

MULTIPROFESSIONAL CARE IN PATIENTS WITH GYNECOLOGICAL CANCER AND DEEP VEIN THROMBOSIS

Authors: ¹ Marcos J. Renni, Phd; ² Carla Patricia M. Coura, MD; ³ Alessandra Giglio, MD; ⁴ Vânia Lima

1. Physician and director of Hospital of Cancer II /Inca/MS. 2. Pharmacist of Hospital of Cancer II /Inca/MS.

3. Physiotherapist of Hospital of Cancer II /Inca/MS. 4. Physiotherapist of Hospital of Cancer II /Inca/MS.

The multidisciplinary approach in health care has been studied nowadays, especially in patients with cancer, who present high morbidity and several diseases complications and side effects occasioned by the treatment¹.

The venous thromboembolic disease is a frequent complication in these patients and is an important cause of morbidity and mortality. Several studies have recently shown that the presence of malignancy which increases the risk of thrombosis from 4 to 6 times higher than expected in general population². Venous Thromboembolism (VTE) is often a complication that imposes limitations on daily activities, which results in fear, susceptibility to infections, injectable medication, labor activities disturbs and the caregivers' needs.

The National Cancer Institute (INCA/MS) attends patients with gynecological cancer. The treatment is often extensive surgery, radiotherapy, brachytherapy, as well as the progression of the disease in the pelvis which compromises blood drainage and promotes a higher incidence of thrombotic phenomena and lymphedema.

We have created a routine to take care of women with gynecological cancer who have had thrombosis during or after treatment, in a referral center for treatment of cancer. Then, we created a multidisciplinary team to care of patients with VTE to support the anticoagulation treatment and its problems together with specialist clinics.

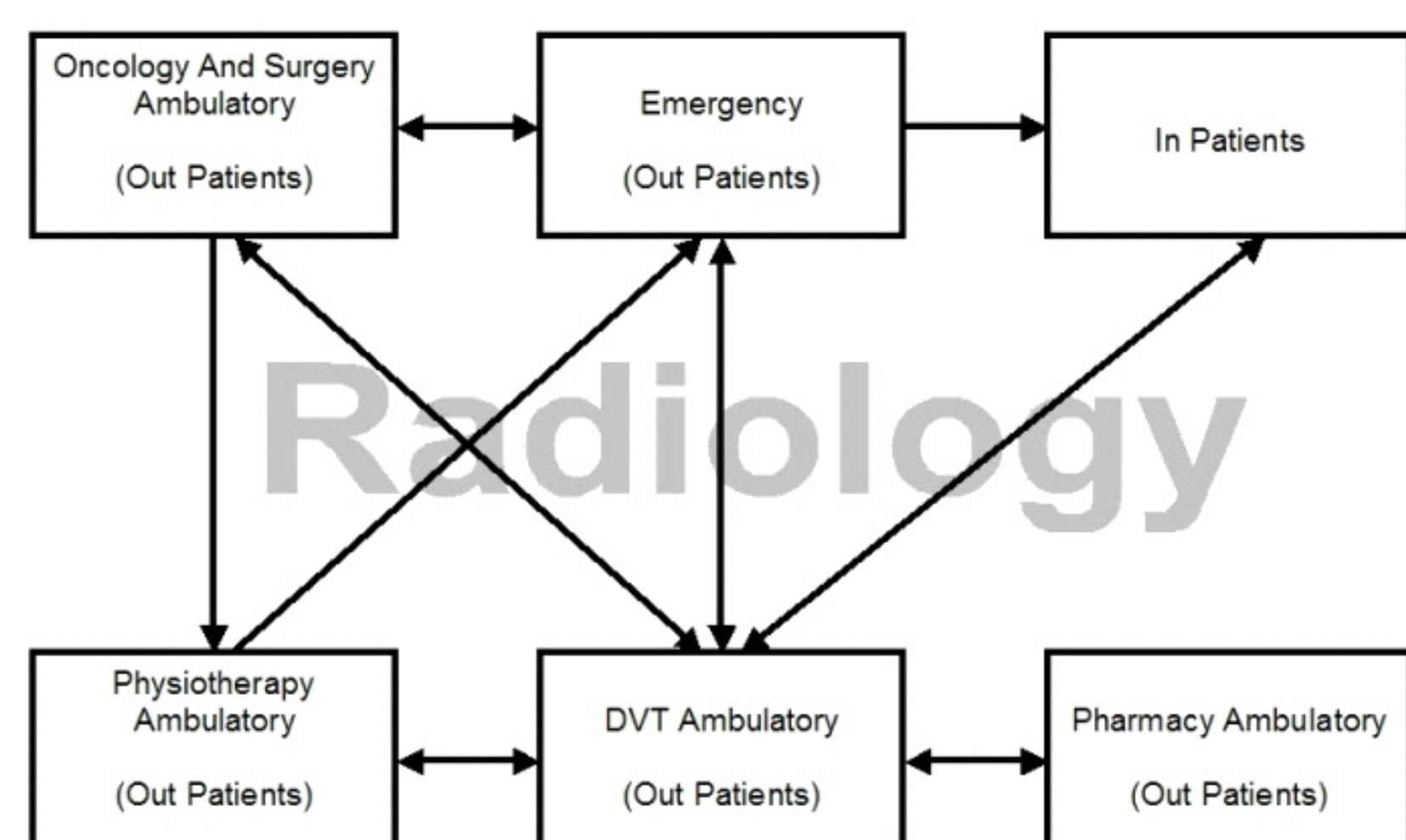


Fig 1 – Chart of VTE Patients treatment.

