PATIENT INFORMATION

Intraperitoneal Therapy (IP Chemo)

Please bring this book to the hospital on the day of your treatment.

THE OTTAWA HOSPITAL

CP 70 B (REV 04/2016)

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

Table of Contents

Introduction

Dear patient,

Your oncologist has recommended intraperitoneal chemotherapy as part of your treatment plan. You probably have many qestions regarding this treatment and concerns about what will happen to you. This booklet is to help prepare and support you and your family during your intraperitoneal chemotherapy treatment.

The health-care team has put together a clinical pathway on the following page so you will know what will happen to you before your chemotherapy treatment and on a day-to-day basis afterwards. The plan of care is always adapted to individual patient needs and therefore can change depending on your needs. As you read this booklet, jot down any questions that come to mind. Please do not hesitate to ask your oncologist or nurse for answers to your questions.

Please read and bring this book to the hospital. The health-care team members will refer to this book during your hospital stay.

Clinical Pathway – Intraperitoneal Chemotherapy

	Cancer Centre Follow-up Post-op	Week 1 Day 1 and 2	Week 2 Day 8	Week 3 No treatment
Tests		• Blood test		
Treatments	• Discussion with Physician: – findings from surgery – pathology – plan for chemotherapy – height and weight	• Start intravenous • Discussion re signs and symptoms since last visit • Nurse checks: – blood pressure – pulse, temperature – respirations • Height and weight • Nurse puts needle in IP port	• Start intravenous • Discussion re signs and symptoms since last visit • Nurse checks: – blood pressure – pulse, temperature – respirations • Nurse puts needle in IP port	
Medications		• Pre-chemo medication by mouth and intravenous	• Pre-chemo medication by mouth and intravenous • IP Paclitaxel	
Activity	• No restrictions	• Bed rest when needle in IP port	• Bed rest when needle in IP port	• No restrictions
Nutrition	• Regular	• Regular	• Regular	• Regular
Patient Teaching/ Discharge Planning	• Discussion with nurse: – Answer questions regarding content of booklet – Initiate discussion re self-care at home	• Answer your questions • Discussion re self-care at home (including how to take medications at home) • Follow-up plan • Contact phone numbers • Coordinate nursing home visits • Discharge home after chemotherapy completed • Prescriptions: – medication post-chemo – hair prosthesis • Provide medication calendar with explanations	• Answer your questions • Review self-care at home (including how to take medications at home) • Follow-up plan • Review contact phone numbers • Discharge home after 6–7 hours	

What is intraperitoneal chemotherapy?

Chemotherapy is a drug or medicine used to treat cancer. Intraperitoneal (IP) chemotherapy is a way of administering a high concentration of chemotherapy directly into your abdomen or belly through a small catheter (port). **Intra** means into and **peritoneal** is the space in your belly between the abdominal muscles and the organs in your abdomen. Intraperitoneal chemotherapy puts the medicine directly into the area where the cancer is located.

Who is eligible to receive IP chemotherapy?

Intraperitoneal chemotherapy is used in women with ovarian cancer who have minimal remaining cancer after surgery (less than 1 cm). IP chemotherapy is not indicated for women whose cancer has relapsed (come back). It is also not indicated if you have intra-abdominal (in the abdomen) scarring, because the chemotherapy would not be able to be distributed to all areas of the abdomen.

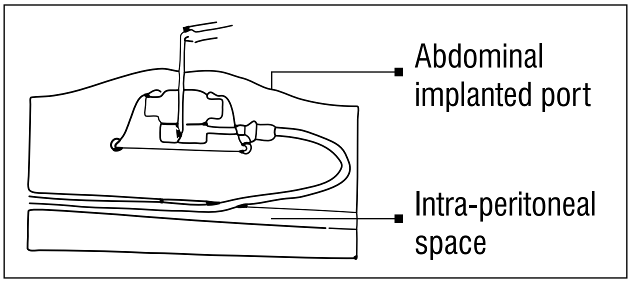
If you are offered IP chemotherapy and agree to receive this treatment, a special catheter (intraperitoneal port or IP port) will be placed into your abdomen.

What is an intraperitoneal port (IP port)?

During your surgery or shortly afterwards, your doctor will arrange for you to have a device called a port inserted under the skin with a catheter attached which leads into the peritoneal space (the space surrounding the organs in your abdomen).

After this procedure, you will notice a slight bump on the surface of your rib cage. This is where the port has been placed. You may have a dressing (gauze) over the area, this can be removed two days after surgery.

You may have stitches that will dissolve (melt or be absorbed by your body) and disappear on their own, or you may have stitches or staples that will need to be removed 7 to 10 days after the port has been put in place. Ask your doctor or nurse about your stitches.



The port has a raised chamber and a side arm attached to a thin flexible tube. To access the port, a needle will be inserted through your skin and into the self-sealing silicone disc on top of the chamber. The needle is then attached to intravenous tubing. This allows for the medication to be administered directly into the peritoneal space in your abdomen. The port needle will remain in place while you are receiving chemotherapy, and it will be removed once the treatment is completed for the day. There will be no needle or tubing in between chemotherapy visits. You may clean this area as you would normally.

