UKINETS bitesize guidance
Peri-operative management of patients with neuroendocrine tumours

Surgical / Interventional Radiology procedure not related to tumour

Minor procedure (surgery, biopsy, ablation) to primary tumour

Major Surgery / TAE on metastatic deposits or bulky primary tumour

Non-functioning NET

No Octreotide required

Octreotide 100ug IV On induction

Surgical / Interventional Radiology procedure related to tumour

Non-functioning NET

No Octreotide required

Octreotide 100ug IV On induction

Octreotide 12.5ug/hr IV infusion 8-12 hours pre-operatively, 12-24 hours post procedure

Minor procedure (surgery, biopsy, ablation) to primary tumour

Non-functioning NET

No Octreotide required

Octreotide 100ug IV On induction

Octreotide 12.5ug/hr IV infusion 8-12 hours pre-operatively, 12-24 hours post procedure

Octreotide 25ug/hr IV infusion 24 hours pre-operatively, then 24-48 hours post procedure

Active carcinoid syndrome

Well controlled on SSA

Octreotide 12.5ug/hr IV infusion 8-12 hours pre-operatively, 12-24 hours post procedure

Octreotide 100ug IV On induction

Octreotide 25ug/hr IV infusion 24 hours pre-operatively, then 24-48 hours post procedure

Active carcinoid syndrome

Symptomatic/ significant carcinoid heart disease

Octreotide 50ug/hr IV infusion 24 hours pre-operatively, then 72 hours post procedure

Octreotide 12.5ug/hr IV infusion 8-12 hours pre-operatively, 12-24 hours post procedure

For more information, please visit our website: www.ukinets.org
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Drugs to consider using in a carcinoid crisis:

- Hydrocortisone, ranitidine, chlorpheniramine (reduce histamine release)
- Hypotension: IV fluids; consider phenylephrine, noradrenaline or vasopressin
- Hypertension: optimise analgesia and anaesthesia (fentanyl/propofol), consider magnesium or GTN infusion in acute setting.
- Avoid drugs that cause histamine or serotonin release: thiopentone, suxamethonium, atracurium, morphine, tramadol, dopamine, isoprenaline

There has been very little good research into peri-operative management of patients with functional neuroendocrine tumours releasing carcinoid hormones. Studies that have been done differ in their definition of what constitutes an intra-operative carcinoid crisis (mainly through differences in duration of hypotensive episodes). This has resulted in differences in opinion over benefit of peri-operative octreotide in preventing carcinoid crises.

Anaesthetists should be prepared for carcinoid crisis even in patients on octreotide prophylaxis.

Carcinoid crisis can very rarely occur in patients without prior history of carcinoid syndrome on induction of anaesthesia.

References