

# IMAGING: SUPPORT ENABLING QUALITY OF LIFE IMPROVEMENTS FOR PEOPLE FACING END OF LIFE

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## INTRODUCTION

People with a cancer diagnosis who are nearing the end of life can present with a myriad of symptoms. These may be subtle and complex and often difficult management decisions must be made by the clinical team. Imaging can help inform such decisions and a best way forward for symptom control and place of care.

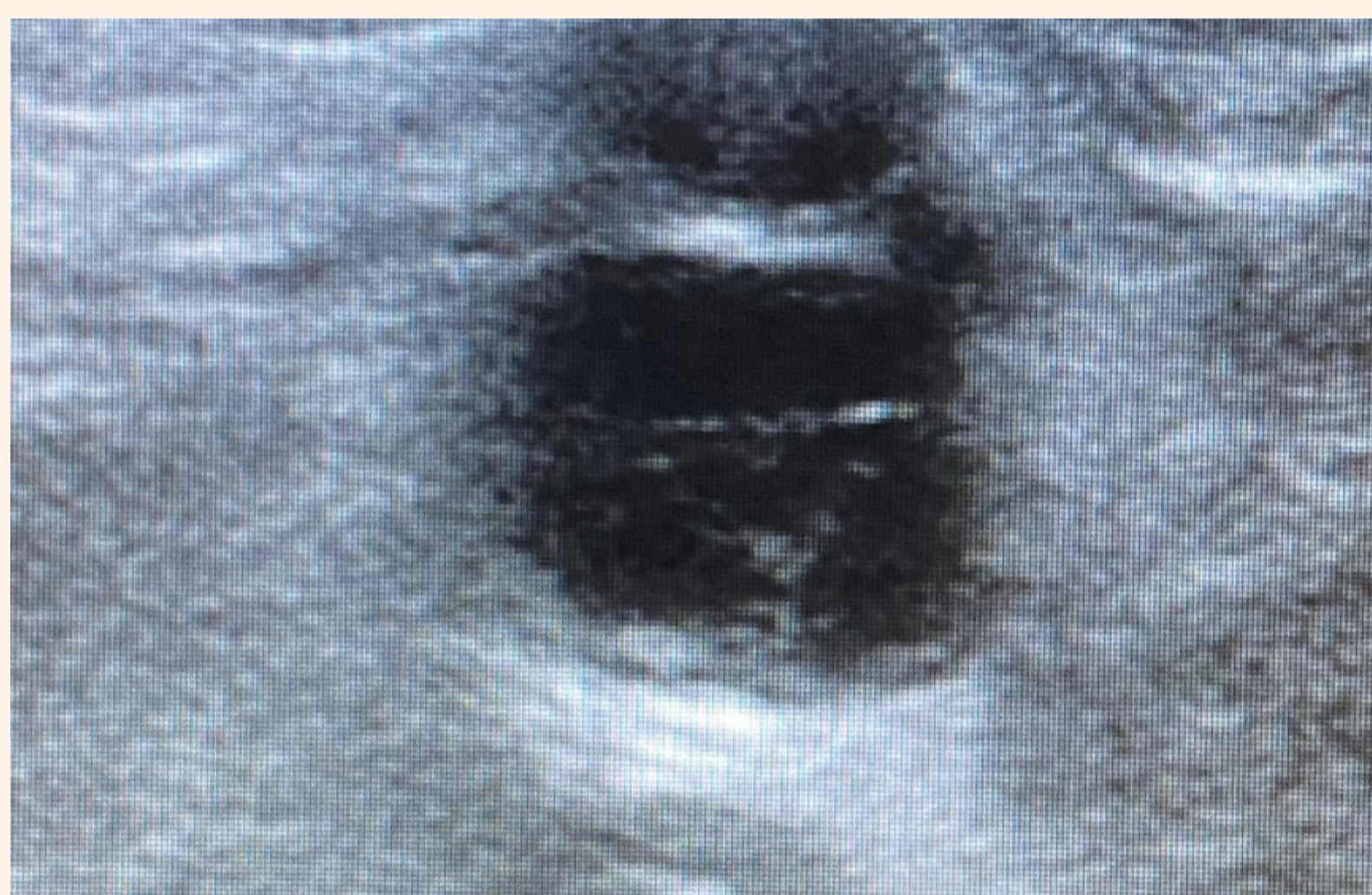
The use of ultrasound in palliative care was first reported by Gishen and Trotman in 2009 (1), it has increased considerably over the past decade and is now well

documented (2,3). At Saint Francis Hospice, the first ultrasound scan was carried out in July 2013 and in the following 9 years 564 scans have been performed.

