

We retrospectively evaluated the risk factors for colorectal cancer patients who had L-OHP induced phlebitis and venous pain” Nakauchi et al (2015).

Abstract:

Venous pain induced by oxaliplatin (L-OHP) is a clinical issue related to adherence to the CapeOX regimen. To prevent LOHP- induced venous pain, we provided nursing care to outpatients who were administered a preheated L-OHP diluted solution using a hot compress. We retrospectively evaluated the risk factors for colorectal cancer patients who had L-OHP induced phlebitis and venous pain. Furthermore, the preventive effect of nursing care was compared between inpatients and outpatients from January 2010 to March 2012. At the L-OHP administration site, any symptoms were defined as phlebitis, whereas pain was defined as venous pain. A total of 132 treatment courses among 31 patients were evaluated. Multivariate logistic regression analysis revealed that both phlebitis and venous pain were significantly more common in female patients (adjusted odds ratio, 2.357; 95%CI: 1.053-5.418; and adjusted odds ratio, 5.754; 95%CI: 2.119-18.567, respectively). The prevalence of phlebitis and venous pain did not differ between inpatients and outpatients (phlebitis, 61.3% vs 67.7%; venous pain, 29.0% vs 19.4%). These results suggest that administration of L-OHP via a central venous route should be considered in female patients.

Reference:

Nakauchi, K., Kawazoe, H., Miyajima, R., Waizumi, C., Rokkaku, Y., Tsuneoka, K., Higuchi, N., Fujiwara, M., Kojima, Y. and Yakushijin, Y. (2015) Risk Factors for Oxaliplatin-Induced Phlebitis and Venous Pain, and Evaluation of the Preventive Effect of Preheating with a Hot Compress for Administration of Oxaliplatin. *Gan To Kagaku Ryoho*. 42(11), p.1397-400. .

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