The patients are treated in outpatient DVT ambulatory. They should attend the hospital in the morning for blood collection (INR control for those who make use of warfarin) and then they are headed for the Outpatient's reception to wait for medical consultation. They are attended by clinicians, physical therapists, pharmacists, and medical specialists of clinical oncology and gynecology.

Imaging tests are daily pre-booked or, in case of emergency, immediately performed in the radiology department (either Doppler or angiography, depending on the indication of the method).



Fig 2 – Patients with VTE and Rehabilitation area for treatment

DISCUSSION

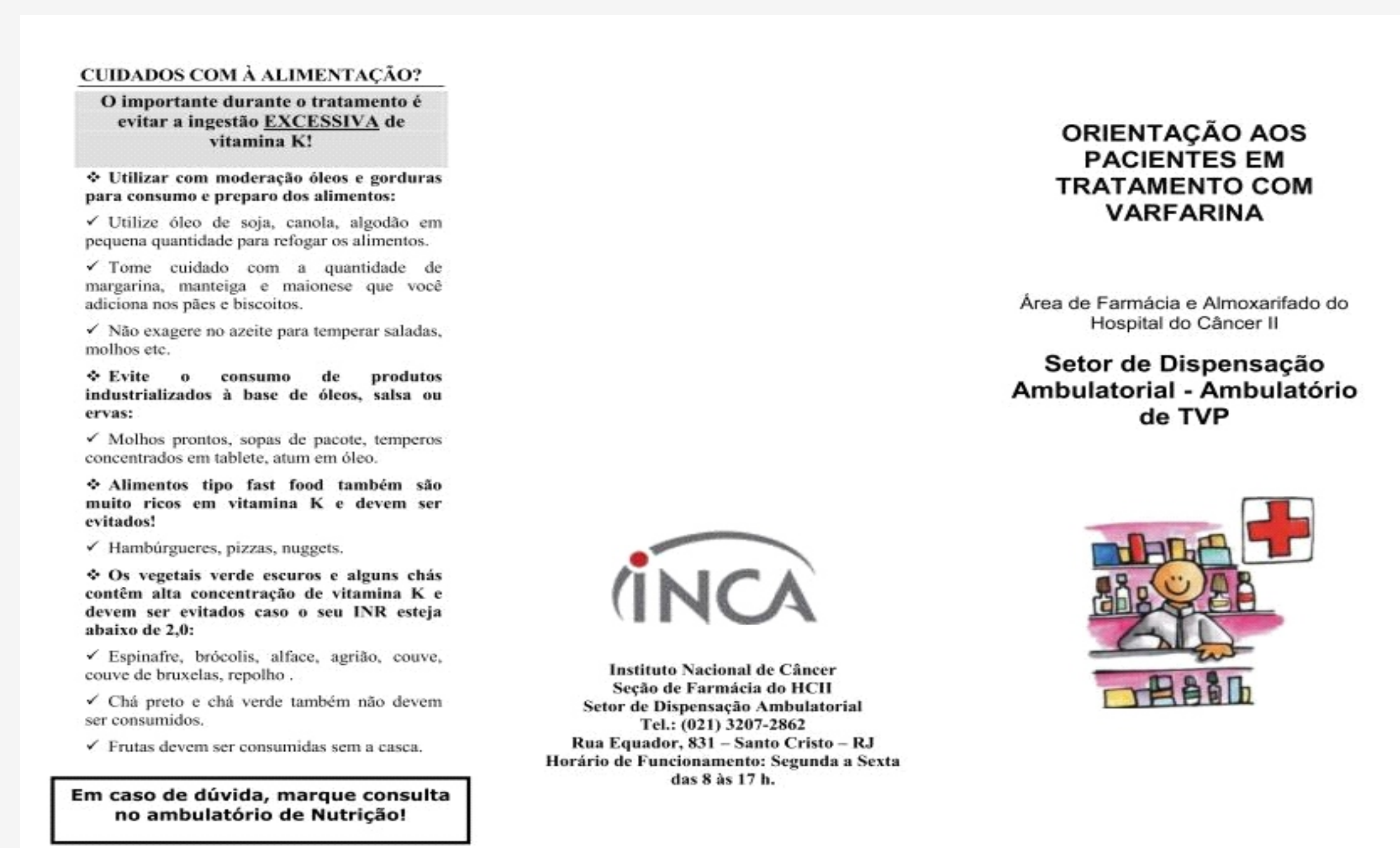
The presence of malignancy is an important risk factor for recurrence of thrombosis. However, the optimal duration of anticoagulant therapy after an episode of VTE, in patients with cancer has not been evaluated and therefore, there is no formal consensus about time maintenance the anticoagulation therapy².

