

What is carcinoid crisis?

Carcinoid crisis is a rare unpredictable clinical emergency associated with carcinoid syndrome. Carcinoid crisis causes extreme changes in blood pressure, heart rate and breathing, due to excessive hormone release. It can be triggered when a person with neuroendocrine cancer experiences significant stress, undergoes biopsies, anaesthetic, liver directed therapies or peptide receptor radionuclide therapy (PRRT).

What are the symptoms associated with carcinoid crisis?

- Low or high blood pressure
- Wheezing/shortness of breath
- Fast heart rate
- High body temperature
- Altered mental state
- Intense flushing
- Abdominal pain

In extreme cases carcinoid crisis may cause loss of consciousness and be life threatening.

What are risk factors for carcinoid crisis

It is difficult to predict the risk for carcinoid crisis occurring. The following are considered potential risk factors:

- Carcinoid syndrome
- Carcinoid heart disease
- Large amount of neuroendocrine cancer in the body (high tumour burden)
- High Chromogranin A (CgA) levels
- High urinary 5-HIAA levels

Management and Treatment of carcinoid crisis

If you are having a procedure, it is vital healthcare professionals involved in your care are aware you have carcinoid syndrome. This will ensure the appropriate management is organised to prevent a carcinoid crisis.

People with a neuroendocrine cancer that are known to have a carcinoid syndrome, can safely undergo procedures provided the procedure is managed by an anesthetist who has an understanding and plan to prevent and manage carcinoid crisis.

Carcinoid crisis can be prevented and managed with somatostatin analogue medications via infusion or injection. (For more detailed information refer to **Anaesthesia Fact Sheet**).

Additional Resources

- **Anaesthesia Fact Sheet**
- **Medical Alert Card (example below)**



MEDICAL ALERT CARCINOID CRISIS

I have a **neuroendocrine cancer** and I am at risk of a carcinoid crisis (labile blood pressure, arrhythmias, bronchospasm, flushing) if I have invasive medical or surgical problems.

The management of carcinoid crisis is intravenous octreotide. This can be given as an infusion or by intermittent bolus to control symptoms.

I will need perioperative prophylactic treatment of intravenous octreotide for acute surgery. I may need additional intravenous octreotide if I still have symptoms. A lower dose can be given subcutaneously for more minor procedures.

ALL DOSAGES GIVEN ON THE REVERSE OF THIS CARD

For prophylaxis:
Preoperative bolus of 100-1000µgm of octreotide and then infusion of 100-2000µgm per hour during surgery and continued post-op for 24-48 hours.
Intermittent boluses (100-1000µgm) can also be given as required.
Intraoperatively avoid use of morphine, pethidine, codeine, atracurium and mivacurium.

For unexpected carcinoid crisis:
Bolus IV Octreotide 100-2000µgm, followed by the infusion above (Huttons et al 2017)

Avoid use of adrenaline and noradrenaline.

This card is issued by:
NeuroEndocrine Cancer Australia
neuroendocrine.org.au

If you need further support or information about neuroendocrine cancer, contact the
NET nurses at NeuroEndocrine Cancer Australia on 1300 287 363 Monday-Friday 9am-5pm



Support



Education



Research



Awareness



Advocacy