

Clearing Bowel Obstruction and Decreasing Pain in a Terminally Ill Patient via Manual Physical Therapy

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Decreasing pain and improving function and quality of life are important topics for patients that refuse, or are not candidates for traditional medical interventions, and those at end stages of disease. Patients with inoperable, metastatic bowel carcinoma that experience pain and small bowel obstruction (SBO) as a result of adhesions are a subset of these patients. The standard treatment, adhesion and/or resection surgery followed by post-surgical medications to prevent infection and decrease pain, may not be ideal in end-stage cancer patients. We treated such a patient using a manual soft tissue physical therapy with goals of decreasing her pain and alleviating symptoms of bowel obstruction secondary to adhesions successfully, using a protocol we developed initially to open fallopian tubes that were blocked by adhesions.

The patient was a 61-year-old married woman with a history of multiple abdominopelvic surgeries over the last 12 years including hysterectomy, ileostomy and ileostomy reversal with chemotherapy and radiation for treatment of stage IIIB ovarian/peritoneal carcinoma. She experienced SBO episodes every 2-3 months and had five adhesiolysis and/or resection surgeries to attempt to repair the bowel. Because she had undergone a recent exploratory laparoscopy that revealed metastasis to the omentum, her physicians were reluctant to perform any further surgeries, and the patient requested no more surgical interventions.

She was unable to eat or drink, so a peripherally inserted central catheter (PICC line) was placed, and she received total parenteral nutrition (TPN) daily. She experienced chronic pain associated with the SBOs at a level of 4-5/10 that increased throughout the day with movement. The patient was undergoing chemotherapy, and medicated with Nexium 40mg qd, Compazine 10mg prn, Zofran 4mg prn, Ativan 1mg qd, multivitamin bid, Vitamin D 2000mg qd, Co-Enzyme Q10 qd and Dilaudid prn for pain. Her goals were to relieve the abdominal pain, decrease SBO incidents, eat a normal diet and travel.

The patient underwent 29 hours of a manual soft tissue physical therapy¹⁻⁶ over six months, focused on detaching the abdominal adhesions and was instructed in self

treatment techniques. At initial evaluation, she said she must reside near a hospital, due to PICC line and recurring SBOs.

She demonstrated improvement through the duration of therapy with significant pain decrease and functional increase. By discharge, her physician had removed the PICC lines because she had returned to eating a normal diet (including hamburger). She was then able to travel overseas with her husband, a significant increase in her quality of life.

Alleviating pain and dysfunction, and returning life quality are challenging goals in patients with inoperable gastrointestinal cancer. Here we report a successful nonsurgical treatment for abdominal adhesions, pain and dysfunction in a terminally ill patient. Before therapy, she lived with recurring SBOs, repeat surgeries, pain and dysfunction. Her only nutrition was intravenous TPN. After undergoing this manual soft tissue physical therapy, she was able to eat a normal diet, and participate in activities she desired.

References

1. *Alternative Medicine and Rehabilitation*. Wainapel SF, Fast A (eds). Demos Medical Publishing, 2003. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK11183/> (Last accessed September 4, 2012.)
2. *Principles of manual medicine*, 2e. Greenman PE. Williams & Wilkins, Baltimore, Maryland, 1996.
3. Brown JS. Rehabilitation of Soft Tissue Injuries in the 1990s. *Dynamic Chiropr* 1991;9(21):1-3.
4. Wurn BF, Wurn LJ, King CR, Heuer M a, Roscow AS, Hornberger K, et al: Treating fallopian tube occlusion with a manual pelvic physical therapy. *Altern Ther Health Med* 2008;14(1):18-23.
5. Wurn BF, Wurn LJ, King CR, Heuer MA, Roscow AS, Scharf ES, et al: Treating female infertility and improving IVF pregnancy rates with a manual physical therapy technique. *MedGenMed* 2004;6(2):51.
6. Wurn BF, Wurn LJ, Patterson K, King CR, Scharf ES: Decreasing dyspareunia and dysmenorrhea in women with endometriosis via a manual physical therapy: Results from two independent studies. *J Endometriosis* 2011;3(4):188-96.