Many randomized clinical trials and meta-analyses have demonstrated the efficacy and safety of LMWH at home for the treatment of VTE. This treatment has currently been a common practice in many European Countries and The USA^{3,4,5}, and we are improving this practice in our Institution.

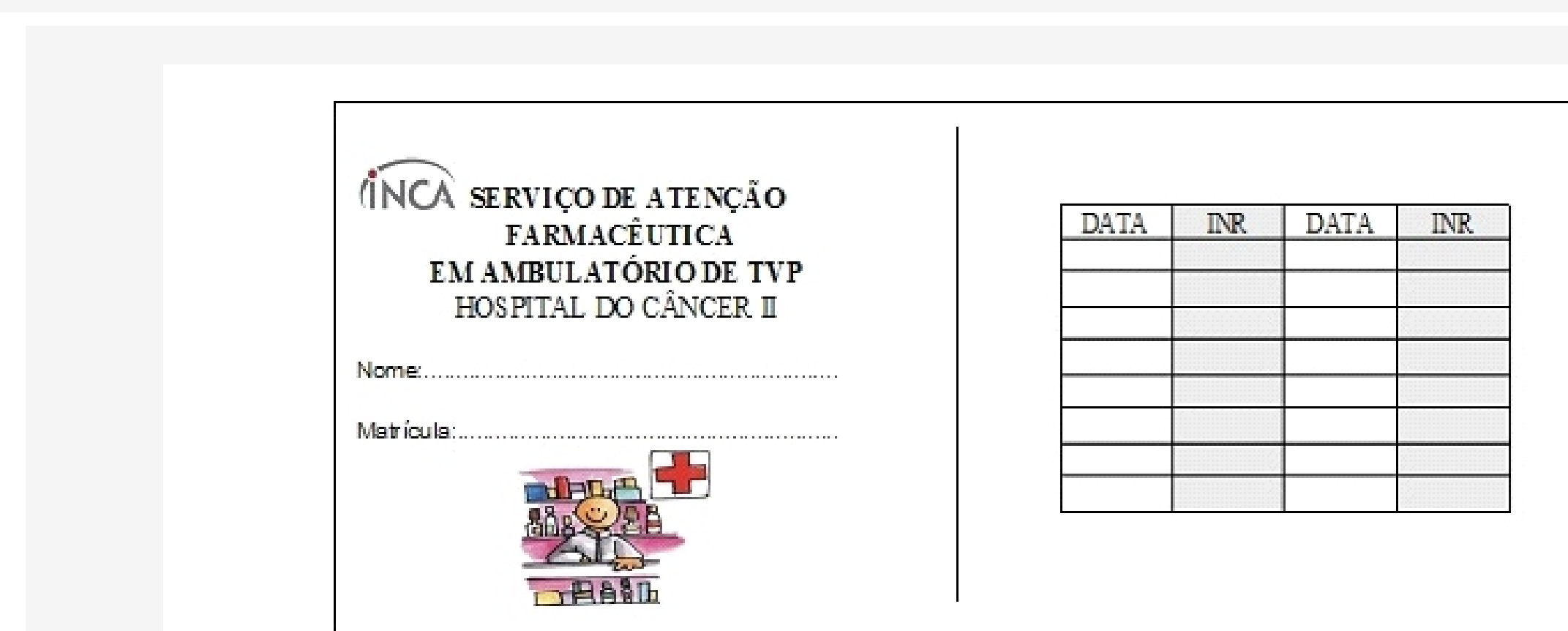
A chart for attending patients promotes a better assistance and more information and security to patients. The pharmacist explains to them about the medications interaction with warfarin, and the caution they must have as a patient in anticoagulation

The optimal antithrombotic treatment should provide a good quality of life, which is often already compromised, especially when the cancer is at an advanced stage. VTE is common in cancer patients, increasing morbidity and mortality from the disease.

Anticoagulation often becomes a difficult task in view of the understanding of the patients, ideal adjustment of oral anticoagulation in patients undergoing chemotherapy and with risk of bleeding. For long-term treatment and secondary prophylaxis, vitamin K antagonists remain the main treatment. However, the narrow therapeutic window and inconvenience of oral anticoagulants, turns prolonged therapy, problematic.⁶



Education folder to anticoagulation therapy patients



Anticoagulation card for patient control.

The multidisciplinary approach optimizes treatment and promotes higher quality service. It enable the team to treat a large number of patients, acting objectively, and allowing them to review their behavior, providing even greater learning environment for the patient and also, results in greater understanding and adherence to the treatment.

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