PATIENT INFORMATION

Intraperitoneal Therapy (IP Chemo)

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

THE OTTAWA HOSPITAL
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** ........................................................................................................ 1

**Intraperitoneal Chemotherapy Calendar** ............................................................. 2

**Clinical Pathway – Intraperitoneal Chemotherapy** ............................................. 3

**What is intra-peritoneal chemotherapy?** ............................................................. 4
   - Who is eligible to receive IP chemotherapy? ....................................................... 4

**What is an intra-peritoneal port (IP port)?** ......................................................... 4
   - What needs to be done before I start IP chemotherapy? ..................................... 5

**How will my chemotherapy be given?** ............................................................... 6
   - What can you do to prepare yourself for the treatment? .................................... 6
   - Where will my intra-peritoneal chemotherapy treatment be given? ................. 7
   - Who will administer my intra-peritoneal chemotherapy? ............................... 7
   - What do I need to do during IP chemotherapy? ............................................. 7

**How will intra-peritoneal chemotherapy affect my life?** ............................... 8

**What side effects should I expect from the treatment and what can I do about it?** 9
   - What you need to know about home care of the peritoneal port... ................. 11
   - When should I call to notify my doctor or nurse? ......................................... 11
   - Who should I call? ......................................................................................... 12

**Resources** ............................................................................................................. 12
   - Recommended websites ................................................................................. 13
Dear patient, your oncologist has recommended Intraperitoneal chemotherapy as part of your treatment plan. You probably have many questions 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 intra-peritoneal chemotherapy treatment.

The Health-Care Team has put together a Clinical Pathway so you will know what will happen to you before your chemotherapy treatment and on a day to day basis afterwards. In the following 2 pages you will find figures and tables that summarize the usual plan of care. 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.

**Ovarian cancer/intraperitoneal chemotherapy care path**

![Diagram of the Clinical Pathway]

- **Pre-operative consultation with surgeon** regarding plan of care and potential Intraperitoneal chemotherapy
- **Surgery**
  - IP port insertion
  - No IP port
- **Follow-up in Cancer Centre**
  - IP chemotherapy
  - IV chemotherapy
  - Port removal (outpatient surgery)
  - Follow-up in Cancer Centre
## Intraperitoneal Chemotherapy Calendar

<table>
<thead>
<tr>
<th>Day</th>
<th>Action</th>
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<th>Day</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Chemotherapy in hospital (Taxol over 24 hrs)</td>
<td>Day 2</td>
<td>IP Cisplatin chemo</td>
<td>Day 3</td>
<td>IP Taxol in day unit</td>
<td>Day 4</td>
<td>IP Taxol in day unit</td>
</tr>
<tr>
<td>Day 5</td>
<td>IP Taxol in day unit</td>
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<td>IP Taxol in day unit</td>
<td>Day 7</td>
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<td>Day 23</td>
<td>IP Taxol in day unit</td>
<td>Day 24</td>
<td>IP Taxol in day unit</td>
</tr>
</tbody>
</table>

Day 1 Cycle starts over

Day 2 Cycle starts over

Day 3 Cycle starts over

Day 4 Cycle starts over

Day 5 Cycle starts over

Day 6 Cycle starts over

Day 7 Cycle starts over

Day 8 Cycle starts over

Day 9 Cycle starts over

Day 10 Cycle starts over

Day 11 Cycle starts over
## Clinical Pathway – Intraperitoneal Chemotherapy

<table>
<thead>
<tr>
<th>Tests</th>
<th>Cancer Centre</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 8</th>
</tr>
</thead>
</table>
| • Discussion with Physician:  
  – findings from surgery  
  – pathology  
  – treatment plan | | • Blood test | • Blood test if required | • Blood test |
| • Start intravenous via PICC line  
  • Discussion re signs and symptoms since last visit  
  • Nurse checks:  
    – blood pressure  
    – pulse, temperature  
    – respirations  
  • Height and weight | | • Discussion re signs and symptoms previous day  
  • Nurse checks:  
    – blood pressure  
    – pulse, temperature  
    – respirations  
  • Nurse puts needle in IP port | • Start intravenous via PICC line  
  • Discussion re signs and symptoms since last visit  
  • Nurse checks:  
    – blood pressure  
    – pulse, temperature  
    – respirations  
  • Nurse puts needle in IP port |
| Treatments | | | |
| • Pre-chemo medication by mouth and intravenous  
  • Start 24 hour infusion of IV Paclitaxel | | • Continue intravenous Taxol  
  • Pre-chemo medication by mouth and intravenous  
    (including Emend you bring from home)  
  • IP Cisplatin | • Pre-chemo medication by mouth and intravenous  
  • IP Paclitaxel |
| Medications | | | |
| • No restrictions | | • No restrictions | • Bed rest when needle in IP port |
| • Bed rest when needle in IP port | | | • Bed rest when needle in IP port |
| Activity | | | |
| • Regular | | • Regular | • Regular |
| Nutrition | | | |
| • Discussion with nurse:  
  – Answer questions regarding content of IP booklet  
  – Typical month during treatment  
  – Initiate discussion re self-care at home  
  • Prescriptions:  
    – medication post-chemo  
    – hair prosthesis | | • Answer your questions  
  • Medication administered | • 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 mid-afternoon or around supper time | • 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 |
| Patient | | | |
What is intra-peritoneal chemotherapy?

Chemotherapy is a drug or medicine used to treat cancer. Intra-peritoneal (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. Intra-peritoneal chemotherapy puts the medicine directly to the tumour or in spaces where the cancer may grow.

