Intraperitoneal Chemotherapy: Implications Beyond Ovarian Cancer

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The National Cancer Institute (NCI) announced in January 2006 the use of intraperitoneal (IP) combined with IV chemotherapy postoperatively as the preferred treatment method for advanced ovarian cancer. The announcement stimulated the need for oncology nurses to become familiar with IP chemotherapy administration and patient management guidelines. IP administration allows a high concentration of chemotherapy to come into direct contact with tumors and surrounding tissues and organs. IP chemotherapy also is administered in clinical trials and some clinical settings for other histologies, such as low-grade gastrointestinal carcinoma and appendiceal carcinoma, which tend to spread locally before invading the bloodstream. Local-regional chemotherapy potentially is an ideal treatment for local spread of those peritoneal carcinomas. Overall side effects from regional treatment are less severe than with systemic treatment. Oncology nurses can help minimize and alleviate discomfort associated with IP chemotherapy administration. This article focuses on nursing management strategies for patients receiving IP chemotherapy for ovarian cancer and other peritoneal carcinomatosis.

At A Glance
- Intraperitoneal (IP) chemotherapy is used for histologies other than ovarian cancer that seed the peritoneal surfaces such as low-grade gastrointestinal and appendiceal carcinoma.
- IP chemotherapy requires knowledge of treatment rationale, procedure for administration, and possible side effects.
- Oncology nurses can help minimize discomfort and maximize IP therapy by using key patient management strategies.

NCI (2006) has recommended IP chemotherapy for treatment of ovarian cancer (Almadrones, 2007). IP chemotherapy also is used in other peritoneal carcinomas and may be administered

Background
IP administration of chemotherapy is a method of cancer treatment that allows for a high concentration of chemotherapy to be in direct contact with tumors, surrounding tissues, and adjacent organs. By 1978, the use of IP chemotherapy had gradually changed as guidelines developed by NCI were instituted with the help of the advances in pharmacokinetics (Hoff, 1991).