

## Intrathecal Drugs Delivery For Cancer Pain

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The intra-thecal catheter (ITC) is an important treatment modality for intractable cancer pain. Its use for severe cancer pain is very much dependent on local policies and procedures, the interest and the competence of the interventional pain physician, palliative care physician, nurses and the family physician in this field of care. It is indicated in severe neuropathic pain unresponsive to opioids or wide spread metastatic pain unresponsive to other options. The common routes are epidural or intrathecal analgesia with catheter and pumps that can be temporarily or permanently implanted. The catheter insertion can be cervical or lumbar, the later being easier approach. The catheter insertion may become more challenging when there are spine metastasis with intra-thecal invasion. In such situation, a pre-op MRI may be helpful in determining the insertion techniques. The delivery of drug into the intra-thecal space can be with percutaneous catheter, subcutaneous port/needle or with fully-implanted pump. The advantages of ITC include easier access to locate the space, less catheter obstruction, less pain on injection, lower dose of drugs (eg IT dose of morphine is 1/200 of oral morphine dose), more rapid and intense analgesia and low risk of infection. The catheter infection has been reported within 2.5-9%. The rate of infection is low with close monitoring of signs of meningeal irritation, the ITC allow easy CSF microscopy, use of prophylactic antibiotics and the bacteriostatic properties of bupivacaine. Overall long-term sequelae are usually minimal. In Selayang Hospital, the intra-thecal catheter is the most common intervention performed for palliative patient. In this presentation, there will be sharing of the experience and the outcomes of ITC in Selayang Hospital with special attention on technique of insertion and subsequent management of patient. In summary, ITC provides excellent pain control for cancer pain and a good pain management in these patient has shown to provide good end of life quality and improve the rate of survival.