

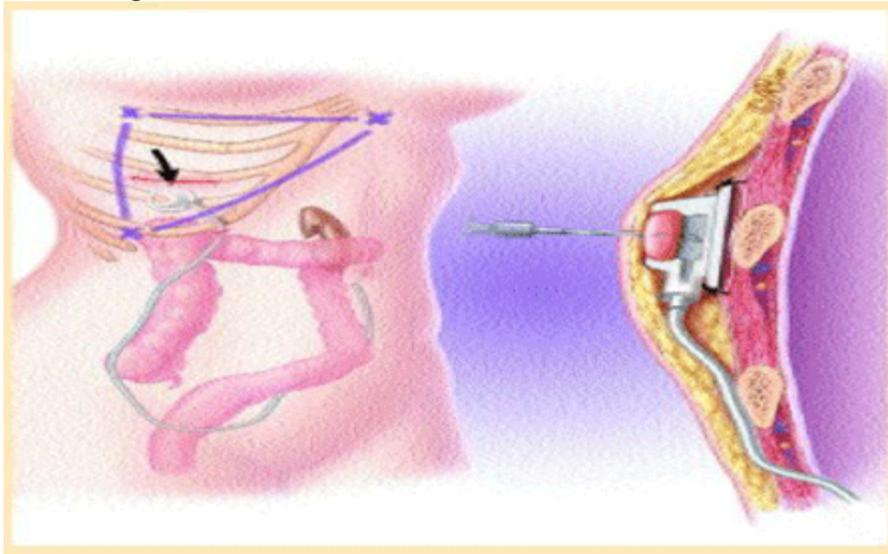
Patient Care Services
300 Pasteur Drive
Stanford, CA 94305

Intraperitoneal Chemotherapy Patient Education

What is Intraperitoneal (IP) Chemotherapy?

IP chemotherapy is the direct delivery of chemotherapy (anti-cancer drug) into the abdomen (peritoneal space). This allows direct contact of anti-cancer drugs with the cancer within your abdomen. Over time the IP chemotherapy is absorbed into circulation reaching outside the abdomen where cancer cells may be harbored. The IP chemotherapy will be given through a catheter. The catheter consists of a port and tail sections. The tail of the catheter is in the peritoneal space and the port is secured under the skin either by the ribs or in the groin area (figure 1.).

Inserting the catheter



(Figure 1.)

What can I expect during treatment?

This treatment can be given as an outpatient or in the hospital. Most treatments are given in our Infusion Treatment Area (ITA). A nurse will place a special needle through your skin and into the port of the catheter in your abdomen. You will feel a pressure and mild pain as the needle is inserted (see Implanted Port Access Tips). Fluid and chemotherapy will be given through this abdominal port. Part of your treatment will be given intravenous (IV) through a vein in your arm. Treatment can last from 5 - 6 hours (IV and IP chemotherapy; Day 1) to 2 - 3 hours (IP only; Day 8). You will be in a bed while you receive treatment but may get up to go to the bathroom. When you are done with treatment and ready to go home, the port needle will be removed and a dressing applied to the site. When the needle is removed after the first couple of treatments a pressure

dressing will be applied to prevent leaking (see Leaking from Port Needle site). Once it is clear there is no leaking when the needle is removed, a Band-Aid or small gauze dressing will be used. You can remove the Band-Aid within a couple of hours after your treatment is complete. The fluid and anticancer drugs will be absorbed the days following treatment.

What does treatment include?

Your physician will discuss the specifics of your treatment (where, when, and how many treatments you will receive). Generally, the goal is to complete 6 cycles of IP chemotherapy. Each cycle has two treatments. Between each cycle, there is a rest period of two weeks.

Cycle one: **Day 1:** Cisplatin or Carboplatin in your abdomen & Paclitaxel in a vein in your arm
 Day 8: Paclitaxel in your abdomen

Two weeks rest then back for...

Cycle two: **Day 1:** Cisplatin or Carboplatin in your abdomen & Paclitaxel in a vein in your arm
 Day 8: Paclitaxel in your abdomen

Side effects from treatment:

- Abdominal pressure and bloating related to large fluid volume given
- Frequent urination (a desired effect caused by the intravenous fluid)
- Increase in breathing related to large fluid volume in your abdomen
- Nausea &/or vomiting
- Possible allergic reaction
- Numbness and tingling in fingers and toes
- Pain with needle insertion. See “Implanted Port Access Tips”
- Leaking at the port site when the needle is removed. See “Leaking from Port Needle site”

Nausea/vomiting

It is important to be proactive in managing your nausea. The days you receive Cisplatin you will also be started on an anti-nausea medication schedule:

- Day 1: The nurse will give you aprepitant (Emend®), dexamethasone, and ondansetron (Zofran®).
- Day 2 & 3: You will take aprepitant, dexamethasone, and ondansetron by mouth as directed at home
- Day 4 - 7: Prochlorperazine (Compazine®) or metoclopramide (Reglan®) by mouth as directed at home

Call (650) 498-6000 if you are taking this medication as directed and unable to drink for 24 hours

Allergic reaction

Paclitaxel can cause an allergic reaction: itching, chills, fever, shortness of breath, drop in blood pressure. You will receive medication to reduce your risk of allergic reaction. The nurse will also monitor for signs of reaction.

