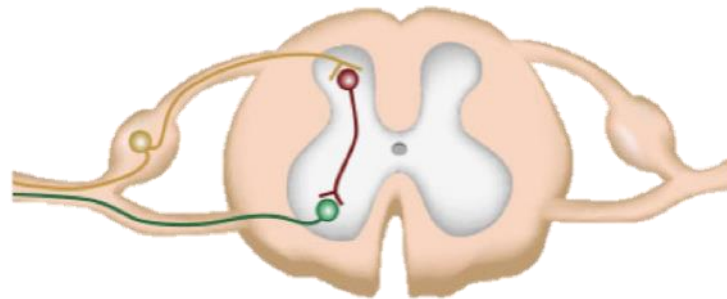


# Neuraxial analgesia for patients with advanced cancer and refractory pain

## - development of recommendations

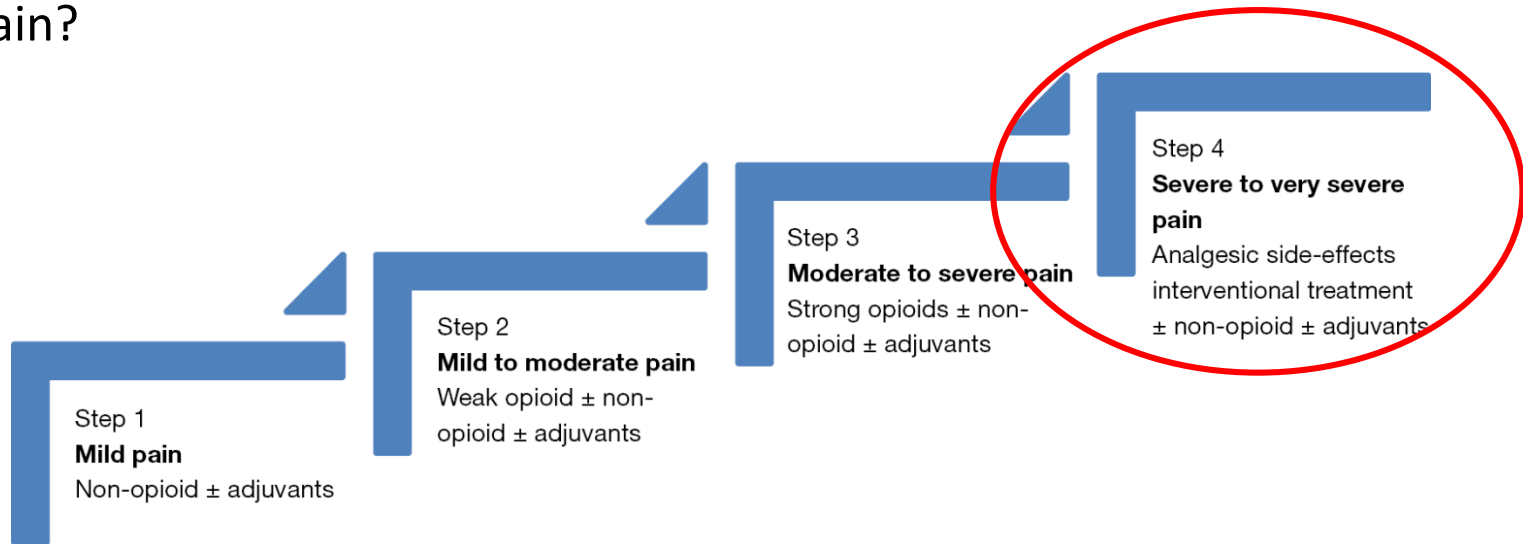


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2017-2019

# Background

- An estimated 80 % of cancer patients receive sufficient pain management using the principles from WHO (Caraceni, EAPC, 2012)
- A small group of patients have **refractory pain**. How do we manage their pain?



