Peritoneal tumour service

Hyperthermic intraperitoneal chemotherapy (HIPEC)

Information for patients

Chemotherapy given into the abdomen during surgery is called intraoperative chemotherapy. This information describes your treatment and answers commonly asked questions. Please read it carefully and ensure you fully understand what the treatment involves before making your decision. There are contact telephone numbers at the end of the leaflet, so please ring us if you would like to discuss any aspect of your treatment with the doctor or nurse.

Why do I need this treatment?

If the surgeons are able to remove the entire tumour you will be given a heated chemotherapy drug called Mitomycin C. This is put directly in your abdomen while you are in theatre and the chemotherapy is left in for 90 minutes. In some situations, depending on the tumour type, we will use a combination of a drug that is given to you via an intravenous drip (5-fluorouracil) as well as heated chemotherapy put into your abdomen (oxaliplatin). We know that even after the surgeon has removed all of the tumour that can be seen, there may still be tumour cells that are not visible and chemotherapy is used to kill these. The chemotherapy is heated because heat damages tumour cells more than normal cells and improves the effect of the drug. Circulating the fluid around your abdomen allows it to be filtered which also increases the effectiveness of the treatment.

What does the treatment involve?

While you are in theatre, the surgeon removes the abdomen lining (peritoneum) and any areas affected by tumour. Other areas may also be removed because these areas are at risk of developing disease. This is a long procedure done while you are under the anaesthetic and can take several hours (sometimes up to 10 hours). If the tumour can be removed then the heated chemotherapy (HIPEC) is used. The surgeon puts tubes into the abdomen and a pump is used to circulate and heat the chemotherapy which is mixed with fluid. After 90 minutes the chemotherapy is washed out and the abdomen is stitched up. Routinely you will go to the critical care unit at The Christie immediately afterwards.

What are the side effects?

Most of the side effects are from having the operation rather than directly having the chemotherapy. The surgery has serious complications reported in the international literature of around 30% (although our own complication rates compare very favourably to this):

- inflammation of the pancreas (pancreatitis), about 6 to 7 patients in every 100 will develop this problem.
• postoperative bleeding or the development of a leak from your bowel through tissue damage, about 4 to 5 patients in every 100 will be affected

• low white cell count in the blood and therefore risk of infection or bleeding will affect 1 in 10 patients.

The Christie Peritoneal Tumour Service data shows that there has been a single postoperative death within 30 days from procedures carried out at The Christie to date (approximately 500 patients).

The side effects from the chemotherapy agents may include:

• **Nausea and vomiting (sickness)** - The severity of this varies from person to person. Anti-sickness medication will be given if necessary. After the operation you will have a tube in your nose that goes into your stomach, which will also help to stop you being sick (although it may feel uncomfortable).

• **Prone to infection** - The chemotherapy in your abdomen will mean you will be more open to infection in that area after the procedure (peritonitis). Even without the chemotherapy you will be at risk of infection. However, this is greater with the chemotherapy.

• **Delayed healing** - The chemotherapy may slightly delay the healing process within your abdomen after the surgery.

• **Lethargy/tiredness** - Some chemotherapy may make you feel tired and lacking in energy. This, in combination with major surgery, will mean you will need plenty of time to rest and it will be a while before you reach your usual energy levels.

• **Diarrhoea** - This may become a problem. However, it is more likely to be from the surgery itself rather than the chemotherapy.

• **Sore mouth** - Following treatment your mouth may become sore, although this is unlikely. Ask your doctor or nurse for advice, as you may need a mouthwash.

All these side effects listed are only possible side effects. You may not experience any of them. Most of the chemotherapy stays in the abdomen rather than going in the blood. Therefore most of the potential side effects will relate to the abdomen, for example, being prone to infection in that area, and delayed healing.

We hope that this information will help you understand the procedure.

If you have a query regarding our service please contact 0161 446 8051.

If you know the name of your consultant, please contact their secretary directly:
Consultants:
Miss S T O’Dwyer MD FRCS
Mr M S Wilson MD FRCS
Mr P E Fulford FRCS
Prof A Renehan PhD FRCS FDS
Mr C R Selvasekar MD FRCS
Mr O Aziz PhD FRCS
Eve Kennerley 0161 446 8311
Gill Harrison 0161 446 3366
Rebecca Brown 0161 918 7352
Bev Tyrrell 0161 918 2189
Laura McGuiness 0161 918 2310
Julie Kielty 0161 918 2057

Clinical Nurse Specialists
Rebecca Halstead 07766 780952
rebecca.halstead@christie.nhs.uk
Margaret Butler 07826 892213
margaret.butler@christie.nhs.uk

Fax 0161 918 7078

Helpful websites:
www.pseudomyxomasurvivor.org (charity and patient forum)
www.surgicaloncology.com (gives more detailed medical information)

Key worker

Your key worker (nurse) …………………………. can be contacted on ………………………

If your key worker is not available, please leave a message on the answering machine with your name, date of birth and telephone number. All messages will be responded to as quickly as possible, but this may not always be on the same day.

Helpful contacts at The Christie:

Christie website: www.christie.nhs.uk/ptspatientinfo
The cancer information centre on the glass link corridor can direct you to supportive services. Tel: 0161 446 8100

Benefits and advice workers. Opening times: Monday to Friday 9am to 4.30pm. Tel: 0161 446 8538 or 8539.

Complementary therapy and smoking cessation. There is an outpatient drop-in service on Tuesday and Thursday from 4pm. Tel: 0161 446 8236 or 0161 918 7175

Macmillan Cancer Support is a national charity offering advice and support via the Freephone helpline: 0808 808 0000 (Monday to Friday, 9am to 8pm) www.macmillan.org.uk

If you have any problems after your operation, please contact Ward 10 on 0161 446 3860.
References


NICE Interventional Procedure Guidance IPG056 : April 2004 Complete cytoreduction for pseudomyxoma peritonei (Sugarbaker Technique)

NICE Interventional Procedure Guidance IPG331 : February 2010 Cytoreduction surgery followed by hyperthermic intraoperative peritoneal chemotherapy for peritoneal carcinomatosis
Documentation of consent
I have read and understood the above information. I agree to what is proposed, which has been explained to me by the consultant.

I have received a copy of this consent form and I am aware that the consultant at my hospital will also retain a copy in his/her files.

Patient name (print) ____________________________________________
Patient signature ____________________________________________
Witness signature ____________________________________________
Witness designation ____________________________________________