management and hospice referral. Additionally, clinicians will share experiences and data from implementation of an opioid assessment tool and an opioid management protocol in this population.

Image-Guided Palliative Care (TH364)

Jay Requarth, MD FACS, Catawba Regional Hospice, Newton, NC.

Objectives

- Develop a treatment plan that differentiates between those with a fully expanding lung and those with a fibrinothorax.
- Determine different diagnostic tests and maintenance options that would be realistic and effective for that clinical setting.
- List the 3 therapeutic options for celiac plexus blocks and their relative effectiveness areas of planning for physical therapy services.

Image-guided palliative care is an underused therapy that can provide pain and symptom relief. These treatments can be provided by any physician with access to quality ultrasound, fluoroscopy, and computed tomography (CT) equipment. However, the efficacies and risks of the therapies may be different based on the technique and equipment used for the image-guided treatment and the timing of these treatments.

This session will describe commonly encountered palliative problems that can be mitigated with image-guided and percutaneous therapies. A continuance of the 2018 interventional radiology presentation, this discussion will address different topics and will include efficacy, options, and risk data on each of the image-guided treatment options. Celiac plexus neurolysis will be reviewed again this year because of its importance in pain management, but we will concentrate on non-radiology based options (endoscopic ultrasound directed versus percutaneous CT-guided) and optimal timing of these 2 treatment options.

The following topics will be discussed: the decision-making process and treatment of recurrent benign and malignant pleural effusions with special emphasis on the diagnosis and treatment of fibrinothorax (trapped lung), celiac plexus neurolysis for upper abdominal cancer pain, treatment options for recurrent cirrhotic and malignant ascites, gastrostomy tube insertion options and risks as well as recognition and treatment of late complications such as skin burns and intussusception, and catheter-based palliation of obstructive jaundice and cholecystitis.

Finally, the presenters will review the efficacy and risks of intercostal neurolysis (rib blocks) for chest wall pain as well as how any physician can master this simple technique which can be performed without any image-guidance.

The Untold Story of the Opioid Crisis: An Interdisciplinary Approach to Patients with Life-Limiting Complications of Opioid Addiction (TH365)

Britni Lookabaugh, MD, OhioHealth, Columbus, OH. Jessica Geiger-Hayes, PharmD, OhioHealth Riverside Methodist Hospital, Columbus, OH. Jill Yahner, MED LSW, OhioHealth, Columbus, OH. Wendy Ungar Rabbi, OhioHealth, Columbus, OH. Alan Murphy, PhD, OhioHealth, Columbus, OH.

Objectives

- Collaborate with interdisciplinary team members to navigate the complex biopsychosocial care of patients suffering from the complications of opioid use disorder.
- Negotiate the ethical considerations of recurrent cardiac surgery for infective endocarditis related to ongoing intravenous opioid use.

According to the CDC, in 2016, 62,632 Americans died from drug overdose, with 66% of these deaths related to opioid use. Even with the media's increased attention to the opioid crisis, the stories of patients with recurrent medical complications of addiction remain untold. Medically, these patients are at high risk for recurrent, life-threatening infections, such as endocarditis. Potential survival may entail multiple major surgeries. Surgeons may be reluctant to provide these surgeries, and when surgery is provided, patients suffer post-operative pain that is challenging to control because of patients' opioid tolerance, a challenge compounded when the time comes to transition to outpatient plans for pain management. Patients dying of medical complications of opioid use disorder can suffer from severe symptoms that are similarly difficult to manage. Socially, opioid use disorder may complicate relationships between patients and their families, with the result that surrogate decision making may be vexed by estrangement or codependence. Spiritually, patients struggle with distress due to loss of function and identity; younger patients, disproportionately affected by opioid use disorder, struggle with the threat to, or impending loss of, what they expected to be a longer life. Organizationally, the palliative care team may also assist in palliating the moral distress that bedside staff may feel in caring for these young and complex patients. The myriad challenges that arise in providing palliative care to patients with opioid use disorder necessitates a robust interdisciplinary approach; to that end, this session will include a physician, social worker, chaplain, pharmacist and clinical ethicist who will discuss the difficulties presented by opioid use disorder in their respective fields and suggest interventions to address them.