Leaking from IP Port Needle Site

When the needle is removed, chemotherapy may leak out through the IP Port needle site. Leaking is most common the first couple of IP treatments. A pressure dressing will be applied after the first two treatments. You can remove the pressure dressing 24 hours later. At that time, if there is still leaking from the IP port site, you need to apply a new pressure dressing. The nurse will show you how to apply a pressure dressing and send home supplies for a pressure dressing. If the leaking continues despite this second pressure dressing, call

(650) 498-6000. Leaking may occur any time the IP Port needle is removed. It is important to apply pressure to the site and call immediately if you notice leaking.

Wearing gloves, put any items such as clothing, bed sheets, towels, etc. contaminated with leaking fluid into a sealable leak proof bag. Bring this bag into Clinic or ITA for disposal. Keep this bag out of reach from children and pets.

Helpful hints:

- Wear loose fitting clothing the week following treatment.
- Empty your bladder before and as needed during treatment
- Walk after treatment
- Eat light the night before and morning of the treatment.
- Report numbness and tingling in fingers, your physician will monitor this side effect closely
- Bring a designated driver Day 1 of every cycle as you may feel drowsy from anti-nausea medicine.

Danger signals to report immediately:

- Signs or symptoms of infection. This includes a fever of 100.4° F (38° C) or greater, chills, severe sore throat, ear or sinus pain, cough, increased sputum or change in color, painful urination, mouth sores, wound that will not heal, or anal itching or pain.
- Severe nausea or vomiting or diarrhea not controlled by medication.
- Not able to eat or drink for 24 hours.
- Bleeding from your nose, mouth, gums, or in your urine or bowel movements. Bruising that does not heal.
- Feeling extremely tired, weak, dizzy or light headed.
- New or sudden change in abdominal pain
- Develop redness, swelling, or drainage around the port site

Always call 650-498-6000.

For clinical issues (i.e. fever, nausea or vomiting, etc.) choose option 5.

This general number will get you to someone who can direct your call to the appropriate provider: Nurse Coordinator, triage nurse, Nurse Practitioner, Physician's Assistant or Physician.

After 5pm Monday through Friday, on a holiday or weekends call the same number above. Describe your problem and ask for the "On Call Oncologist"

Intraperitoneal Port (IP port) Access Tips

The Intraperitoneal port is a device used to give you chemotherapy directly into your abdomen. A port is placed under your skin and connected to a tube (catheter) which is inserted into your abdomen. You may experience burning sensation around the IP Port immediately after it is placed. Let your doctor or nurse know if you have this burning sensation as there are medications that can decrease the burning. This discomfort goes away in about 1 to 1 and a half months. The IP port may be seen as a raised area under your skin. Daily care is not required with this type of device. When not in use the port is flushed once a month. When you are due for chemotherapy, a special needle is placed through your skin and into the septum of the port. Most patients feel mild pain when the needle is placed. The nurse will apply an ice pack to the skin the first treatment visit. Applying ice to the area for approx 10 minutes before putting the needle in will numb the area. Another option is to ask your doctor or nurse for a prescription for a topical anesthetic (cream or gel that numbs the skin). Lidocaine and prilocaine (topical anesthetics) are two medications commonly used to numb skin. There are many brands to choose from, ask your doctor or nurse which one they prescribe. Be sure to let your doctor or

nurse know if you have any allergies or reactions to medicine, food preservatives, or dyes. Talk to your doctor, nurse and/or pharmacist about potential side effects of these medicines.

You will apply the topical anesthetic to your skin before your come in to have your port accessed. **To be most affective, the topical anesthetic should be applied at least 1 hour before needle insertion.** The medication works best 1 to 3 hrs after you apply it to your skin.

- Wash your hands with soap and water before and after applying this medicine.
- Clean your skin over the port site with soap and water. Dry your skin well.
- Use rubber gloves to apply the cream. NOTE: This medicine is only for use on your skin. Keep out of mouth, nose, and eyes (may burn). If it does get on these areas, rinse it off right away.
- Apply a layer of the medicine to your skin over the port site. Do not rub in.
- Cover the area with a bandage or dressing. If the dressing doesn't come with the medicine, once you have the cream/gel on your skin, cover the site with a piece of clear plastic wrap and tape around all the edges. The nurse will remove the dressing and clean the area before she inserts the needle.

Prepared by Oncology Clinical Nurse Specialist (T. Baltic)

Reviewed and approved by Dr. Berek, GYN Oncology MD, 2/2010

This document is intended for use by staff of Stanford Hospital and Clinics. No representations or warranties are made for outside use. Not for reproduction or publication without permission. Direct inquiries to Stanford Hospital and Clinics. Hematology 11/06;2/2010.