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APPROACH AND MONITORING AT HOME ON PATIENTS WITH UNTREATED PAIN AND INTRATHECAL PUMP IMPLANTATIONS IN PALLIATIVE CARES

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The intrathecal analgesy emerges as a therapeutical option to relieve the untreated pain when other treatments have failed, and in cases with high opium doses presenting unacceptable secondary effects

OBJECTIVES: To analyze the viability of the home handling of patients with intratecales pumps by a team of palliative cares supported at home

MATERIAL AND METHODOLOGY: Retrospective descriptive analysis of terminal patients with intratecales pumps implanted to control the pain.

Variables analyzed: age, sex, pathology type, functional capacity, survival from the pump implantation, average stay, medication received, recharged number, secondary effects, necessary doses, adjuvant treatment, hospital transfers avoided and place of death.

RESULTS: 15 patients with advanced oncology illness is analyzed. Average age 60 (40-75). Males- 60 %. Colon neoplasia: 40 %, Lumb: 26.6 %. Others: 33.4 %. Average Barthel index 38 (10-65). Medium survival since the pump implantation to the death. 137,46 days (10-425). Medium home recharged 3,2 (1-14). No secondary effects were found. Medication used: Morphine- minimum dose 3,5 mg / 24 hours- 6,5 mcg / 24 h). Clonidina 0,4 % (75 mcg/24 h). Secondary effects: 80 % presented constipation but non of them was hospitalized by intestinal obstruction, 13,3 % showed high blood pressure, a 20 % used Ziconotide, and all of them showed symptoms of alteration on the behavior and alusions. 60 % presented nausea and one patient was hospitalized due to emesis. A 100 % needed a rescued treatment and the 93 % adyuvante medication for its control (pregabalina, dexametasona, AINE, anxiolytic and antidepressant). A 53 % kept a treatment with opioides with retarded liberation.

7 patients required hospitalization due to emetic syndrome, urinary sepsis, dyspnea, pain, catheter infection, badly function of the pump and replacement. Death place, hospital 60 %, home 40 %. The 100 % required a progressive increase of opioids as the illness progressed.

CONCLUSIONS: The intrathecal pumps management can be performed at home safely by advanced Palliative Cares Units avoiding transfers to the hospital in 48 occasions to recharge the pumps. No problems were found in the recharges at home.

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OPPONENTS AND PROPONENTS VIEWS REGARDING PALLIATIVE SEDATION AT END OF LIFE

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Palliative sedation is sedating a patient to the point of unconsciousness to relieve one or more symptoms, when all other possible measurements have failure. Palliative sedation is charged with controversy since developed. The purpose of this position statement paper is to support and discussing opponents and proponent's views comprehensively around palliative sedation in terminally ill patients. The most important dispute was if palliative sedation hastens death or not, if it can be used as physician-assisted suicide, if it legalized euthanasia and (or) if it violate patient's autonomy. The current authors are supporting palliative sedation with advanced incurable patients in order to alleviate patients suffering, palliative sedation offer to terminally ill patient's comfortable experience at end of life and allow them to die in peace. Palliative sedation should be encouraged to get health care facilities and legal support.

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