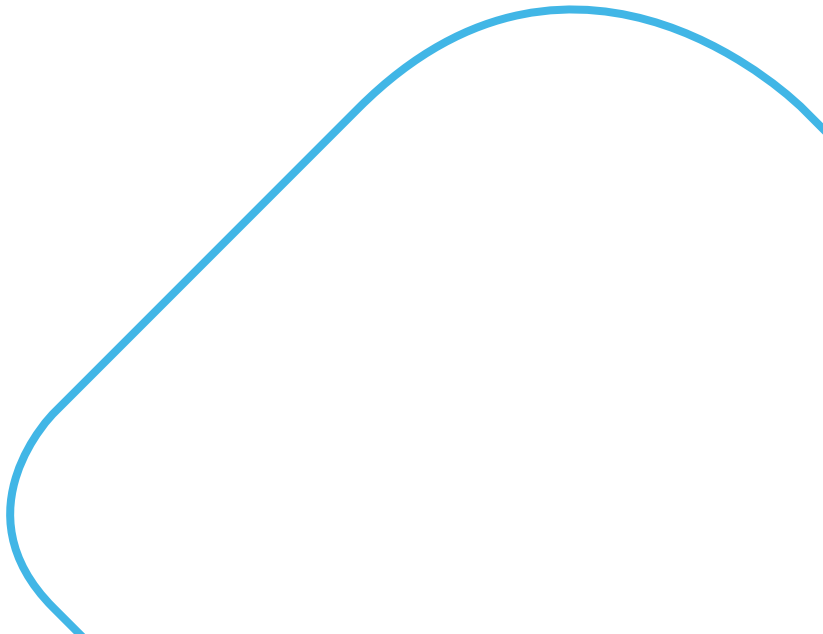


# Hyperthermic

# intraperitoneal

# chemotherapy

# (HIPEC)



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## Introduction

This information explains what hyperthermic intraperitoneal chemotherapy (HIPEC) is. It includes information about the risks, the benefits of, and alternatives to, the treatment. It also tells you what you can expect during your hospital stay. If you have any questions about HIPEC please speak to the team looking after you.

## What is HIPEC?

HIPEC is a type of treatment available to people with cancer that started in one of the ovaries, fallopian tubes or in the peritoneum (the internal lining of the tummy). It works by adding a heated chemotherapy drug into your abdomen (tummy) during surgery to remove your tumour. The drug stays in the abdomen for 90 minutes and is then removed before the surgery ends.

## What are the benefits of HIPEC?

Previous studies have shown that patients having HIPEC are likely to:


- have more time before the cancer comes back, and live, on average, 12 months longer compared with patients who have surgery alone.

## Will HIPEC replace my standard chemotherapy?

No, HIPEC is an optional addition to your standard chemotherapy.

## What are the risks of having HIPEC?

All treatments and procedures have risks. We have listed some general risks of having HIPEC below. These side effects can occur with this type of cancer surgery even without the addition of HIPEC. Studies suggest that the addition of HIPEC does not increase the risk of severe side effects occurring compared to surgery alone.



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Your surgeon will talk to you in detail about the risks specific to you and answer any questions you may have.

**Common risks include:**

- Abdominal pain: your nurse will give you painkillers, but if you are still in pain it is important to let them know.
- Nausea (feeling sick) and/or vomiting for 1-2 weeks after your operation; your doctor will prescribe medication for this. We would expect vomiting to settle while in hospital, so please seek medical help if you have any further vomiting once home.
- Fatigue (feeling very tired) which may fluctuate and last for several months.
- Vaginal bleeding or discharge; this can last up to six weeks, and it may be like a light period (red or brown in colour).
- Infection, this can be treated with antibiotics provided by your surgeon or your GP.
- Constipation or diarrhoea; your doctor can prescribe medicines to help with any bowel problems.

**Less common risks include:**

- Hair loss (alopecia) which is usually temporary: the procedure involves a one-time, targeted dose of chemotherapy, so there is minimal chemotherapy exposure to the rest of your body. This means that the typical chemotherapy side effects, such as hair loss and mouth sores, are almost always avoided.
- Numbness in hands or feet which is usually temporary.
- Fever.

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- Worsening kidney function. We will closely monitor how well your kidneys are working with blood tests before and after surgery.