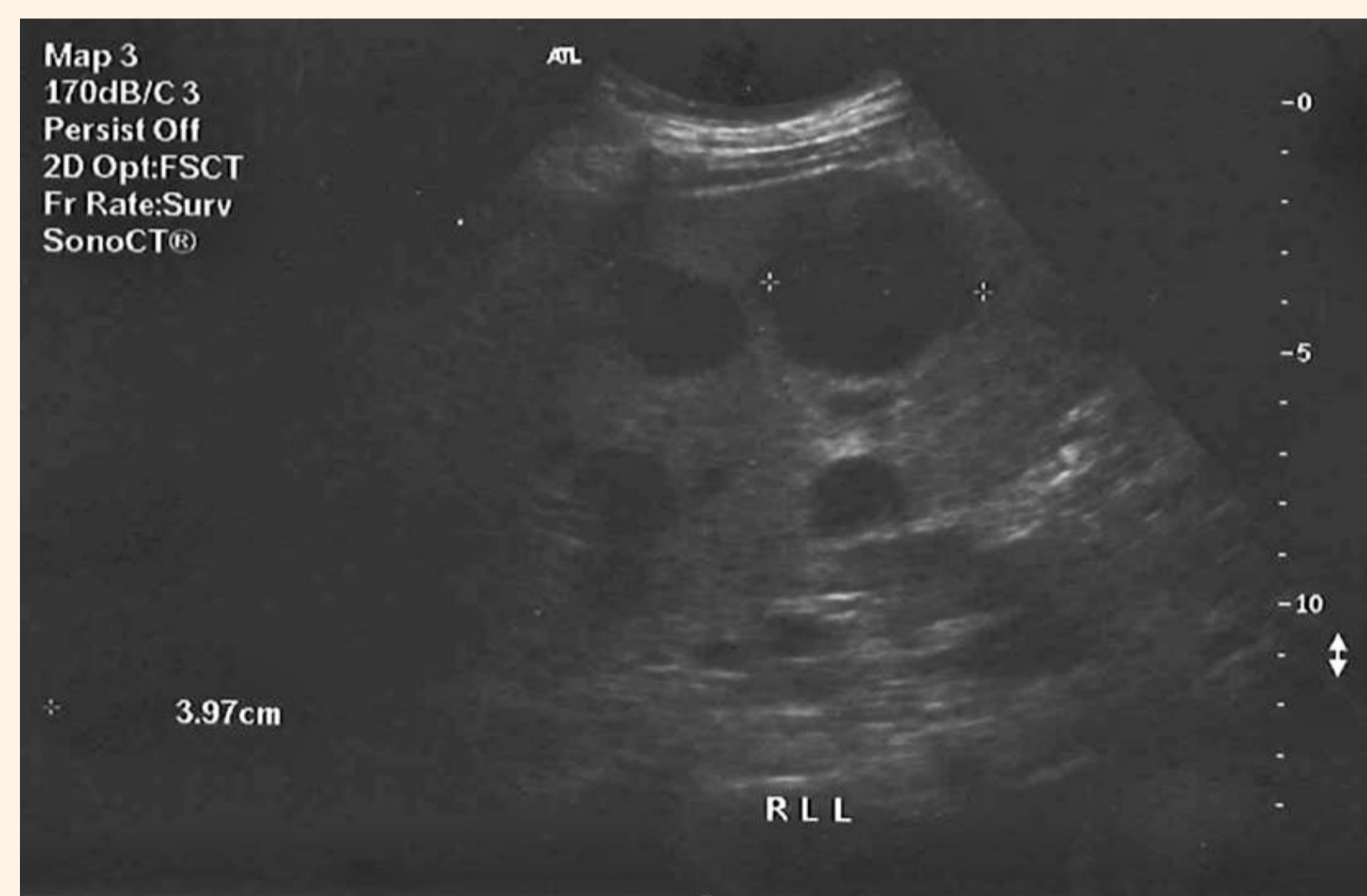
Challenges can still currently be faced in the UK in obtaining imaging from out of hospital, either necessitating a decision to transfer a patient for imaging, or a decision not to image. The latter closes the door to a greater understanding of a situation, possibly to resolutions for symptom burden.