Who is eligible to receive IP chemotherapy?

Intra-peritoneal chemotherapy is used in women with ovarian cancer who have minimal remaining cancer after surgery (each area being less then 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 (intra-peritoneal port or IP port) will be placed into your abdomen.

What is an intra-peritoneal port (IP port)?

During your surgery or shortly afterward, your doctor will arrange for you to have a device called a port inserted under the skin 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 or your stomach. 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 or 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.

  **Note:** Not all pharmacies carry Aprepitant (Emend), therefore we suggest you bring your prescription to your pharmacy a few days before you are admitted for your first cycle of chemotherapy.
How will my chemotherapy be given?

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

In most cases, you will receive a combination of two chemotherapy drugs that are given separately. The entire procedure may take up to 36 hours on days 1 and 2 of treatment; on day 8 (1 week later) the procedure will take about 6 hours. The treatment will be repeated once every 3 weeks for a total of ____ times.

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 at each treatment. Some medications you receive may cause drowsiness.
- Bring your medication or an updated medication list to each treatment.

- **On day 1**, the first chemotherapy drug you will receive is called *Taxol* also known as *Paclitaxel*. Your nurse will give this drug by intravenous (into the PICC line) over a period of 24 hours. The nurse will also give you medications before the Taxol to reduce the risk of sensitivity (allergic) reaction during the Taxol infusion.

- **On day 2**, when the Taxol infusion is almost completed, you will receive a litre of intravenous fluid, which is given to hydrate you and protect your kidneys. The nurse will also give you intravenous anti-nausea medication before you receive the second chemotherapy drug called *Cisplatin*. Prior to starting Cisplatin, your nurse will tell you when to take Aprepitant or Emend (antinausea medication).

Your nurse will then insert a needle into the “intra-peritoneal 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 intra-peritoneal 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 second chemotherapy drug called Cisplatin to infuse directly into your intra-peritoneal space; the chemotherapy drug will be mixed with a litre of saline. After the Cisplatin 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 intra-peritoneal 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.

• **On day 8**, you will be admitted to the outpatient Chemo Day Care Unit for the second part of your intra-peritoneal chemotherapy treatment. The nurse will infuse the chemotherapy drug called Taxol (paclitaxel) directly into your intra-peritoneal space. This is the same drug you received on day 1. The steps to give this second intra-peritoneal chemotherapy are the same as those described above on day two.

**Where will my intra-peritoneal chemotherapy treatment be given?**

Your chemotherapy may be given on 8 West (where you will stay overnight) or in the day unit. Both are located at the General Campus of The Ottawa Hospital.

**Who will administer my intra-peritoneal 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 intra-peritoneal 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 intra-peritoneal 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. Read the booklet titles Gynecologic Oncology Service to learn more about resources that are available to you.

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.

You may need to receive fluid intravenously (IV) in your PICC line at home for about 3 days after your IP Cisplatin treatment. The IV hydration can be infused over 2 to 24 hours; speak with your visiting nurse about what is best/feasible for you. This will be given by the visiting nurse. He/she will also flush your PICC line and change the dressing on a regular basis. He/she can also help you control the side effects of IP chemotherapy (See the section on side effects on page 9).
What side effects should I expect from the treatment and what can I do about it?

<table>
<thead>
<tr>
<th>Possible Side Effects</th>
<th>Comfort Measures</th>
</tr>
</thead>
</table>
| **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 can not 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 laboured, go to the Emergency department or notify your nurse. |
<table>
<thead>
<tr>
<th>Possible Side Effects</th>
<th>Comfort Measures</th>
</tr>
</thead>
</table>
| **Nausea, vomiting or both** (caused by the “Cisplatin” 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 “Cisplatin,” 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 then 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 then 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

<table>
<thead>
<tr>
<th>Low white blood cells</th>
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<tbody>
<tr>
<td>(see generic chemotherapy booklet for details) Low white blood cells also leave you more susceptible to infection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comfort Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If your white cells become too low, your treatment may be delayed.</td>
</tr>
<tr>
<td>• 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.</td>
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</tbody>
</table>

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 “Cisplatin” and “Taxol.”

### 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 can not 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 then 24 hours;
- Have any unexpected or unexplained problems.
Who should I call?

Nurse: ________________________________________________________________

Primary Physician: ______________________________________________________

Gynecologic oncology team: 613-737-8560

After hours or weekend: call your visiting nurse for advise 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, emotional, 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.

Recommended websites

- The Ottawa Hospital, Cancer Program Website: http://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/DeptPgrmCS/Programs/CancerProgram
- Society of Gynecologic Oncologists of Canada: www.g-o-c.org
- Ovarian Cancer Canada: www.ovariancanada.org
This booklet was prepared by Lynne Jolicoeur, Gynecologic-Oncology Advance Practice Nurse and Laurie-Anne Holmes, oncology nurse educator, in collaboration with members of the gynaecologic-oncology multidisciplinary team. Thank you to the following institutions for sharing their patient information materials, which served to guide the development of this tool:

- University Health Network in Toronto
- Memorial Sloan-Kettering Cancer Center in New York
- The Ohio State University, University Medical Center

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

The Division of Gynaecologic-Oncology asks for your support in attaining Excellence in Patient Care, Research and Education. The Division of Gynaecologic-Oncology has research accounts. Please consider a donation. All donations are tax receiptable. Your gift is greatly appreciated.

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