

Fluid retention-Edema, Ascites, Pleural Effusion

Many patients with wide-spread malignancy in the irreversible last stages will develop extracellular fluid retention in the form of edema, ascites, and pleural effusion.

It is most often from malignant cell activity, but can also result from lymphadenopathy, CHF, immobility, renal failure, protein deficiency, steroids, and NSAIDs.

Few invasive procedures result in any significant or long-lasting improvement. A thoracentesis, paracentesis, or Leveen shunt may be beneficial.

Management:

- 1) Diuretics
- 2) Avoid overhydration
- 3) Improve nutritional status to eliminate protein deficiency
- 4) Steroids for edema from brain and GI tumors

Comfort Measures:

- 1) Encourage exercise, especially leg exercises when patient is in bed
- 2) Leg elevation is effective only when the legs are level above the right atrium
- 3) Encourage increase in dietary protein

Medical Measures:

- 1) Compression stockings (thigh high) for daytime out of bed hours
- 2) Cautious use of oral diuretics, recognizing distresses associated with diuresis and symptoms of electrolyte imbalance
- 3) For severe ascities: spironolactone 200mg+ furosemide, 40mg daily; no longer than 4 weeks
- 4) Medicate for pain and/or dyspnea

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