**Clinician Follow Up Reference for Supportive Care**

**Physical Concerns – “YES” to Feeling full quickly or swollen abdomen**

**Start With**
- Asking the patient the below questions

**Have you had progressive fullness?**

**Do you have any vomiting?**

**MA level screener:** communicate these answers to Physician/APC in referral or notes for Next Step

**APC or higher screener:**

**Options/Recourse**
Inquire for duration of symptoms
- acute versus sub-acute

Assess for constipation
- For additional information see Follow Up Reference for Constipation

If patient not constipated, assess for other cause
- Gaseous distention
- Ascites
- Mass effect/organomegaly
- Gastric or esophageal problems
- Gastric outlet obstruction or small bowel evolving obstruction
- Peritoneal disease
- Malignant involvement of the GI tract causing a motility disorder
- Motility disorder
- Mood disorder
- Cachexia

Keep in mind if patient has diarrhea, may be overflow diarrhea due to an impaction.

**If NO**
Inquire if patient is constipated.
For additional information see Follow Up Reference for Constipation

**Next Step**
Refer to Physician/APC
- Physical exam
- Consider imaging, either an obstructive series or abdominal CT
- Consider Ultrasound to evaluate for ascites
- Consider GI consult if a motility disorder
- Consider medications for gas/constipation
- Consider a nutrition consult

**Timing**

If obstruction:
- Acute, refer to ER
- Sub Acute
- 1-3 Days

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

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**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 distension 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 capsule distension. Consider nutrition consult for gaseous distension. Consider steroids for cachexia.

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

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**Patient Links and Handouts:**

- [American Cancer Society, Swelling, Edema, and Ascites](http://cancer-help.me/feelingfull)
- [Cancer.Net, Fluid Retention or Edema](http://cancer-help.me/feelingfull)
- [Cancer.Net, Ascites or Fluid in the Abdomen](http://cancer-help.me/feelingfull)
- [NIH, Edema (Swelling) and Cancer Treatment](http://cancer-help.me/feelingfull)
- CSOC Patient Handout can be accessed at: [http://cancer-help.me/feelingfull](http://cancer-help.me/feelingfull)

**References:**

- [Malignant ascites: A review of prognostic factors, pathophysiology and therapeutic measures](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3359652/)

- [Abstract - Management of ascites due to gastrointestinal malignancy](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2830460/)

- [NIH PDQ®, Nutrition in Cancer Care (PDQ®) – Health Professional Version](https://www.cancer.gov/pdq/nutrition/professional)

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