

Intraperitoneal Chemotherapy



MASSACHUSETTS
GENERAL HOSPITAL

CANCER CENTER

What is Intraperitoneal (IP) Chemotherapy?

Intraperitoneal (IP) chemotherapy is a way to put some of your chemotherapy into your abdomen (also called the peritoneal cavity) rather than into a vein. By putting the chemotherapy into your abdomen, the drugs can treat cancer cells directly. The drugs are also absorbed from the tissues of the abdomen into your blood. This way the drugs also reach cancer cells that may have spread to other parts of the body. IP chemotherapy affects any cancer cells in your abdomen at a higher concentration and works on them for a longer time than chemotherapy given by vein.

Who should get IP chemotherapy?

IP chemotherapy is used for women with ovarian cancer who have no or only small amounts of disease remaining after surgery. This procedure is only used if there are small tumors (less than 1/4 inch), no lymph nodes involved, and no adhesions in the abdomen.

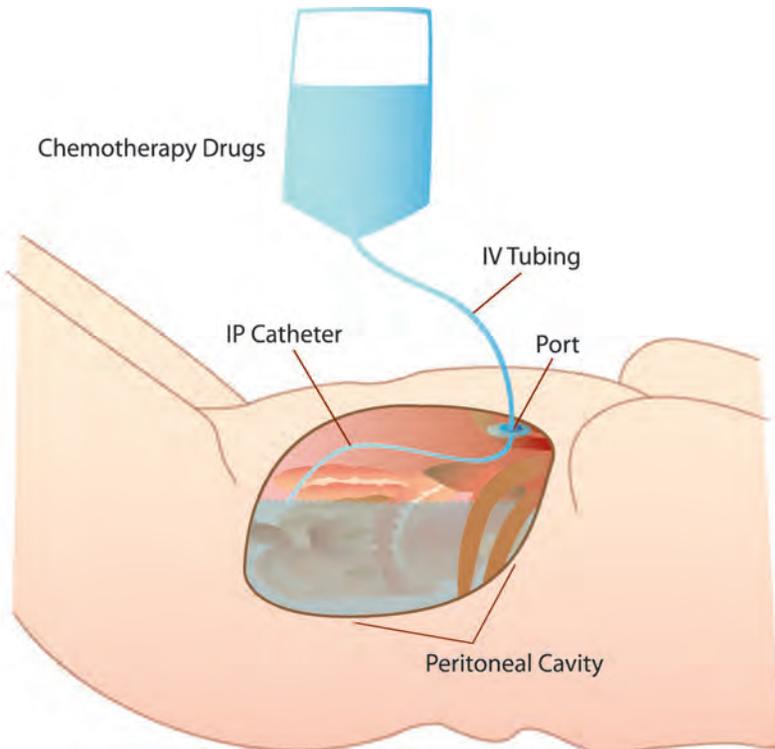
How is IP chemotherapy given?

IP chemotherapy for ovarian cancer is given to you both in the hospital and as an outpatient. You will get chemotherapy drugs that are given in a particular order that is called a “cycle” of treatment. The usual treatment plan is 6 cycles of chemotherapy. Each cycle will begin with 1 to 2 days of treatment. This may be given either in the hospital or as an outpatient, then 5 days of rest at home. One week after the first treatment, you will get one IP treatment as an outpatient. The next cycle will start 14 days later.

You will see an example of a schedule later in this booklet.

One dose of chemotherapy, some extra fluid for hydration, and anti-nausea drugs are given to you through an IV. The IP chemotherapy is given through tubing into a device called an IP port. The chemotherapy goes from the port into your abdomen through a thin tube called an IP catheter. The chemotherapy is mixed in about 2 quarts of fluid that has been warmed to body temperature. The entire treatment lasts 3 to 4 hours.

