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Update on the management of the gastrointestinal effects of radiation

McCaughan H *et al.* Gastrointestinal effects of radiation

Hannah McCaughan, Stephen Boyle, John J McGoran

Abstract

Radiation therapy is a long-established and essential modality in the treatment of many cancers. It is well known that tissue within a field of radiation can suffer indiscriminate effects, leading to acute and chronic problems. The gastrointestinal (GI) tract may be adversely affected by radiation. From the mouth to the rectum, patients can experience troublesome symptoms that require the concerted input of specialist teams. Interventions range from nursing care, dietetic optimization, pharmacological management, and mechanical procedures through endoscopy and surgery. Quality evidence exists mainly for radiation induced effects in four distinct areas of the GI tract: oral mucosa, esophagus, small bowel and rectum. This review explores the experiences of oncology and GI teams in managing the most common conditions and some of the different practices for radiation associated morbidity.

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Radiation therapy: Managing GI tract complications ...

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Radiation therapy and its effect on the GI tract. In 1895, Dr. Wilhelm Roentgen first introduced the use of x-rays for diagnostic radiographic purposes. A year later, Dr. Emil Gruble made the first attempt to u

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More than 200 000 patients per year receive abdominal or pelvic radiation therapy, and the estimated number of cancer survivors with postradiation intestinal dysfunction is 1.5–2 million. Worthwhile progress towards reducing toxicity of radiation therapy has been made by dose-sculpting treatment techniques. Approaches derived from an improved understanding of the pathophysiology of bowel ...

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Conclusions: Of the agents studied for the prevention and treatment of GIM, the evidence continues to support use of probiotics containing Lactobacillus spp. for prevention of chemoradiotherapy and radiotherapy-induced diarrhea in patients with pelvic malignancy, and hyperbaric oxygen therapy to treat radiation-induced proctitis. Additional well-designed research is encouraged to enable a decision regarding palifermin, glutamine, sodium butyrate, and dietary interventions, for the prevention ...

Cited by: 14 Author: Joanne M. Bowen, Rachel J. Gibson, Janet ...
Publish Year: 2019

Practice guidance on the management of acute and chronic ...

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Feb 01, 2012 · The best current evidence for effective treatment of radiation-induced GI bleeding is with sucralfate enemas and hyperbaric oxygen therapy. Conclusions All cancer units must develop simple methods to identify the many patients who need help and establish routine referral pathways to specialist gastroenterologists where patients can receive safe and effective treatment.

Cited by: 231 Author: H Jervoise N Andreyev, Susan E Davidson, ...
Publish Year: 2012

CDC Radiation Emergencies | Acute Radiation Syndrome: A ...

<https://www.cdc.gov/nceh/radiation/emergencies/arsphysicianfactsheet.htm>

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1. Bone marrow syndrome (sometimes referred to as hematopoietic syndrome) the full syndrome will usually occur with a dose between 0.7 and 10 Gy (70 – 1000 rads) though mild symptoms may occur as low as 0.3 Gy or 30 rads. 1. The survival rate of patients with this syndrome decreases with increasing dose. The primary cause of death is the destruction of the bone marrow, resulting in infection and

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PEOPLE ALSO ASK

What is the treatment for radiation induced GI bleeding?



How does radiotherapy affect the function of the GI system?



What is the current approach to radiation management?



Are there any side effects of radiation therapy?



Feedback

Guidance: The practical management of the gastrointestinal ...

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