A gynecologist-oncologist will remove the IP port in day surgery. This is usually removed 4 weeks after your last IP chemotherapy.

What needs to be done before I start IP chemotherapy?

- See a gynecologic-oncologist in follow-up after the surgery to confirm you are eligible for IP chemotherapy. During this appointment, the doctor will review the reports from your surgery and ensure you have recovered sufficiently from surgery.
- A PICC (peripherally inserted central catheter) will be inserted in a vein in your arm by a specially trained nurse, in order to make it easier to give you fluids, chemotherapy and take blood. A PICC is a semi-permanent intravenous device, which will remain in place until your chemotherapy is completed.
- Contact your private insurance provider to find out whether or not the following medications are covered by your drug plan.
  - aprepitant (brand name Emend) DIN # 02298813
  - ______________________________
- You will be given prescriptions for medications to take during and after your chemotherapy. **Bring these and all other medications** you take to the hospital when you get admitted.

How will my chemotherapy be given?

You will be receiving treatment by intravenous (IV) into a vein in your arm through a Peripheral Inserted Central Catheter (PICC) and intra-peritoneal (IP) chemotherapy into your abdomen.

What can you do to prepare yourself for the treatment?

- Eat a light dinner the night before, and a light breakfast the morning of the treatment.
- Bring a snack, and if you wish, bring a book, CD, DVD or MP3 player.
- Wear pants or skirt with an expandable waistband and loose fitting clothing to the hospital.
- We suggest you have a relative or friend accompany you during your first treatment. They can provide support and help take notes regarding your care at home.
- Make arrangement for someone to take you home after each treatment. Some medications you receive may cause drowsiness.
- Bring your medication or an updated medication list to each treatment.

Your nurse will then insert a needle into the “intraperitoneal port” under your skin and connect the needle to an intravenous fluid bag. You may experience some pressure and a pin prick as the nurse inserts the needle, which will be taped securely to the port and covered with a dressing. The nurse will then allow half a liter of a saline solution to infuse into your intraperitoneal space via the port. This fluid helps to dilute and distribute the chemotherapy drug inside the abdomen. Once the extra fluid is administered, the nurse will allow the intre-peritoneal chemotherapy to infuse directly into your intraperitoneal space. After the intraperitoneal chemotherapy has been completely administered the nurse will give you additional fluid (up to a half liter of saline as tolerated). This additional fluid allows the chemotherapy to reach and “bathe” all parts of the peritoneal space. You may experience bloating and a feeling of fullness because of the fluid in your abdomen. This fluid will naturally be absorbed into your body over the next few days. Notify your nurse if you experience dizziness, cramping, or nausea at any time during your treatment.

Once all the intraperitoneal fluid has been given, the nurse will remove the needle from your port, and a bandage will be placed on this site which can be removed before you leave the hospital.

Who will administer my intraperitoneal chemotherapy?

Registered nurses with special training in administration of chemotherapy will give you the treatment.

What do I need to do during IP chemotherapy?

- Empty your bladder before the port's needle is inserted into your abdomen.
- During the actual intraperitoneal treatment, you will be asked to remain in bed.
- Notify your nurse or doctor immediately if you are experiencing stinging, burning, or swelling at the site of the port or the PICC at anytime during the chemotherapy infusion.

How will intraperitoneal chemotherapy affect my life?

You will have to adjust your regular routine in order to visit the doctor or to go to the hospital for your treatment. It may take you some time to adjust emotionally and practically to your diagnosis and treatment.

You will feel tired or fatigued; exercise, such as walking, dancing or even more active sports, if you can, are encouraged to help manage this symptom. Feel free to go shopping, to the theatre, to sporting events, or to do whatever you feel like doing. However, keep in mind that it is important to take precautions when your white blood count is low (avoid large crowds or sick people). A balance of rest and activity is important.

Your sexual practices do not need to change. If pressure on the port is uncomfortable, try a different position. If you are experiencing problems with the sexual aspects of your life, talk about it with your partner. Your nurse can also give you information and support, and/or refer you to another team member as needed. You and your partner will need to use a condom if you have intercourse in the first few days after your treatment. This is to protect your partner since all body fluids have traces of chemotherapy for a few days after treatment.

What side effects should I expect from the treatment and what can I do about it?

Possible side effects	Comfort measures
Increased abdominal pressure and bloating (due to the large amount of fluid put into the peritoneal space (belly)	• Walk around once the treatment is completed. • Wear loose clothing with expandable waistband. • Eat lighter food and smaller portions on the day of your chemotherapy, and for the first few days after the IP treatment. • Try to distract yourself (TV, reading, conversations, music, etc.).
Abdominal pain or burning (due to irritation of the peritoneal surface by the chemotherapy)	• Take pain medications as prescribed. • Try to distract yourself (TV, reading, conversations, music, etc.). • If the pain cannot be controlled call the visiting nurse or go to the Emergency department.
Frequent urination and feeling of fullness (caused by pressure on your bladder exerted by excess fluid in your abdomen)	• Empty your bladder prior to the treatment. • Unfastened the button or zipper of your pant/ skirt. • Wear loose fitting clothing.
Breathing faster and more frequently (caused by the large amount of fluid putting pressure on your diaphragm)	• Elevate the head of the bed during IP infusion and at night time. • Walk around after the treatment. • Sit in an upright chair after the treatment. • If breathing becomes more difficult and labored, go to the Emergency Department or notify your nurse.

