

**COMPARISON OF EARLY AND LATE
CHEMICAL HYPOGASTRIC PLEXUS BLOCK IN
THE MANAGEMENT OF PELVIC CANCER PAIN**

Thesis

Submitted for Partial Fulfillment of the requirements of the

M.Sc Degree

In

Anaesthesiology

By

Mohamed Fouad Mohamed El-Gayar

(M.B.,B.CH)

Supervisors

Prof.

Prof.

Kamal El-Din Ali Heikal

Mohamed HanyHosin

*Prof. Of Anaesthesiology . Faculty of
medicine Tanta University*

*Prof. Of Oncology Institutional
Cancer Institue Cairo University*

Dr.

El-Sayed Ahmed Ghoname

Ass. Prof. Of Anaesthesiology

Faculty of medicine

Tanta University

***Faculty of medicine
Tanta University***

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SUMMARY AND CONCLUSIONS

Cancer pain can be the worst experience in some one's life or a loved one's life. The importance of cancer pain management is to relieve the suffering of the pain which can diminish a patient's activity, appetite sleep and further weakening an already debilitated patient. Pain can cause a patient to refuse treatment or commit suicide. The goal is to relieve as such pain as possible to enable the patient to enjoy life to the fullest, or more impotently, to their satisfaction.

It has been estimated by the WHO that every day 4 million people throughout the world are suffering from cancer pain, the prevalence of which rises with disease progression. At the time of diagnosis half the patients are suffering from pain, by the time the disease is advanced this proportion has risen to more than two thirds.

Drug therapy controls cancer pain in more than half the cases but chronic use is generally associated with adverse effects that reduce the quality of life mainly in patients effected by cancer.

We studied another modality for management of cancer pain which is a neurolytic sympathetic plexus block. This study evaluated the pain relief, opioid consumption, physical activity and sleep quality in patients with pelvic cancer 'pain in two different phase and compared them with that provided by

pharmacological therapy only.

Sixty patients with pelvic cancer pain were divided into three groups and observed for 8 weeks. In group I, neurolytic superior hypogastric plexus block was performed with alcohol, 20 patients reporting VAS ≤ 4 and duration of pain less than 3 months. Group II, neurolytic superior hypogastric plexus block was performed with alcohol on 20 patients reporting VAS ≥ 4 and duration of pain more than 3 months. The patients of group III received pharmacological therapy only.

This study showed that neurolytic superior hypogastric plexus block significantly improves the quality of life of patients and reduces pelvic cancer pain and analgesic consumption.

We found no significant differences among groups of patients submitted to the neurolytic procedure at early or late phases of the disease. However, the result suggests that the neurolytic sympathetic block should be considered earlier in the disease.

The results showed that neurolytic superior hypogastric plexus block is an efficient, relatively simple and repeatable method for pelvic cancer pain relief, and improvement of the life quality of cancer patients and so it is recommended for management of pelvic cancer pain and should be considered early in the disease.