## CONCLUSION

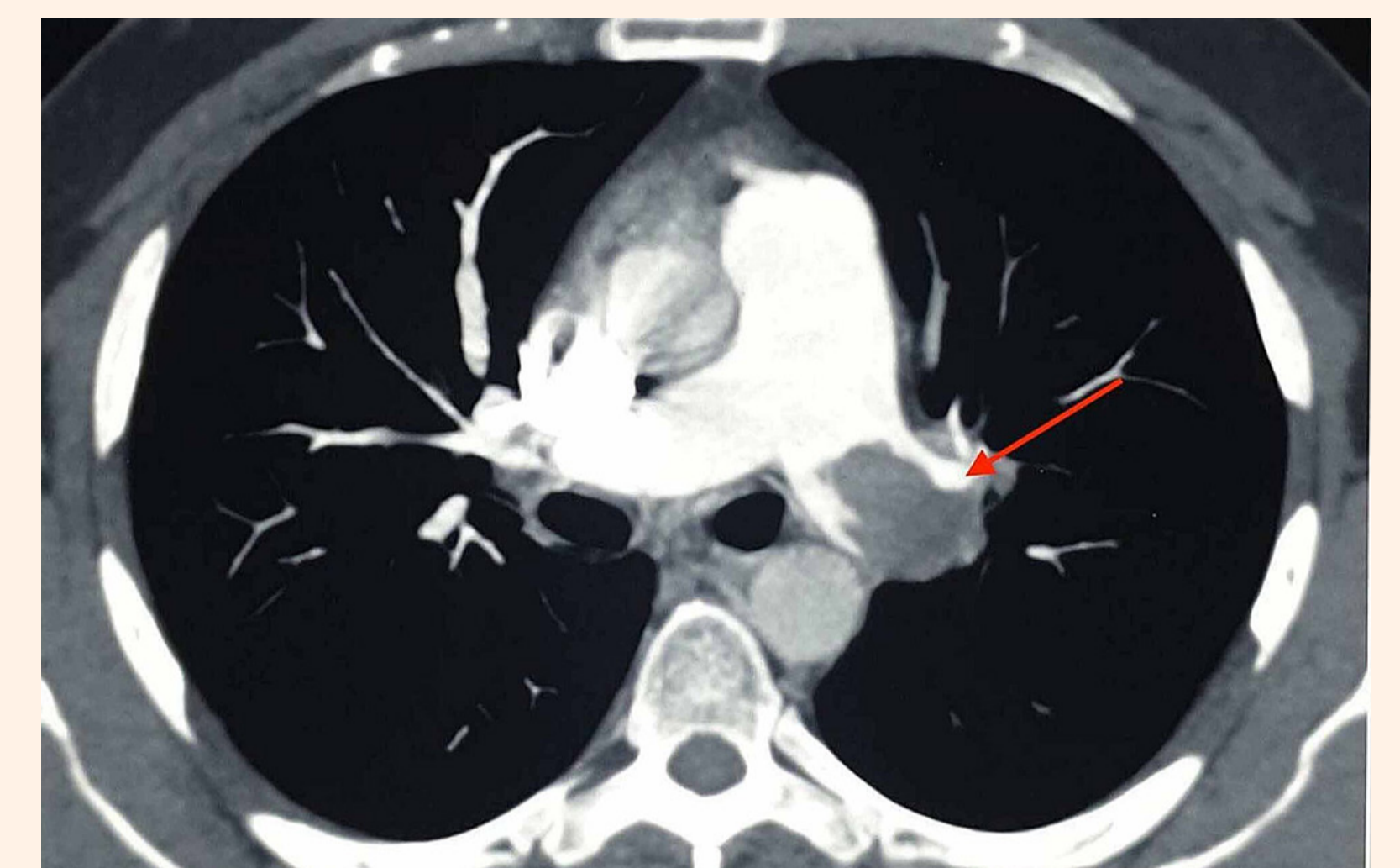
The examples given in this poster show that even at late stage, the timely use of imaging, including bedside ultrasound can aid the management decision process, providing clinician support at what can be a challenging point in peoples' lives.



