The aim of this study was to determine the efficacy of comprehensive intervention care for venous pain in colorectal cancer patients receiving oxaliplatin” Kawazoe et al (2017).

Abstract:

Background: Venous pain induced by peripheral intravenous administration of oxaliplatin remains clinically unresolved.

Objective: The aim of this study was to determine the efficacy of comprehensive intervention care for venous pain in colorectal cancer patients receiving oxaliplatin.

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Setting: A Japanese tertiary hospital.

Method: We treated all outpatients after April 2012 with comprehensive intervention care including pre-warming of the oxaliplatin solution, use of a hot compress, and pH adjustment by combination with dexamethasone. We retrospectively reviewed the electronic medical records from colorectal cancer patients who had received oxaliplatin via a peripheral vein between December 2009 and June 2014. Main outcome measures The primary endpoint of
this study was the incidence of venous pain at the administration site during oxaliplatin infusion, according to injection site reaction grade ≥ 2.

Results: We evaluated 271 treatment courses in 59 patients. Venous pain occurred in 42 courses (15.5%) among 26 patients. Multivariate logistic regression analysis revealed that female gender and body mass index ≥ 25 kg/m2 were significantly associated with an increased risk of venous pain during all courses (adjusted odds ratio: 3.18, 95% confidence interval 1.35-7.92; P < 0.01; and adjusted OR: 3.37, 95% CI 1.26-9.40; P = 0.02, respectively), whereas comprehensive intervention care were significantly associated with reduced risk of venous pain during all courses (adjusted OR: 0.10, 95% CI 0.02-0.44; P < 0.01).

Conclusion: Comprehensive intervention care is a clinical treatment option for oxaliplatin-induced peripheral venous pain in patients with colorectal cancer, especially females with obesity.

Reference:


doi: 10.1007/s11096-017-0536-1.

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