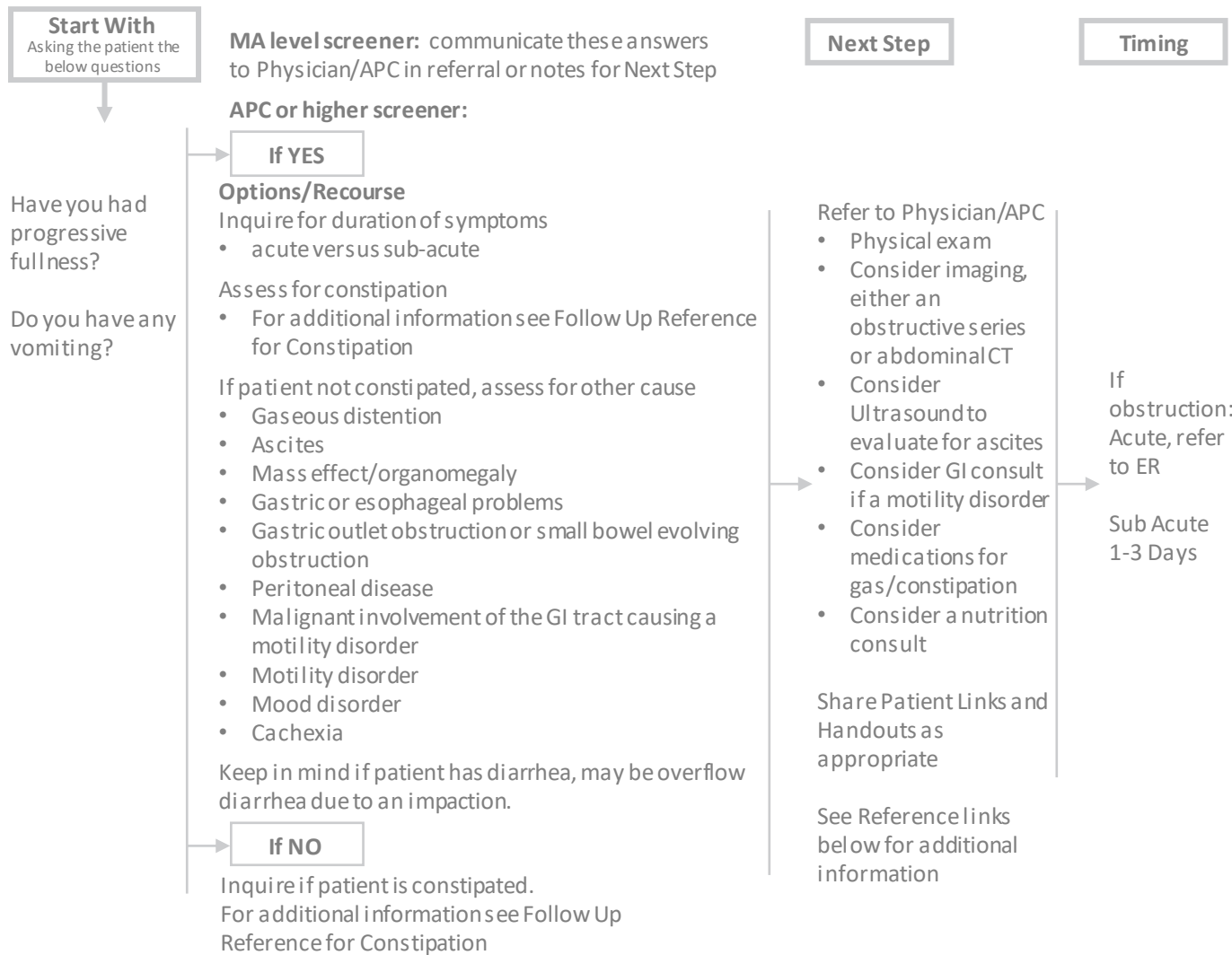


# Clinician Follow Up Reference for Supportive Care

## Physical Concerns –

“YES” to *Feeling full quickly or swollen abdomen*



## Notes

**Stages I-III:** Rule-out possibility of recurrent disease manifesting as ascites, organomegaly, bowel obstruction. Consider nonmalignant etiologies such as constipation, motility disorder. Consider medication related etiologies. Consider Nutrition consult for gaseous distention and food recommendations.

**Stage IV:** If surgery is not recommended for bowel obstruction, consider steroids, placement of decompressive G-tube. Consider pleurx catheters for recurrent ascites. Consider steroids for hepatic capsula distention. Consider nutrition consult for gaseous distention. Consider steroids for cachexia.

**Geriatric:** Similar process of care for all ages.

## Patient Links and Handouts:

- [American Cancer Society. Swelling, Edema, and Ascites](#)
- [Cancer.Net. Fluid Retention or Edema](#)
- [Cancer.Net. Ascites or Fluid in the Abdomen](#)
- [NIH. NCI. Edema \(Swelling\) and Cancer Treatment](#)

CSOC Patient Handout can be accessed at: <http://cancer-help.me/feelingfull>

## References:

- [Malignant ascites: A review of prognostic factors, pathophysiology and therapeutic measures](#)  
Sangisetty, Suma L, and Thomas J Miner. "Malignant Ascites: A Review of Prognostic Factors, Pathophysiology and Therapeutic Measures." *World Journal of Gastrointestinal Surgery* 4.4 (2012): 87–95.
- [Abstract - Management of ascites due to gastrointestinal malignancy](#)  
Saif, Muhammad W., Imran A. P. Siddiqui, and Muhammad A. Sohail. "Management of Ascites due to Gastrointestinal Malignancy." *Annals of Saudi Medicine* 29.5 (2009): 369–377. *PMC*.
- [NIH PDO®, Nutrition in Cancer Care \(PDO®\)—Health Professional Version](#)