**Your doctor will also explain the risks of having this type of cancer surgery before you sign a consent form. Please ask if there is anything you would like to be clarified.**

HIPEC may also increase the chance of you needing a stoma as a part of your surgery. A stoma is a diversion of part of your bowel through your tummy wall. It is usually created if part of the bowel needs to be removed. A pouch is placed over the opening in the tummy wall to collect faeces (poo). Stomas created during this type of surgery are often temporary but sometimes they are permanent.


## **What are the alternatives?**

You may choose not to have HIPEC. In this case you can have surgery without HIPEC, and you will continue to have standard chemotherapy through your vein afterwards. Your doctor will talk to you about any other treatments that may be suitable for you.

## **How should I prepare for surgery with HIPEC?**

You will have a pre-operative assessment appointment in the shared decision-making clinic. The purpose of this appointment is to make sure you are fit for surgery. You will have some routine tests, such as blood tests and an ECG (heart tracing).

The pre-operative assessment nurse will explain when to stop eating and drinking before your surgery. They will also advise you whether you need to stop any of your regular medicines. For this reason, please bring a list of your regular medicines to your appointment. They may also give you bowel preparation medication



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in case there is a chance you need to have a part of your bowel removed

## Smoking

If you need support giving up smoking, talk to your GP or visit [nhs.uk/better-health/quit-smoking](https://www.nhs.uk/better-health/quit-smoking). Stopping smoking is important because it helps reduce the risk of developing an infection or having problems involving your heart or lungs after your operation. It also reduces the chance that you end up needing a stoma.

## Going home

It is important to plan for how you will get home from hospital after your surgery. Arrange for relatives or friends to support you with any household chores for the first few weeks. If this is a problem, please talk to your clinical nurse specialist (CNS) or ward nurse.

## What happens during surgery with HIPEC?

You will have a general anaesthetic for the surgery. This means that you will be asleep for the procedure, including throughout the HIPEC process, and you will not feel any pain.

Once you are asleep, a small tube (catheter) will be passed into your bladder. This will allow your urine to be drained into a collection bag. During your surgery, the surgeon will remove as much tumour as possible, aiming to leave none or only small amounts behind.

A chemotherapy drug will then be put into your abdomen via a few small plastic tubes (drains). This drug is called cisplatin. As cisplatin works better at temperatures of around 40 degrees, it is warmed before being given. It will stay inside your abdomen for 90 minutes

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and will be removed before the end of the operation. During this time, the surgeon and a nurse will control the HIPEC machine and make sure that the procedure runs smoothly. The anaesthetist will monitor you carefully throughout the whole procedure.

The surgeon will remove the drains used to add the chemotherapy drug before you wake up from the general anaesthetic. They may leave one or more of them in to monitor the fluid that is drained from your abdomen. If this is the case, they will usually remove the drain(s) a few days after the operation.


### **What should I expect after surgery with HIPEC?**

After your surgery the team looking after you will transfer you to a high dependency area for close monitoring. Your gynaecology doctor and the anaesthetic doctors will see you regularly after your surgery. They will assess your recovery and advise when you can be transferred to Robin Smith ward (the post-operative ward).

When you get back to Robin Smith ward, your doctors and nurses will continue to monitor you closely. They will check your blood pressure, pulse, breathing and temperature regularly. They will also examine your wounds and check for any vaginal bleeding.

You will be encouraged to start moving about as soon as possible. This will include leg and breathing exercises which can help with circulation. They can also help to prevent a chest infection. You may feel nauseous (feel sick or like you need to vomit), or you may vomit after your surgery. This is a common side effect of having a general anaesthetic and long surgery. We will give you anti-sickness medicine to try to prevent this.

You will have been given support stockings to wear during your surgery and recovery. It is important that you wear them until you are fully mobile because they can help to prevent blood clots in your



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legs or lungs. We will also give you blood-thinning injections under the skin (subcutaneously) or a blood thinning tablet to take for 28 days after your surgery. If you are given the injections your ward nurse will teach you, a family member or a friend how to do this before you leave hospital.

You will have an intravenous drip to give you fluids directly into a vein until you are able to eat and drink normally. The urinary catheter will be removed as soon as it is safe to do so. For the first few days you may have a drain coming out of your tummy. This will have a special label on it because it may contain traces of chemotherapy. Staff on the ward will use extra precautions when handling this drain but this does not pose any risk to you or your visitors as the fluid should be contained. This drain can usually be removed 2 or 3 days after your surgery.

The length of hospital stay following an operation with HIPEC depends on:

- how long the operation took
- other health conditions you may have
- any complications which may occur because of your operation

On average, patients stay in the hospital for 5 to 10 days.

