Hypomorilysis in the care of cancer patients in palliative care

10.56238/homeinternationalanais-093

Sâmela Maria de Oliveira Silva
University Hospital Professor Alberto Antunes - HUPAA

Manuelle de Araujo Holanda
Clinical Hospital - UFPE

Nataniele de Albuquerque
University Hospital Professor Alberto Antunes - HUPAA

Tainan de Andrade Rocha
University Hospital Professor Alberto Antunes - HUPAA

Suzana Maria de Oliveira Costa Meneses
University Hospital Professor Alberto Antunes – HUPAA

Keywords: Hypodermoclysis, Subcutaneous Therapy, Palliative care.

1 INTRODUCTION

In a global context in which the aging of the population and the increase in chronic-degenerative diseases, such as cancer, it is reasonable to discuss more and more about alternative methods, such as the subcutaneous route (CS), for the administration of medications and rehydration solutions when the parenteral and oral pathways are restricted or associated with the contraindication of invasive procedures.

Hypodermoclysis refers, therefore, to the administration of medications and rehydration solutions in the SC layer of the skin through a needle, preferably of low caliber, introduced into a skinfold, in different topographic regions of the body. (INCA, 2009)

The term Palliative Care is currently defined by the World Health Organization as a quality-of-life approach to patients and family members in the face of diseases that threaten the continuity of life. In this type of care, there is the prevention and relief of suffering, through the early identification and effective treatment of pain and other symptoms of a multifactorial nature (WHO; 2002).

The theme addressed is important, because among the benefits of this route, such as easy applicability, more comfortable and less painful when compared with intravenous infusion, presenting adverse events and ensuring symptomatic control resulting from the disease. The favorable cost-benefit is also highlighted because it is less costly, and can be performed and evaluated at home, reducing the permanence in the hospital environment.

The present study aims to systematize the practice of professionals in the performance of care in relation to subcutaneous therapy in patients with advanced oncological disease. It is expected, therefore, to
demystify this alternative method, encourage the use of this method and better air the quality of patient care and provide greater technical security to the professional.

2 METHODOLOGY

This work was elaborated from a literature review in the Databases Medline, Lilacs, SciELO, publications of the National Cancer Institute (INCA), publications of the National Academy of Palliative Care (ANCP), publications of the Syrian Lebanese Hospital, in the period between 2009 and 2021. The keywords used are "Hypodermoclysis", "subcutaneous therapy" and "palliative care". Exclusion criteria were articles that did not address the theme of interest.

3 CONCLUSION

Because it is a simple, safe and without serious complications, the use of the S C route can be widely implemented in the hospital environment and also gains space in home care scenarios as an important modality to make up medical care in benefits of the patient, family and health team (BRASIL, 2012)

The reasons for few studies emphasize the use of Hypodermoclysis is that the oral route is still the first option for the administration of medications in patients at home, or without conditions of peripheral venous access. However, patients in palliative care, swallowing is often deficient, which makes it difficult to use the oral route as an alternative for medication administration and, mainly, as a hydration route (VIDAL, 2015).

Hypodermoclysis is an important resource for patients in palliative care providing quality of life to these patients. However, it is little discussed, little known and, consequently, less used.

Because it is an alternative infusion route for patients with oral and intravenous inviability, it is recommended that subcutaneous therapy be widely disseminated in palliative clinical practice among the multidisciplinary team.
REFERENCES