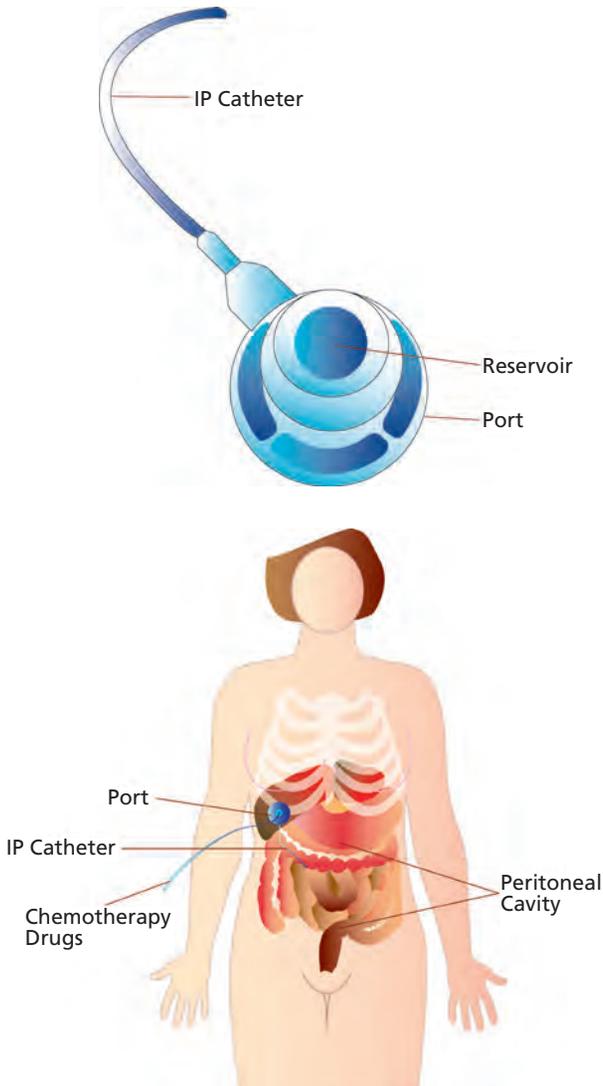
After the chemotherapy fluid is in your abdomen, you will be asked to change position about every 15 minutes for about an hour. This helps the fluid get to all tissue surfaces in your abdomen. The fluid will be absorbed by your body over the next few days.



The Intraperitoneal (IP) Port

What is an IP Port?

An IP port is a round plastic and silicon disc that is surgically placed under your skin. It has a reservoir and a catheter. The chemotherapy is put into the reservoir. The catheter, a thin tube, carries the chemotherapy from the reservoir into your abdomen.



How is an IP Port put in?

A surgeon will put the IP port under the skin of your upper abdomen. This is usually done at the same time as your cancer surgery. Sometimes the port is put in after surgery. It can be done as an outpatient in the Day Surgery Unit.

What should I do after the port is put in?

Keep your incision covered and dry until your doctor or nurse tells you it can get wet. Do **not** do any strenuous exercise until your doctor or nurse says it is safe. You may be sore for a few days after the port is put in.

After your incision has healed, you can bathe and do your usual activities. You should check the skin around your port every day for redness or swelling. Call your doctor or nurse if the area around your port is red, swollen, or sore.

When will my port be taken out?

Your IP port will be removed after your last treatment. If there are any problems with your port during treatment, it will be removed earlier. The rest of your treatments can be given to you through a vein.

Chemotherapy Using Your IP Port

Your chemotherapy will be individualized for you by your doctor.

Before each chemotherapy treatment, you will see your nurse or doctor to be sure you are able to get your treatment that day. Your blood tests will be checked before your treatment begins. This is a good time to check in with your nurse or doctor about how you are doing and to ask any questions you may have.

You will get 6 cycles of chemotherapy. A cycle of chemotherapy is one full treatment of the drugs being used for your cancer. They are given about 3 to 4 weeks apart.

There are two ways that your chemotherapy treatments may be scheduled:

- As an inpatient for the first 1 to 2 days of each cycle of chemotherapy
- As an outpatient in the infusion unit for all of your treatments

Your doctor will talk with you about the treatment schedule that is right for you.

On your treatment days, wear loose underwear or a sports bra rather than an underwire bra. Sports bras can be worn throughout treatment while underwire bras have to be removed because they may get in the way of the IP port needle. Wear comfortable clothing with waistbands that are loose or elastic.

The following is an example of a typical schedule for one full cycle of IP chemotherapy.

Take Decadron tablets (20mg) at bedtime the night before treatment.

Day 1

At home:

- Take Decadron tablets (20mg) again in the morning before your treatment.

At the hospital or infusion unit:

- An IV will be put in one of your arm veins, or your chest port.
- Your nurse will give you a dose of Decadron through your IV before your treatment starts.
- You will get Taxol through your IV.
- Extra fluid will be given to you to protect your kidneys.

Day 2

At the hospital or infusion unit:

- IP chemotherapy begins.
- A needle called an access needle is inserted into your IP port.
- The IP chemotherapy (for example, Cisplatin) that has been mixed in warm fluid will go through your IP port and into your abdomen.
- More fluid will be given through your port to help cover all the surfaces in your abdomen.
- When the chemotherapy is finished the nurse will remove your access needle and put a bandage on.

- You will be asked to roll from side to side every 15 minutes for about one hour to help the chemotherapy reach all the surfaces in your abdomen.
- You will get some IV fluid for hydration, and anti-nausea medications.
- You may go home when you are comfortable.
- You will get prescriptions for anti-nausea medications to take with you.