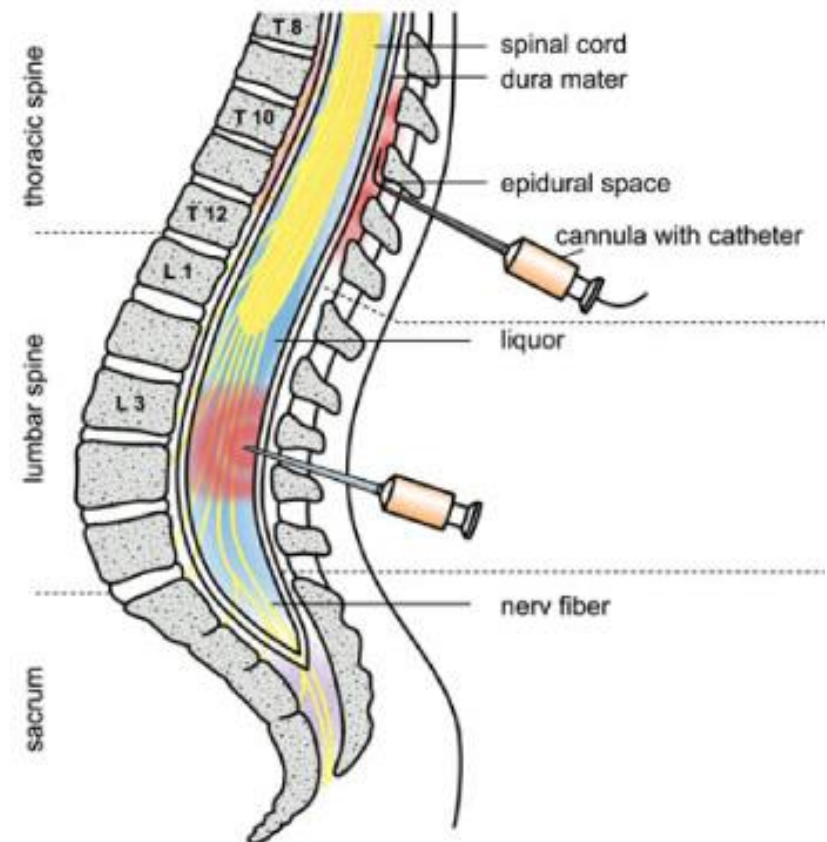
# Background

## Neuraxial analgesia:

Analgesics delivered in close proximity to the spine through a catheter placed in the epidural or the intrathecal space

Better pain management with less systemic side effects in a selected group of patients

*(Kurita et al: Acta Anaesthesiologica Scandinavica, 2015)*



# Background

## Until now at Odense Universityhospital...

- The patients are there, but...
- No clear set-up (placement, management, responsibility)
- Lack of knowledge and experience
- Reluctancy...

# Aim

To develop a set of **recommendations** based on a literature survey regarding neuraxial analgesia on the following topics:

