

What else is new (other symptoms)

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Outline

- ▶ Nausea & vomiting
- ▶ Petroleum jelly (and oxygen)

Nausea & vomiting

MASCC / ESMO recommendations

Support Care Cancer
DOI 10.1007/s00520-016-3371-3



SPECIAL ARTICLE

2016 Updated MASCC/ESMO consensus recommendations: Management of nausea and vomiting in advanced cancer

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MASCC / ESMO recommendations

General:

- ▶ “The anti-emetic drug of choice in advanced cancer is metoclopramide (titrated to effect)”

MASCC level of consensus – high

MASCC level of confidence – moderate

MASCC / ESMO recommendations

General:

- ▶ “Alternative options include haloperidol, levomepromazine, or olanzapine”

MASCC level of consensus – high

MASCC level of confidence – low

MASCC / ESMO recommendations

General:

- ▶ “The use of cyclizine or 5-HT3 receptor antagonists is poorly defined to date and may be used where dopamine antagonists are contraindicated or ineffective”

MASCC level of consensus – low

MASCC level of confidence – low

MASCC / ESMO recommendations

Bowel obstruction:

- ▶ “The drug recommended in a bowel obstruction is octreotide, dosed around the clock, and given alongside an antiemetic (with the committee recommending haloperidol)”

MASCC level of consensus – high

MASCC level of confidence – high

MASCC / ESMO recommendations

Bowel obstruction:

- ▶ “If octreotide plus antiemetic is ineffective, the use of anti-cholinergic antisecretory agents (e.g., scopolamine butylbromide, glycopyrronium bromide) and/or corticosteroids is recommended as either adjunct or alternative interventions”

MASCC level of consensus – high (moderate for corticosteroids)

MASCC level of confidence – moderate (low for corticosteroids)

MASCC / ESMO recommendations

Bowel obstruction:

- ▶ “The use of cyclizine or 5-HT3 receptor antagonists is poorly defined in this setting. Metoclopramide should be used with caution in partial bowel obstruction and should not be used in complete bowel obstruction”

MASCC level of consensus – low

MASCC level of confidence – low

MASCC / ESMO recommendations

Opioid-induced:

- ▶ “No recommendation can be made for specific antiemetics, although various antiemetics may help. Opioid rotation and route switching may be effective approaches. There is no data to support prophylactic antiemetics in this situation ”

MASCC level of consensus – high

MASCC level of confidence – low

Petroleum jelly (and oxygen)

Petroleum jelly



Petroleum jelly

“To prevent cracking of the lips, smear petroleum jelly (for example Vaseline®) on the lips. However, if a person is on oxygen apply a water-soluble lubricant (for example K-Y Jelly®)”.

NICE: CKS Palliative care – oral

“Vaseline or similar for lips (caution is necessary if a person is receiving oxygen, as Vaseline is flammable”

NEoLCP: End of life care learning resource pack

Petroleum jelly

No case reports in MEDLINE!

Petroleum jelly



Ignition temperature –
minimum temperature
at which substance will
ignite spontaneously

Petroleum jelly: ~ 540°F
/ 282°C

(similar to plastics used
in oxygen equipment)

Petroleum jelly



Flash point – minimum temperature at which substance will ignite in presence of ignition source

Petroleum jelly: ~ 400°F
/ 204°C

(similar to plastics used in oxygen equipment)

Petroleum jelly

Acknowledgments:

- ▶ Dr Matthew Dore
- ▶ Prof Max Watson
- ▶ Dr Clare White

Petroleum jelly

YouTube clip burning petroleum jelly

<https://www.youtube.com/watch?v=8hAUKTnHlcg>

Petroleum jelly

YouTube clip burning oxygen tubing

<https://www.youtube.com/watch?v=asumR-n2e6k>