

Celiac Plexus Block

Management of abdominal pain in patients with late-stage cancer

Korinne Ashlock, BSN, RN, OCN®

BACKGROUND: A majority of patients with abdominal cancer report intractable abdominal pain as their disease progresses. For intractable abdominal pain related to malignancy, celiac plexus block can provide relief and reduce the use of oral opioids, helping to improve quality of life.

OBJECTIVES: The aim of this article is to explore the feasibility and effectiveness of celiac plexus block as a pain management option for patients with late-stage abdominal cancer.

METHODS: A literature review of articles about pain in late-stage patients with cancer, with a focus on abdominal pain, pain management techniques, and quality of life, was undertaken.

FINDINGS: Celiac plexus block is an effective non-traditional pain management strategy that treats intractable abdominal pain and improves patients' quality of life.

KEYWORDS

pain management; quality of life;
abdominal cancer; celiac plexus block

DIGITAL OBJECT IDENTIFIER

10.1188/18.CJON.663-665

PAIN IS ONE OF THE MOST REPORTED SYMPTOMS among those with late-stage cancer and affects more than 90% of these patients (Matthie & McMillan, 2014). This side effect has a negative impact on patients' quality of life (Färkkilä et al., 2014). However, patients are reluctant to discuss how pain affects their quality of life; just 8% of patients with late-stage cancer reported discussing symptom management with their physician (Tang et al., 2014).

Maintaining quality of life among patients with advanced cancer requires nurses to manage cancer symptoms and minimize debilitating side effects of cancer treatment. The traditional approach to pain management for patients with cancer has centered on oral analgesics, including opioids, which have many side effects (e.g., nausea, somnolence, dry mouth, constipation). Improved pain management has the potential to enhance the quality of life for patients at the end of life (Zhong et al., 2014), but this is often compromised because of these side effects. Patients need to be aware of and have access to all pain management approaches to improve quality of life during their cancer journey.

Options for controlling persistent cancer-related abdominal pain with minimal side effects is the focus of this review of the pain management literature. If such pain cannot be effectively managed by opioids, a celiac plexus block may be an alternative (Nitschke & Ray, 2013). Patients who have pain that is resistant to high doses of oral opioids, which may cause side effects that affect quality of life, need a targeted option for pain control (Visser et al., 2011). For these patients, the celiac plexus block procedure may help to provide the needed balance of pain relief and quality of life.

Patient Selection

Patients with hard-to-manage abdominal pain related to a malignancy typically have stomach, esophageal, colorectal, liver, gallbladder, pancreatic, or bile duct cancer (cholangiocarcinoma) (Yondonjamts, Davaasuren, & Ganbold, 2016). Among all patients with cancer, pain assessment is a routine part of the evaluation process. When patients with late-stage cancer report pain and its increasing intensity, they should discuss all options for pain management, as well as who can best manage it, with their oncologist. Celiac plexus block, also known as celiac plexus neurolysis, is one option for patients with chronic abdominal pain.

The extent of disease and the origin of pain must be carefully evaluated to ensure that the patient will get relief from celiac plexus block. To determine whether the patient is a good candidate for celiac plexus block, workup should include a physical examination, a complete blood count, a coagulation panel, and a computed tomography scan of the abdomen to exclude contraindications (e.g., severe coagulopathy, thrombocytopenia, abdominal aortic aneurysm) (Nitschke & Ray, 2013).