Possible side effects	Comfort measures
Nausea, vomiting or both (caused by the chemotherapy drug)	• Take small frequent meals. • Take medications as prescribed to control nausea and vomiting. If you cannot keep pills down, call your visiting nurse for her to give you an anti-nausea medication by injection (under the skin) or by intravenously (in your veins). • Ask your nurse for the booklet *"Nutritional guidelines if you have nausea or if you are vomiting"*. • In order to help control the symptoms of nausea and vomiting associated with chemotherapy and to prevent kidney damage, the visiting nurses may need to give you intravenous fluid at home for a few days after your treatment. • If your nausea and vomiting persists more than 24 hours call your nurse/doctor at the hospital.
Constipation (caused by the medication side effects)	• Take stool softeners and laxatives as prescribed. • Increase your daily fluid and fiber intake. • Notify your doctor or nurse if you have no bowel movement for 2 days.
Diarrhea (caused by increased abdominal pressure or side effect of the drugs)	• Drink lots of fluid (such as pedialyte) to prevent dehydration. • If it persists more than 24 hours call the gynecologic oncology team.
Decrease in appetite (caused by the large amount of fluid putting pressure on your stomach and the chemotherapy medication)	• Eat small frequent meals. • Drink liquid supplements with high nutritional value (Boost or Ensure). • Ask your nurse for the booklet *"Suggestions to increase energy and protein intake"*.

Possible side effects	Comfort measures
Low white blood cells (see generic chemotherapy booklet for details) Low white blood cells also leave you more susceptible to infection.	• If your white cells become too low, your treatment may be delayed. • You may need to receive injections of "Neupogen" (filgrastim) for a few days between your chemotherapy treatments, as this medication helps your body to produce more white blood cells. The visiting nurse will teach you how to self-administer these injections.

Other side effects that you may experience with this treatment are muscles or joint pain, mouth sores, fever, increased risk for bleeding and/or infection, numbness or tingling in your hands and/or feet, and hair loss. Information about these side effects is provided in the general chemotherapy booklet and on the information sheets pertaining to your specific type of chemotherapy.

What you need to know about home care of the peritoneal port.

- Since the peritoneal port is located under your skin, no covering or bandage is required.
- You may bathe or shower as you would normally. However you will need to cover the PICC site.
- Having a port in place should not restrict your activities. Reasonable exercise is allowed after the incision is healed and once your recovery from any other surgery (if applicable) is complete. Ask your doctor or nurse about resuming your normal activities.
- Inspect the skin around your port daily. If this area becomes reddened, swollen or tender to touch, you should report this to your doctor or nurse.
- The port does not affect your diet. You may continue to eat as you would normally.

When should I call to notify my doctor or nurse?

If you:

- Experience abdominal pain that cannot be controlled by medication.
- Have chills or a fever of 38°C (101°F) or higher;
- Develop redness, swelling, or tenderness around the port site;
- Have severe nausea, vomiting, diarrhea or constipation that lasts more than 24 hours;
- Are unable to eat or drink for more than 24 hours;
- Have any unexpected or unexplained problems.

Who should I call?

Nurse: ____

Primary physician: ____

Gynecologic Oncology Nurse: 613-737-8899 ext. 72838

After hours or weekend: call your visiting nurse for advice or go to the emergency department.

Resources

The diagnosis and treatment of ovarian cancer may have a major impact upon you and the people close to you. The disease may affect your physical, emotiond, social, spiritual and practical needs. As a result, you may experience many issues. There are many resources available within the hospital, community and internet to help you and your family.

The Ottawa Hospital Learning Services

Do you need help finding more information about your disease?
Please email Learning Services at learningservices@toh.on.ca.

Recommended websites

- The Ottawa Hospital, Cancer Program: www.ottawahospital.on.ca/cancer
- Gynecology Oncology Group (American): www.gog.org
- National Cancer Institute (American): www.cancer.gov
- Society of Gynecologic Oncologists of Canada: www.g-o-c.org
- Ovarian Cancer Canada: www.ovariancanada.org
- Society of Gynaecologic Oncologist (American): www.sgo.org

We hope this book has helped to guide & support you at this time. The information comes from team members and patients like you. Your suggestions are important.

The Division of Gynecologic Oncology asks for your support in attaining excellence in patient care, research and education. The Division of Gynecologic Oncology has research accounts. Please consider a donation. All donations are tax receivable. Your gift is greatly appreciated.

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Notes