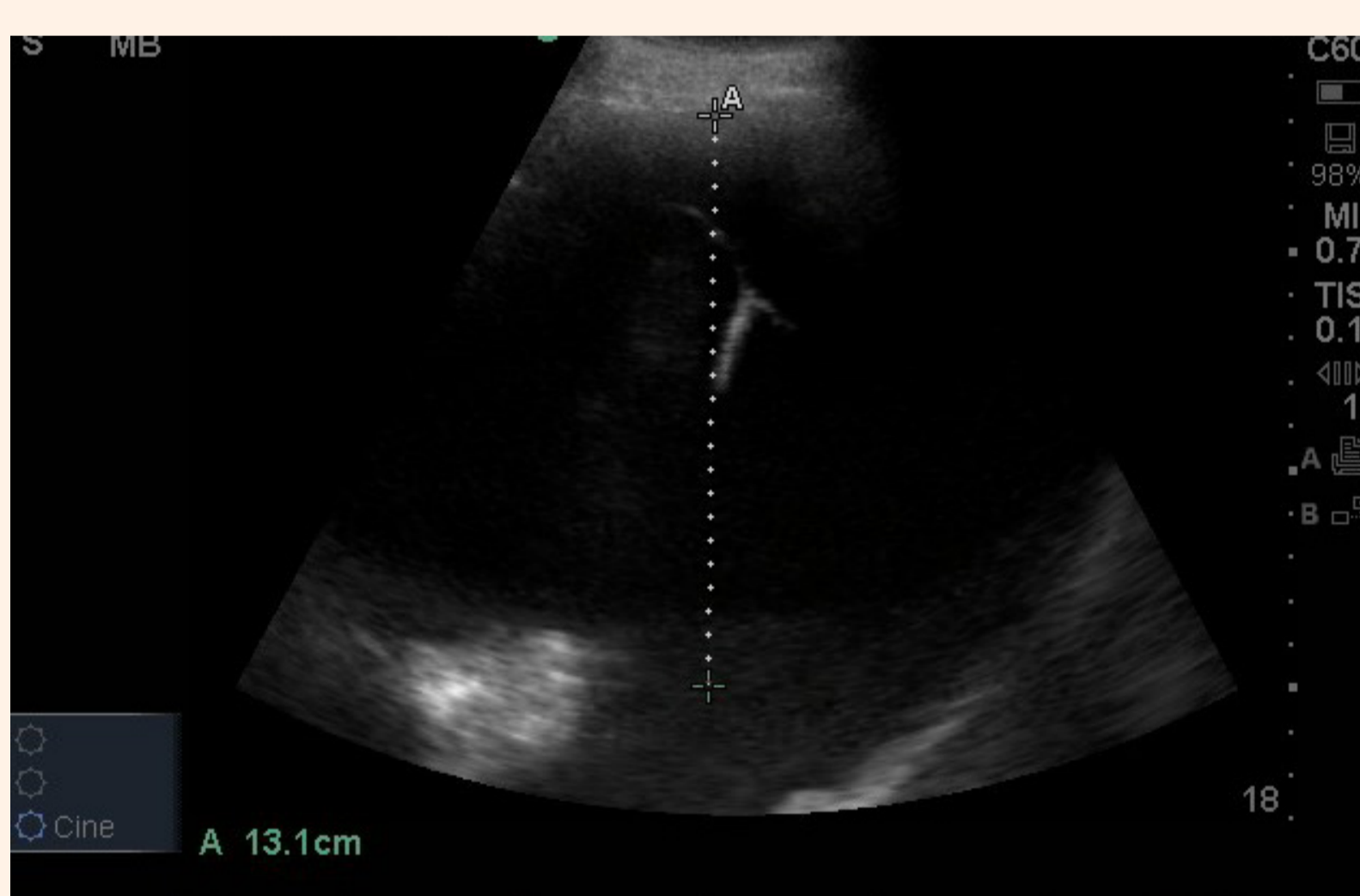
White et al in the HIDDEN study 2019(4) suggest that thromboprophylaxis for SPCU inpatients with poor performance status seems to be of little benefit. Earlier in the disease process, appropriate anti-coagulation can reduce pain and swelling and provide improved patient mobility.



Ultrasound image demonstrating previously unknown liver metastases in a patient with bone sarcoma. This development enabled future care planning, including conversations regarding preferred place of care (PPC) and preferred place of death (PPD) to take place.



