




CRS-HIPEC CareMap

Before, during, and after your hospital stay

CRS-HIPEC = cytoreductive surgery and hyperthermic intra-peritoneal chemotherapy

Before Surgery Day	Surgery Day	
<p>Meet with members of the HIPEC care team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Visit with your surgeon to talk about the surgery. <input type="checkbox"/> You may talk with a medical oncologist about chemotherapy. <input type="checkbox"/> You may also talk with a surgical oncology nurse, dietitian, physical therapist, and social worker. <input type="checkbox"/> Meet with the anesthesia team to make sure it is safe for you to have general anesthesia for surgery. <p>Activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walk at least 30 minutes each day to build up strength for surgery. Walk longer than this, if you can.  <p>If a stoma is needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learn about ostomies from an ostomy specialist. <input type="checkbox"/> They will mark the site where the stoma will be placed. This mark will help guide the surgeon during your operation. <p>If you smoke or vape:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stop smoking or vaping at least 2 weeks before surgery. <p>Starting 6 days before surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drink your immunonutrition supplement 3 times a day for 5 days. If you have diabetes, drink ½ serving 6 times a day for 5 days. <p>Starting 2 days before surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not shave near the surgical areas. <p>Day before surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drink only clear liquids today and tomorrow, up until 2 hours before your surgery check-in time. Clear liquids include water, plain coffee or tea (no milk or cream), apple juice, and broth. <input type="checkbox"/> Take your bowel prep, Neomycin, and Metronidazole. <input type="checkbox"/> Receive a call from the hospital with your check-in time. <p>Night before surgery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take a shower with the antibacterial soap as prescribed. <input type="checkbox"/> Besides other clear liquids, drink 8 ounces apple juice before midnight. 	<p>Morning of Surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take another shower with the antibacterial soap as prescribed. <input type="checkbox"/> Remove all jewelry and body piercings. <input type="checkbox"/> Starting 2 hours before your check-in time, do not take anything by mouth EXCEPT: <ul style="list-style-type: none"> - Right after you park at the hospital, drink 8 ounces of apple juice. <p>At the Hospital</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check in at Surgery Registration at your check-in time. <input type="checkbox"/> A nurse will call you to come to the Pre-Op area. <input type="checkbox"/> An IV tube will be placed in your arm to give you fluids and antibiotics. <input type="checkbox"/> Talk with an Anesthesiologist about managing pain during and after your surgery. They may advise you to have an epidural catheter to help manage pain. <input type="checkbox"/> We will give you a heating blanket to keep you warm, improve healing, and lower the risk of infection. Keep the blanket on even if you feel warm enough. <input type="checkbox"/> The Anesthesiology Team will take you to the operating room. 	<p>After surgery, you will:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wake up in the recovery area. <input type="checkbox"/> Move to the ICU or a unit room when your vital signs are stable. <p>You will have:</p>  <ul style="list-style-type: none"> <input type="checkbox"/> An IV in your arm to give you fluids and antibiotics. <input type="checkbox"/> Compression devices on your legs to help with blood flow. <input type="checkbox"/> A urinary catheter (tube) in your bladder to drain urine. <input type="checkbox"/> A nasogastric (NG) tube through one of your nostrils to drain your stomach and intestines. <p>You may have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A drain in your belly to help remove fluid after surgery. Most times, this is removed before you leave the hospital. <p>If you have an ostomy:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An opening (ostomy) was created in your belly to reroute your stool. You will wear a pouch device over the ostomy to collect the output. <p>Your nurse will help you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sit up on the side of your bed. <input type="checkbox"/> Learn how to use your incentive spirometer and remind you to use it 10 times every hour while you are in the hospital.

Day 1

Medicines and Treatments

- Your pain will be controlled as your surgeon and anesthesiologist explained before surgery. You may have an epidural catheter.
- A nurse will give you heparin or enoxaparin injections to prevent blood clots.
- If you have an ostomy, an ostomy specialist will check the fit of your pouch device.



Diet

- Nothing to eat or drink. You may have a small amount of ice chips for comfort. You may chew gum or suck on sugar-free hard candies to help with digestion.

Activity

- Meet with a physical therapist (PT) or occupational therapist (OT). If needed, they will teach you exercises for endurance and strength.
- Staff will help you sit up in a chair 2 to 3 times a day.
- Do NOT get out of bed without a nurse beside you.
- Aim to walk 1 to 2 laps of the unit, with help.
- Aim to be out of bed 6 hours a day. The more you move, the faster your body will heal.
- Try to use your incentive spirometer 10 times every hour.



Planning

- If you have concerns about where you will go after discharge, ask to meet with a social worker.
- Know your discharge goals. You will be ready to leave the hospital when:
 - You can take in enough calories every day for best healing.
 - Your bowels are working and you can urinate without trouble.
 - You can walk by yourself.
 - Your pain is under control.
 - Your self-care teaching is completed, and you know how to care for your incision and catheters.



Days 2 to 4

Medicines and Treatments

- Pain control plan is the same as day 1.
- Start learning about heparin or enoxaparin injections. You will take the medicine for a total of 28 days after surgery.
- Your NG tube will be removed when output is low and your team says that you are ready.
- Your urinary catheter will be removed.

If you have an ostomy:

- Receive ostomy education materials.
- An ostomy specialist will visit to teach you about your ostomy. They will teach you and your family about ostomy care.

