

Hyperthermic Intraperitoneal Chemoperfusion (HIPEC)

HIPEC stands for Hyperthermic Intraperitoneal Chemoperfusion. HIPEC is a procedure that infuses a heated chemotherapy solution into your abdomen.

How it Works

First, surgery is done to try and remove all tumors/disease in the abdomen that can be seen by the naked eye. This is called debulking or cytoreduction.

When all tumors have been removed, the heated chemotherapy is circulated in the abdomen for 90 minutes. The goal of this phase is to kill any microscopic cancer cells (those not visible to the surgeon) that may be left behind.

Types of Cancer HIPEC is Used For

In the U.S., HIPEC is used to treat some of the following types of cancers:

- Colon
- Appendix
- Ovarian
- Peritoneal surface (i.e., mesothelioma)

At this time HIPEC for gastric cancer is being tested and is often done as part of a clinical trial.

HIPEC for cancers that tend to be aggressive (i.e. pancreas or bile duct) is not typically done.

Benefits of HIPEC

We believe that HIPEC can improve the chance of survival for some patients. While this may be due to the combination of heat and chemotherapy used at one time, we are always learning more.

For a subset of patients with excess fluid in their abdomen (ascites), HIPEC can decrease the buildup of fluid. While this does not necessarily improve survival, it can decrease the number of hospital visits to have the fluid drained.

Who Can Have HIPEC

Your surgical team will review your cancer history and your CT scan to help decide if HIPEC is the best option for you.

You may be asked to have a further workup. This includes labs, CT/MRI scans, and/or a cardiac evaluation.

Side Effects

During surgery you will get a lot of fluids through your IV. For this reason, we will watch you closely after surgery (i.e., watch your labs, urine output, give IV fluids). Getting a lot of fluid can lead to major short-term swelling all over your body, which will slowly improve as you heal.

There is also a risk of an ileus. An ileus is when your bowels stop moving normally. This can cause nausea, vomiting, bloating, and prevent you from being able to tolerate liquids and foods. Even though this resolves with time, it tends to be the biggest complaint we hear during the 3-4 months that you are healing.

You will likely have fatigue for 2-3 months after surgery while you recover. This will slowly improve over time. Keeping light activity in your day can help improve your energy.

You may also have a change or loss of appetite after surgery. It is important to have good calorie and protein intake. If issues

persist or weight loss occurs, we can connect you with a nutritionist.

With any surgery, there is always a risk of infection. There is a chance that you could develop an abscess. Infection could also occur in your:

- Wounds
- Urine
- Blood stream

The kind of chemotherapy used may impact your kidney function and/or blood counts. We will watch these closely so we can treat any adverse effects you may have.

What to Expect from the Surgery and HIPEC

Your surgical team will review the extent of your tumors and let you know what surgery entails (i.e., a bowel resection, ostomy, spleen removal, kidney removal).

The CT/MRI that patients have tends to underestimate how much disease is in the abdomen. The surgical resection is often more extensive than the scans would suggest. Current imaging tests are not the best for looking at disease that lines the abdomen and organs.

You should plan to stay in the hospital for 10-14 days. This can be longer or shorter depending on many factors. The total recovery time is around 3-4 months.

You will have a large incision (cut) on your abdomen. You will have sutures inside of you. Staples are used on the outside of the wound. These come out 2-3 weeks after surgery.

Hospital Stay

You may spend at least one night in the Intensive Care Unit (ICU). We will watch you closely before we send you to a general

care floor. Your stay in the ICU can be longer for many reasons.

You will have many tubes and lines. These include:

- IV lines for fluids
- An epidural to help with pain.
- A NG (nasogastric) tube in your nose to drain your stomach.
- A foley catheter to drain your bladder.

There is also a chance you may have other drains or an ostomy.

You will have many people caring for you in the hospital. This includes the surgeon, residents, APP's (advanced practice providers), nurses, assistants, and case managers. All these people make up your health care team.

It is important that you walk as early and often as you can after surgery. Your nurses will help you walk at least the first time. They will check your blood pressure before you walk to make sure it is safe. Short, frequent walks are best to help with recovery.

Before Surgery

- **Nutrition.** Make sure you eat plenty of protein and calories. You will get a drink called Ensure This is a nutritional supplement that you will drink before surgery.
- **Move your body.** Stay as active as you can.
- **Sleep.** Make sure you get enough sleep.

Going Home

- Healing takes time and can feel long. Healing is as much mental as it is physical.
- You will need to eat 6 small meals a day. Eating small, more frequent

meals and snacks helps to ensure that you are getting the best nutrition to help you heal.

- Make sure you drink plenty of fluids to stay hydrated.
- Track your weight. Try to weigh yourself once or twice a week at the same time of day.
- Look at your incision daily. Shower or wash this once a day with soap and water.

When to Call

Call your doctor if you have:

- Redness, firmness, or drainage from your incision site.
- Any fevers or chills. A fever is anything over 101.5 F.
- Persistent nausea/vomiting.
- Not had bowel movement in 3 days.
- Diarrhea (more than 4 liquid stools in a day).

Who to Call

If you have any questions or concerns, please call the UW Surgery Clinic at **608-263-7502**.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 11/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8053.