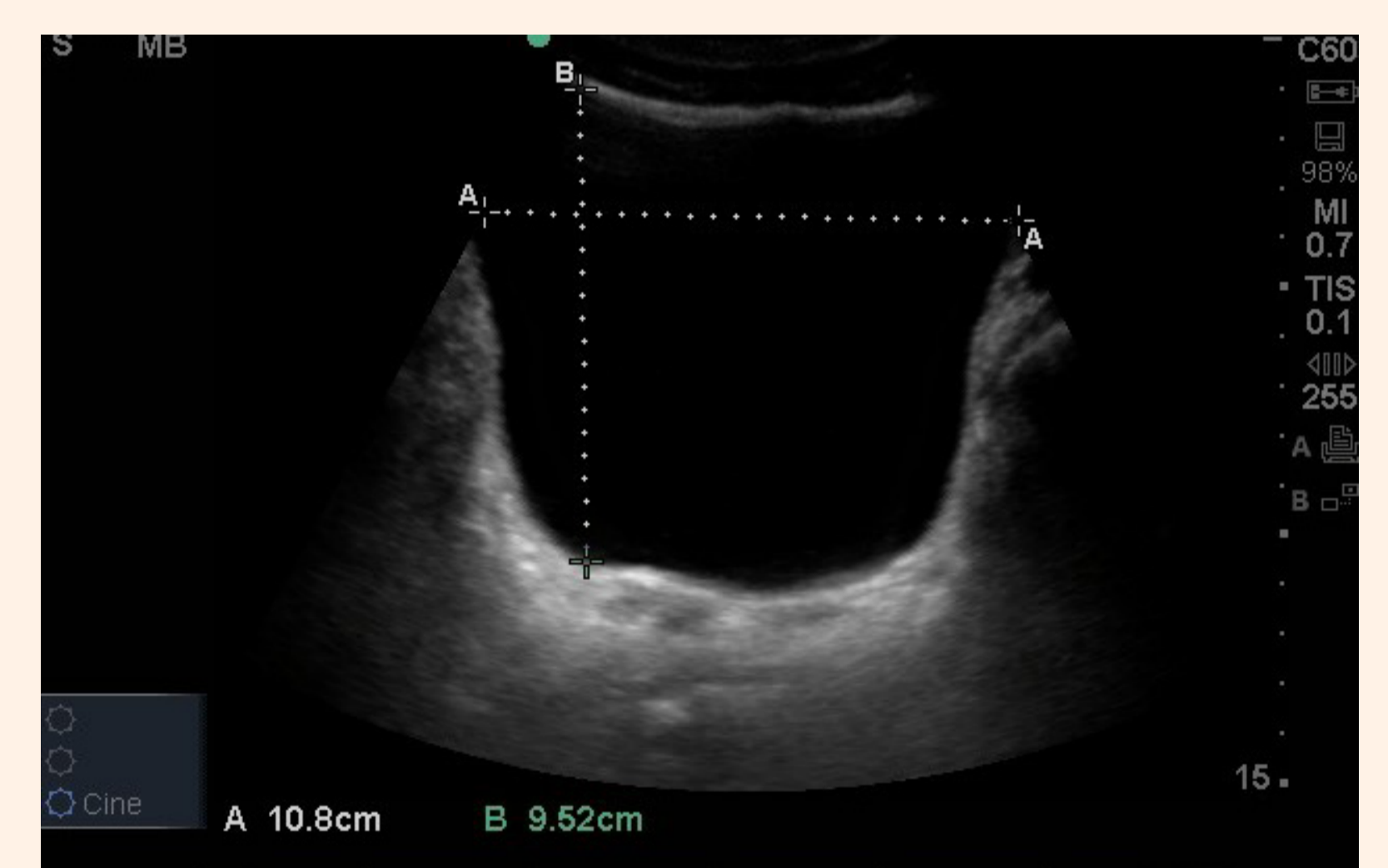
Above: CT demonstrating pulmonary embolus in the left main pulmonary artery. PE is a distressing symptom, anticoagulation.



Chest ultrasound demonstrating a significant pleural effusion. Drainage of pleural effusion and abdominal ascites can provide enormous symptomatic relief.



MRI T2 image demonstrating cord compression at the level of L1. Cord compression is an urgent potentially non reversible complication. In this case, the patient was referred in by the community team. Same day RT was arranged, providing symptomatic relief.



Urinary retention is a common and distressing symptom. At SFH, nurse bladder ultrasound training has been established to enable timely, accurate decision making regarding catheterisation.

### References

1. Gishen F. and Trotman I. Bedside ultrasound - experience in a palliative care unit. *European Journal of Cancer Care* 2009; 18(6): 642 - 644
2. Chernack B., et al, The use of ultrasound in palliative care and hospice. *American Journal of Hospice and Palliative Medicine* 2017; 34(4): 385 - 391
3. Landers, A, Ryan, B. The use of bedside ultrasound and community-based paracentesis in a palliative care service. *J Prim Health Care*. 2014; 6(2):148-151
4. White et al Prevalence, symptom burden, and natural history of deep vein thrombosis in people with advanced cancer in specialist palliative care units (HIDDEN): a prospective longitudinal observational study *Lancet Haematol* 2019; 6: e79-88