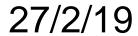


Radical radiotherapy for an elderly patient

- •Dr Robin Portner
- Clinical oncology SpR
- Christie Hospital, Manchester





EL - 91 male



Enlarged "...He is quite a frail gentleman, mobile with a atic SCC from stick. He lives alone independently and has very

ECOG 2

Extensive feels he is coping. He plans to drive himself to

little support from 1/2 friends but currently

Polypharn appointments.... He has a history of stroke and

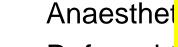
Lives alon reported intensive SALT rehab following this. He

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

Referred to oncology for consideration of radical radiomerapy



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