

Liste-10

CONTINUOUS INTRATHECAL APPLICATION OF MORPHINE IN CANCER PAIN.

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Introduction: For about 100 years different neurosurgical operations were performed for treatment of intractable, cancer pain. Since 1986 the intrathecal opioid therapy via implantable pumps has become firmly established and has replaced practically all destructive operations, particularly chordotomies.

Patients and Method: From 1988 to April 1996 the intrathecal opioid therapy via implantable pumps was administered to 79 patients. Forty-two patients were controlled by an independent anaesthetist, who was not involved in the therapy. The follow-up was 13 months. Evaluation was based on VAS (0-10), the use of drugs (0-10) and quality of life (0-10).

Results: The mean VAS value preoperatively was 9,6 after intrathecal opioid therapy after 13 months was 2,0. The mean value over the follow-up was 2,4. Preoperatively all patients were administered drugs in accordance to WHO stage III. The mean value was 9,7, after intrathecal therapy was 4,4. Only 5 out of 42 patients needed the WHO stage III, 4 due to technical complications and 1 due to tumor progress. The quality of life (level of activity, emotional state, drug-related side-effects and sleep behaviour) showed a considerable improvement as far as 50% of our patients were concerned. Prior to pump implantation the mean value was 7,3, after intrathecal therapy 3,0. While preoperatively the severe side effects were 81% in spite of co-medication postoperatively, these were only relevant in 14%. 21% of the patients had no side effects. The lowest dosage was 1 mg morphine/day, the highest 55 mg/day. In the majority of patients, a dosage increase or dosage adjustment was necessary.

Conclusion: Due to the improvement of the VAS, side effects and quality of life as well as the reduction in drug intake with a low incidence of complications, intrathecal opioid therapy has proven to be an efficient method for cancer pain and rightly so has replaced the former destructive surgery.