Radical radiotherapy for an elderly patient

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EL - 91 male

Enlarged l atic
SCC from

Extensive

Polypharm

Lives alon

ECOG 2

Anaesthet

Referred to oncology for consideration of radical radiotherapy

"…He is quite a frail gentleman, mobile with a stick. He lives alone independently and has very little support from 1/2 friends but currently feels he is coping. He plans to drive himself to appointments…. He has a history of stroke and reported intensive SALT rehab following this. He now manages a slightly altered diet with techniques but copes well. I have informed the SALT team here so they can keep an eye out for him…"

Offered 55gy in 20 fractions

During radical radiotherapy –

- Initially coped well with treatment
- Frequent reviews by medical + nursing team
- Needed prompting with mouth-care + analgesia
- Managing oral diet + drive to appointments

- At final radiotherapy treatment admitted due to poor oral intake, nausea, pain

- 10% weight loss. Aspiration risk. Initially refused NG

  What advice?

- Difficult NG feed training. Mobility off baseline but not engaging well with physio. Fluctuating confusion.

  What advice?

- Difficult NG insertions. Pulled out NG x2.

  What advice?

    Referred for RIGG but on apixiban

- Medical complications –

  AKI

  Episode of fast AF

  Developed acute GI bleed – transferred to acute hospital for endoscopy – bleeding duodenal ulcer – passed away 3 days after