Original Research Paper

Volume - 11 | Issue - 09 | September - 2021 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Surgery

CASE REPORT SUBMISSION OF PATIENT DIAGNOSED WITH CA STOMACH.

Saima Manzoor Senior Grade Nurse, Surgical ICU Smhs, GMC Hospital, Srinagar, Jammu and Kashmir

KEYWORDS :

INTRODUCTION

- My self Saima Manzoor working as senior Grade Nurse in Surgical ICU, SMHS Hospital GMC Srinagar.
- M.Sc in Psychiatric Nursing from SKIMS College of Nursing Soura Srinagar, Certificate course in Nutrition & Child care from IGNOU.
- Two Research publications.
- Was working in Pain & palliative care centre for five months which is presently closed due to current pandemic.

Case summary

1. The diagnosis was Ca. Stomach with liver metastasis.

Clinical features including physical findings

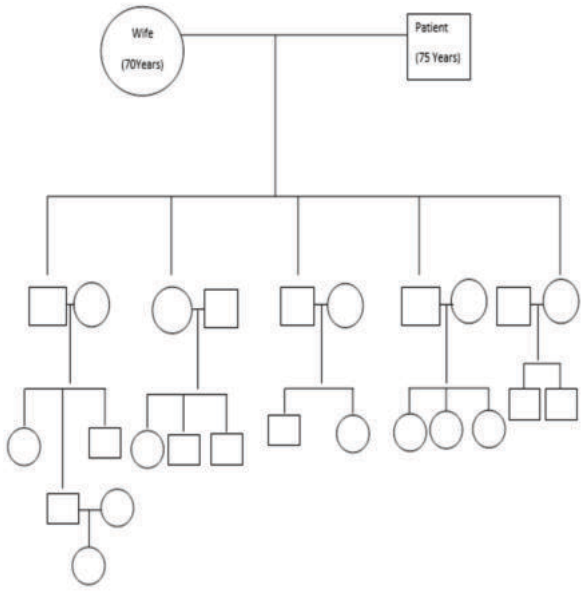
A 75 year old male, hailing from Ganderbal, Kashmir in his advanced stage IV of Ca. Stomach, presented to palliative care team with the following clinical features .

- Pain in stomach X 1 week
- Heart burn X 1 Month
- Indigestion (Dyspepsia) X 1Month
- Generalised Weakness
- Nausea
- Bloating after meals
- Anorexia (loss of Appetite) X 1 Month
- Sleep Disturbance X 15 Days
- Pain NRS 8-9/10, severe on right side of abdomen, intermittent type, Burning Pain.
- Precipitated on eating and partially relieved after medications (Tab. Cyra-D) & Rest.
-

On Examination

- Conscious, oriented, co-operative
- Thin built, Dehydrated
- Pulse 80/Minute
- Bp 115/60

Family History



2. Investigations

Investigations done	Reason Why investigation was done
CBC WBC 7.92 10 3 Lymp 3.37 Lymp % 42.60% Gra 4.04 Gra% 4.04% RBC 3.61 HGB 9.7 g/dl HCT 31.19 MCV 86.0	Base line investigations
LFT Sr.bilirubin 0.6mg/dl Sr.AST 41.7 Sr.ALT 34.2 Sr.ALP 387.3 U/L Sr.Protein 6.0 g/dl Sr.Albumin 4.4 g/dl	
KFT Blood Urea 32.0 mg/dl Sr.creatinine 1.30 Sr.Uric acid 5.7	
UGI Endoscopy Impression: Gastric cardia growth, erosive antral gastritis	Patient complained of loss of appetite & Bloating after meals. X 1 Month
CT Abdomen & Pelvis with IV contrast Impression : enhancing mural thickening in the length of 3.7 cm involving gastric cardia and body with loss of wall differentiation with hepatic metastatic & Small sub centri metric sized perigastric & GE Junction Nodes.	
Histopathology Report Microscopy Sections show features of a moderately differentiated adenocarcinoma	

3. Final outcome Of patient management:

a) Since Patient has been diagnosed as stage 4th Ca Stomach with liver metastasis , expected outcome is that patient has poor prognosis & treatment is not expected to cure the disease.
Anticipated outcome: palliative care is needed to improve patient outcomes which will include symptom management in particular pain management, quality of life, patient & family satisfaction

b) While caring for this patient I have consulted Consultant Surgical gastroenterologist, Consultant Surgical Oncologist, Consultant Pain management.

c) Their contribution was helpful while caring for this patient. Patient had different presentation of symptoms after being consulted by pain management specialist Patient had episode of malena. on telephonic consultation with concerned doctors I managed patient at home.