Days 3 to 7

- Rest, drink plenty of water, eat small, frequent meals.
- Take 20mg of Decadron at bedtime on day 7.

Day 8

- Take 20mg of Decadron in the morning before coming to the Cancer Center for your treatment.

At the Mass General Cancer Center Infusion Unit:

- You will be given a dose of Taxol through your IP port.
- While the Taxol is infusing and for one hour after the Taxol is finished, you will be asked to change position every 15 minutes to help the chemotherapy reach all surfaces in your abdomen.

Note: After your first cycle of chemotherapy, your doctor **may** tell you that you **do not** need to take Decadron before your Day 8 Taxol. Talk to your doctor or nurse about this.

Side Effects of IP Chemotherapy

Some side effects are specific to IP treatment.

The following are some common side effects.

Frequent urination and bladder fullness

- Caused by IV fluids given during treatment, and pressure from IP fluid in your abdomen

Constipation or diarrhea

- Colace® or Senokot can be used for constipation; Imodium® for diarrhea

Decrease in appetite

- Caused by IV fluid and the chemotherapy drugs
- Try to eat smaller meals throughout the day

Shortness of breath

- This occurs right after getting IP chemotherapy and can last for 2 or 3 days
- Caused by the pressure on your diaphragm from the fluid in your abdomen
- Sit rather than lie down to relieve the pressure

Abdominal pressure and cramping

- Caused by inflammation of the tissues in the abdomen from the chemotherapy
- Try eating small meals throughout the day
- Suck on ice cubes or hard candies
- Drink plenty of fluids
- Take medications such as ibuprofen or acetaminophen for pain

Nausea and vomiting

- Can be a side effect of the chemotherapy or could be caused by fluid pressure in your abdomen
- Most patients are prescribed medications to prevent, or relieve nausea
- Nausea is a very common side effect of chemotherapy — it usually lasts 5 to 7 days after treatment

If the medications prescribed are not working, let your nurse or doctor know.

If you experience any complications with your treatment, or are unable to tolerate certain side effects, talk to your nurse or doctor.

Call your nurse or doctor

- For a fever of 100.5 degrees or higher, or shaking chills.
- Redness, swelling or tenderness around the port site.
- Unable to eat or drink for more than 24 hours.
- Abdominal pain that is new, lasts for more than 24 hours, or is increasing in intensity.
- Bleeding problems such as black stools, blood in your urine, or easy bruising.
- Nausea or vomiting that is not getting better with the medications you were prescribed.

Doctor and phone number: _____

Nurse Practitioner and phone number: _____

Nurse and phone number: _____



MASSACHUSETTS
GENERAL HOSPITAL

CANCER CENTER

Cancer Center Community Providers

Through our network of collaborations, patients have access to the latest cancer treatments and targeted therapies, early phase clinical trials, timely referrals for second opinions, and improved coordination of care.

Visit massgeneral.org/cancer/community or ask your care team for more information about what services are offered at each site.

Massachusetts General Hospital Cancer Center

55 Fruit Street, Boston, MA 02114 | 877-726-5130

Mass General Cancer Center at Emerson Hospital – Bethke
131 ORNAC, John Cuming Building, Suite 200
Concord, MA 01742 | 978-287-3436

Mass General/North Shore Cancer Center
102 Endicott Street,
Danvers, MA 01923 | 978-882-6060

Massachusetts General Hospital Department of Radiation Oncology at Newton Wellesley Hospital
Vernon Cancer Center
2014 Washington Street,
Newton, MA 02462
617-219-1200

Mass General Cancer Center at Cooley Dickinson Hospital
30 Locust Street, Northampton,
MA 01061 | 413-582-2028

Mass General Hematology/Oncology Service at Martha's Vineyard Hospital
1 Hospital Road, Oak Bluffs,
MA 02557 | 508-693-0410

Mass General Hematology/Oncology Service at Nantucket Cottage Hospital
57 Prospect Street, Nantucket,
MA 02554 | 508-825-8100

Mass General Radiation and Hematology/Oncology Services at Exeter Hospital
5 Alumni Drive, Exeter, NH 03833
603-580-7336

Mass General Hematology/Oncology Service at Southern New Hampshire Medical Center
8 Prospect Street, Nashua,
NH 03060 | 603-577-3089

Mass General Cancer Center at Mass General West
52 Second Avenue, Suite 1110
Waltham, MA 02451 | 781-487-6100

PESC 2.16

© The General Hospital Corporation, d/b/a
Massachusetts General Hospital, 2016. All rights reserved.