Diet

- Nothing to eat or drink until your NG tube is removed. After that, you may have some clear liquids.
- When your team says you are ready, you will slowly start a low-fiber diet:
 - No nuts, seeds, beans, popcorn, most raw fruits and vegetables
 - OK to eat well-cooked vegetables, canned fruits, and fruits without skins or seeds.
- Meet with a dietitian to talk about your nutrition goals.
- Once you start eating, keep a food diary to track what you eat at each meal.

Activity

- Meet with a physical therapist (PT) or occupational therapist (OT). If needed, they will teach you exercises for endurance and strength.
- Staff will help you sit up in a chair and take 3 to 4 walks a day.
- Starting on day 2, aim to walk 3 to 6 laps of the unit.
- Do NOT get out of bed without a nurse or other care provider beside you.
- Aim to be out of bed 6 hours a day. Moving helps your body heal.
- Try to use your incentive spirometer 10 times every hour.

Incision Care

- The dressing on your belly will be removed on day 2. Your incision will be left open to the air.

Shower

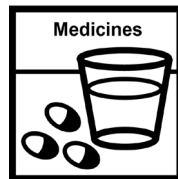
- You can shower after your dressing is removed. Let the soap and water run over the incision. Gently pat the incision dry.



Days 5 to 9

Medicines and Treatments

- Pain controlled as before.
- Change from injections to pain pills.
- If you have an epidural catheter, it will be removed.
- If you have a drain in your belly, it will most likely be removed before you leave the hospital.



If you have an ostomy:

- Receive ostomy education materials.
- An ostomy specialist will teach you and your family about ostomy care.
- We will ask you or your family member to help change the ostomy.

Teaching About Heparin or Enoxaparin

- A pharmacist will review your medicines with you.
- Your nurse will help you give yourself an injection.

Diet

- Keep eating a low-fiber diet.
- Meet with a dietitian to talk about your nutrition goals.
- Start nutrition supplements, if advised by your dietitian or care team.
- Write down what you eat at each meal in a food diary.

Activity

- Meet with a PT or OT.
- Staff will help you sit up in a chair and take 4 walks a day. Work up to walking 9 to 18 laps around the unit.
- Do NOT get out of bed without a nurse or family member beside you.
- Aim to be out of bed for 8 hours a day. The more you move, the faster your body will heal.
- Try to use your incentive spirometer 10 times every hour.

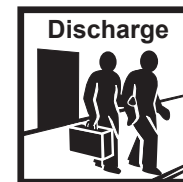
Shower

- When you shower, let the soap and water run over the incision. Gently pat the incision dry.



Discharge Day

Day of discharge depends on when your pain is under control, your vital signs and labs are stable, and there are no other concerns.



Medicines

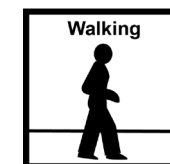
- You will receive a supply of pain pills and heparin or enoxaparin at discharge.
- You may be prescribed medicines to prevent constipation and acid reflux.

Diet

- Follow your low-fiber diet.
- Take nutritional supplements as prescribed.
- Follow the calorie and protein goals your dietitian gave you.
- Keep your food diary. Write down what you eat at each meal.

Activity

- Aim to be up and out of bed at least 10 to 12 hours a day. The more you move, the faster your body will heal. You will also sleep better at night.
- Walk every day. Slowly increase how far you walk.
- Try to use your incentive spirometer 10 times every hour to keep fluid out of your lungs.

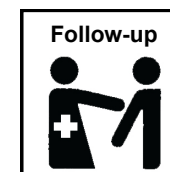


Shower

- When you shower, let the soap and water run over the incision. Gently pat it dry.

Follow-up Visits

- A follow-up clinic visit will be set for 1 to 2 weeks after your discharge.
- Bring your food diary to your follow-up visits.
- If you have an ostomy, return for a follow-up visit with the ostomy specialist.



Questions or Concerns?

Your questions are important. Call your care team if you have questions or concerns.

HIPEC Team Nurse, Seattle Cancer Care Alliance:
206.606.2256

For urgent needs after hours: Call the clinic any time of the day or night. Ask to speak with the provider on call.

Recovery At Home

Medicines

- Start to taper your pain medicines. Take them only as needed. Ask your care team if you have any questions about how to taper your dose.
- If you do NOT have a stoma and are constipated, take a stool softener or Milk of Magnesia.
- As prescribed, give yourself 1 shot of either heparin or enoxaparin every day for 28 days after surgery.

Diet

- Eat a low-fiber diet for 2 to 3 weeks.
- Keep your food diary.
- Talk with your dietitian about:
 - Meeting your calorie, protein, and fluid goals
 - Slowly adding fiber to your diet, usually starting 2 to 3 weeks after surgery

Activity

- Spend most of the day out of bed, sitting up, being active, and walking.
- Aim to walk a total of at least 1 hour each day.
- For 6 to 8 weeks, do NOT lift anything that weighs more than 10 pounds. This is about the weight of 1 gallon of water.
- Ask your care team before exercising at the gym.
- Keep using your incentive spirometer at least 4 times each day.
- You may shower at any time.
- Do not take a bath, sit in a hot tub, go swimming, or immerse your incision under water until it is fully healed. This usually takes 6 to 8 weeks.

Return to Work

- Ask your care team about when you can return to work.
- If your workplace requires that forms be signed by your care team, please bring those forms to your follow-up visit.