I secured IV line of patient administered IV fluid DNS 500ml as patient was not eating any thing from 2 days. I administered Injection pantop 40mg BD, Tab. Transtat 500mg BD.

Another complaint that patient had Edema right leg and foot. After consultation Tab. Torsemide 5mg OD for 3 days was advised. I explained attendants about importance of medications to be taken to prevent further complications

II Learning Part

- As I have completed training in palliative care I have managed this patient with new learning of palliative care principals and practice as follows.

a) Physical care

(1) Management of pain: NRS was 8-9/10.

- Patient has been put on Tab Ultracet TID.
- I explained attendants about importance of medicine to be taken on time
- I cleared their misconceptions that these medicines are not to be taken only when patient is in pain ,pain medicine should be taken round the clock to have management of pain on continuous basis.
- I cleared their misconceptions regarding side effects of these medicine which i understood they had after conversation with them.
- I made them understand that since patient is in IV stage of cancer. our motive of pain and palliative care is to keep patient pain free and as comfortable as possible.

(2) Management of other physical symptoms

- I taught patient and family members to avoid solid foods.
- Encouraged for semi solids and preferably liquid feeds.
- I educated patient for small and frequent meals .
- I educated them about variety of foods that can be given to patient to meet nutritional needs and to avoid monotony.these include ricepowder mixed with milk,dalia (broken wheat),semolina pudding,fruit juices,lemon water,lassi,mashed bananas.
- I encouraged patient for sips of water,slight walk in room,
- Since patient is taking lot of tablets , i advised them in order to make patient comfortable these tablets can be crushed and can be given in powdered form.

b) Psycho social care

1) Family members of patient were explained, counselled and made understand about illness progression, symptoms and prognosis.
2) Addressing to patients anxiety, low self esteem because of physical dependence on others (Son, Wife)
3) Acknowledgement of patient's feelings, communication with patient and re assurance.
4) His children (Son's, Grand Son's) all are actively involved in management of
patient.
5) Counselling was done to patient and family members, explained how to actively take part in daily living.

c) Spiritual care

1) Patient and family members believe in Allah .They pray to Allah regularly to make him healthy again.
2) Patient is spiritually strong. Don't have any anguish that why it happened to
him only patient says that this is trial by Allah.

d) Issues of communication with patient and family.

1) I didn't notice any communication gap within the family members. All are actively involved in providing care to the patient.
2) Breaking the bad news was difficult. Family said ; don't tell my father about diagnosis, He will breakdown and will get depressed.
3) While talking about prognosis of the disease less than six months, family was in anguish crying.
4) Reassured the family information will not be forced on the patient.

e) Ethical Issues

1) Minimizing the harm.
Since patient is in 4th stage of cancer patient has not under gone for any surgery as there is no benefit of any intervention.
2) I tried to refuse to collude with family members, explained them that it is important to provide clinical information to patient. It helps in saying important things or complete their unfinished business.

III Policy & Innovations in practice

- Counselling should be done by psychologist to patient and family members apart from counselling by doctor and nurse.
- There should be involvement of social worker & NGO's who will guide us about new government policies, schemes that will help patients to avail such facility.
- There should be initiation of home care delivery services (hospice care) in our palliative care centre.
- There should be at least one palliative care centre in each district as it is difficult for patients from far flung areas to have access to morphine & other Palliative care services.
- Since our palliative care centre provides day care services only it should be converted into 24 ×7 emergency services centre.

REFERENCES

1. Buckman. (1992) How to Break bad News; A Guide for Health Care Professionals (Ist edn);University of Toronto Press.
2. Watson Max,Campbell Rachel,Nandni Vallath,Stephen Ward:Oxford Handbook Of Palliative Care.3rd ed. Oxford University of press: 2019.
3. Thomas. K (2003) Caring for Dying at home : Companions on the Journey. Oxford : Radcliffe Press.
4. Scottish Inter Collegiate Guidelines Network (SIGN) (2014) Control of Pain in Patients with Cancer, Edinburg: SIGN.