### **Will I have a follow-up appointment?**

Yes. You will have an appointment at the Gynaecology Oncology clinic approximately 2 weeks after your surgery. This is to check if you are recovering as expected and to discuss any results.

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## Support and advice after leaving hospital

For recovery advice in the first two weeks after your surgery, call our gynaecology clinical nurse specialists.

Telephone 01225 821553 or 826922 or 826465 (Monday to Friday, 9am to 5pm)

If we cannot answer your call, please leave a voicemail including:

- your full name
- your date of birth or hospital number
- your contact number
- a brief reason for your call

### **Consult your GP or NHS 111 if you experience any of the following:**

- constipation which lasts longer than three or four days and does not get better after taking a laxative
- red and painful skin around your wound
- discharge (pus) from your wound or your wound opening
- smelly, yellow or green discharge from your vagina and feeling itchy
- burning pain or discomfort when passing urine (peeing)

### **Contact us without delay on one of the numbers listed on page 9, or go to your nearest Emergency Department (A&E), if you notice any of the symptoms listed below:**

- suddenly feeling short of breath and/or chest pain
- a temperature of 38 degrees or above
- severe pain or increasing pain after taking your painkillers
- nausea and/or vomiting that is stopping you from eating and drinking
- not being able to pee or peeing very small amounts, and feeling your bladder isn't empty
- heavy bleeding from your vagina (bright red blood or clots)
- pain, swelling or redness in your calf





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## Frequently asked questions

### **When will I be able to drive?**

You can drive again once you are able to do an emergency stop safely and without being in discomfort. This usually takes at least four to six weeks after the surgery. You must make sure you are not drowsy from any painkillers you may be taking.

It is important that you tell your insurance company that you have had surgery.

### **When can I return to work?**

This will depend on the job you do, but most women feel able to return to work six to eight weeks after their surgery. You may need longer than this as you will be continuing with your chemotherapy. Please talk to your gynaecology doctor or your GP if you need a sick certificate.

### **When can I fly?**

We recommend that you wait six weeks before flying. This may also depend on your chemotherapy schedule. Please talk to your healthcare team before arranging any travel.

### **When can I swim?**

Avoid swimming or using a hot tub until your wounds have completely healed and any vaginal bleeding or discharge has stopped. Where possible, use a shower instead of having a bath.

### **When can I have sex?**

We advise that you do not have sex for six weeks after your surgery and until any vaginal bleeding or discharge has stopped. This is to allow your internal wounds to heal. You may also find that you do not feel ready psychologically. If this is a concern, please talk to your gynaecology doctor or CNS.

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## Contact details

### **Gynaecology Oncology Clinical Nurse Specialists (CNS)**

**Telephone:** 01225 821553 or 826922 or 826465 (Monday to Friday, 9am to 5pm)

**Email:** [ruh-tr.gynaecologyoncologycns@nhs.net](mailto:ruh-tr.gynaecologyoncologycns@nhs.net)

### **Pre-operative assessment**

**Telephone:** 01225 825651

### **Intensive Care Unit (ICU)**

**Telephone:** 01225 824964

### **Robin Smith Ward (post-operative ward)**

**Telephone:** 01225 824402

## Macmillan Wellbeing Hub

The Macmillan Wellbeing Hub is available to people with cancer and blood conditions, and their families, friends and carers. It offers:


- complementary therapies, such as massage and relaxation
- diet and nutrition advice
- emotional support, advice and information
- psychological care and counselling
- welfare and benefits advice
- wig and scarf tying advice
- a programme of workshops, courses and events

If you would like to use any of these services, please talk to your CNS. You can also drop in to talk to one of the support and information specialists.

### **Address:**

Macmillan Wellbeing Hub  
Ground Floor  
Dyson Cancer Centre (A20)  
Royal United Hospital  
Bath

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Opening hours: 0830 - 1800 Monday to Friday

**Macmillan Wellbeing Hub:** 01225 824049

**Macmillan Advice Helpline (24hrs):** 08088 080 000

**Email:** [ruh-tr.cancersupport@nhs.net](mailto:ruh-tr.cancersupport@nhs.net)

**Website:**

[www.ruh.nhs.uk/patients/services/cancer\\_services/macmillan/](http://www.ruh.nhs.uk/patients/services/cancer_services/macmillan/)

Royal United Hospitals Bath NHS Foundation Trust  
Combe Park, Bath, BA1 3NG

01225 428331 | [www.ruh.nhs.uk](http://www.ruh.nhs.uk)

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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