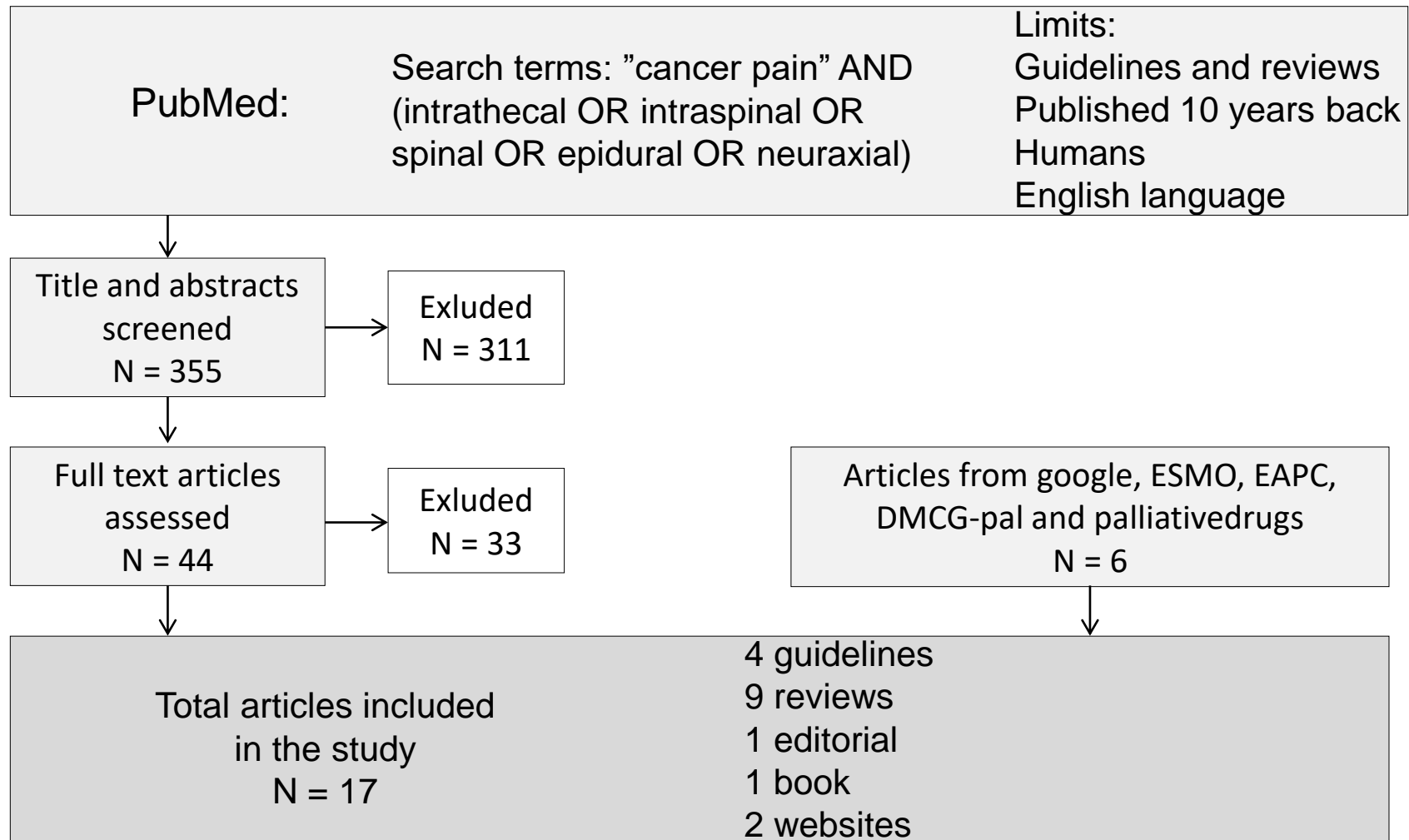
1. **How to select the right patients for the procedure?**
2. **Which procedure is preferable – epidural or intrathecal analgesia?**
3. **Which medications to use, how to combine them and how to dose and titrate?**

# Materials and methods

A literature search was done January 2019 on the following databases and websites:

- PubMed
- Google.com
- Palliatedrugs.com
- DMCG-pal (Danish Multidisciplinary Cancer Group of palliative care)
- ESMO (European Society for Medical Oncology)
- EAPC (European Association for Palliative Care)

# Results



# Results

A set of recommendations regarding neuraxial analgesia for patients with advanced cancer and refractory pain has been made addressing the 3 questions

- 1. How to select the right patients for the procedure?**
- 2. Which procedure is preferable – epidural or intrathecal analgesia?**
- 3. Which medications to use, how to combine them and how to dose and titrate?**

The recommendations will be published on the local internet for clinicians working in the specialized palliative field in the Region of Southern Denmark



# Results

## 1. How to select the right patients for the procedure?

- Refractory pain
- The localisation of the pain and of the disease
- The anatomy of the column and the spine
- The organisational aspects

# Results

## 2. Which procedure is preferable – epidural or intrathecal analgesia?

- Intrathecal is recommended in patients with estimated need for more than a few weeks
- Intrathecal catheter provides analgesia over a larger area than epidural
- Epidural can be effective with very localized pain
- Epidural is preferred with pain location in the high thoracic area

# Results

## 3. Which medications to use, how to combine them and how to dose and titrate?

- The most common drugs used in neuraxial analgesia are opioids, local anaesthetics, ziconotide and clonidine.
- There is no evidence pointing to the optimal combination and dosage of the drugs, but a consensus guideline has been made (PACC)
- Combination treatment in cancer pain is more effective than monotherapy, although ziconotide alone is equal to opioid + local anaesthetic in efficacy
- Clonidine can be added to opioid + local anaesthetic in neuropathic pain
- The choice of opioid will depend on its lipophilicity

## Conclusion

- Neuraxial analgesia is effective pain management in a small number of selected patients with refractory cancer pain.
- A set of recommendations is (almost) available, and the process has established a collaboration between the Department of Anaesthesia and the Palliative Care Unit at Odense Universityhospital. Neuraxial analgesia is now an available option for these patients.
- Because of the advantages of intrathecal over epidural analgesia, we will now offer placement of tunneled catheters in the intrathecal space instead of epidural. A written procedure is in the making with clear definitions of the procedure.

Thank you for your attention

