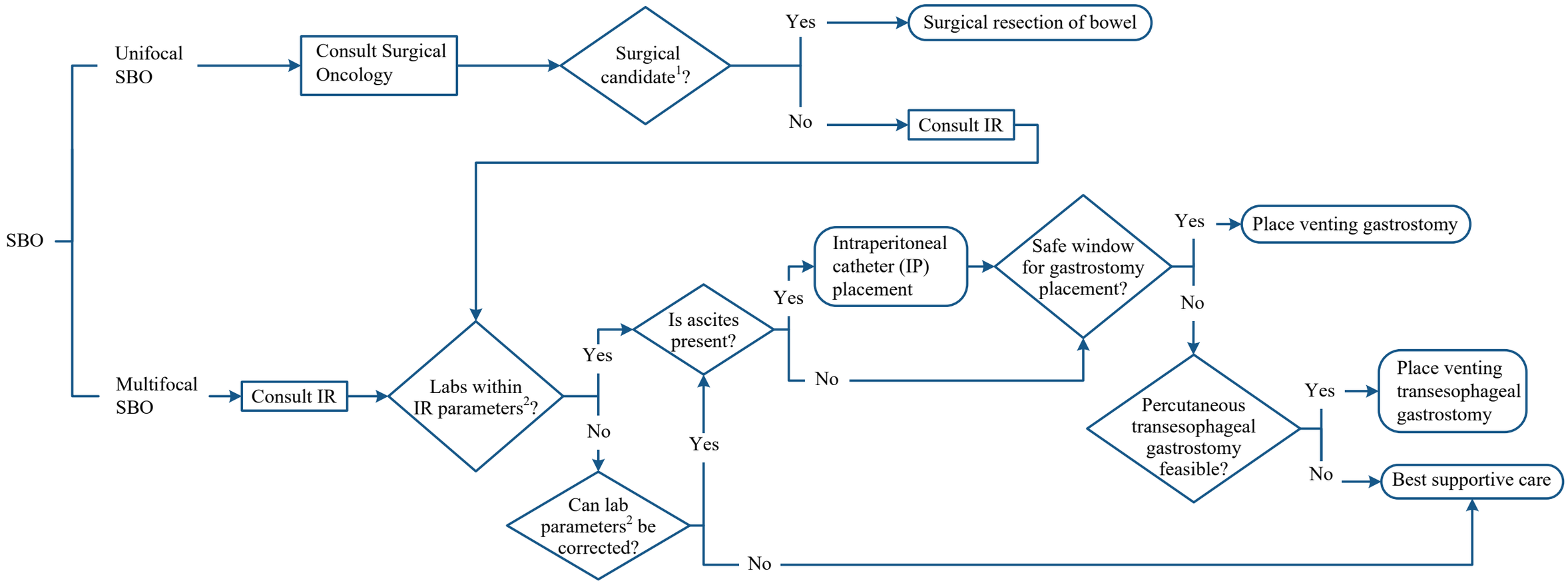
PRESENTATION **EVALUATION** **FINDINGS** **TREATMENT**



[1] Patient with good performance status (ECOG score 0-2), and expected survival > 6 months
[2] Lab parameters: Platelet count > 50 K/microliter, INR < 1.5, Hgb > 8 g/dL

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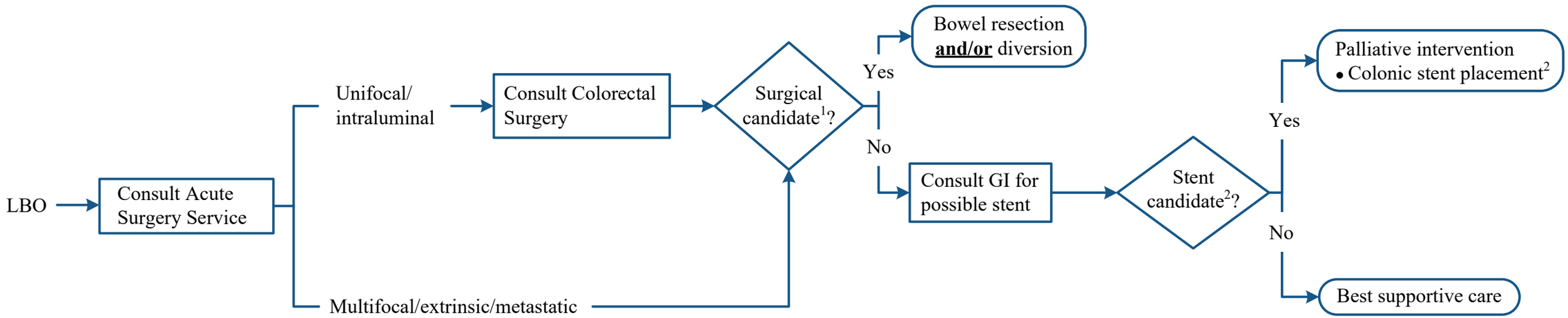
PRESENTATION **EVALUATION** **TREATMENT**



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SUGGESTED READINGS

Ahmed, O., Lee, J. H., Thompson, C. C., & Faulx, A. (2021). AGA Clinical Practice Update on the Optimal Management of the Malignant Alimentary Tract Obstruction: Expert Review. *Clinical Gastroenterology and Hepatology*, *19*(9):1780-1788. doi:10.1016/j.cgh.2021.03.046

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MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy
Advance Care Planning (ACP) Conversation Workflow (ATT1925)

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority expert opinion of the Palliative Management of Bowel Obstruction workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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