Intraperitoneal Chemotherapy for Women With Ovarian Cancer: Nursing Care and Considerations

Kamala L. Potter, RN, MS, AOCNS®, and Jeanne Held-Warmkessel, RN, MSN, APRN, BC, AOCN®

Adjuvant treatment options for women with ovarian cancer following optimal surgical debulking traditionally have focused on IV taxane and/or platinum-based regimens. Combining intraperitoneal (IP) with IV therapy may offer a survival advantage over IV therapy alone in selected patients. The nursing care of women receiving IP chemotherapy involves unique assessment considerations, toxicity management, and patient teaching. Current IP chemotherapy administration guidelines are in various stages of development as the challenges of safe delivery to women with ovarian cancer undergo continued investigation.

At a Glance

- Women with optimal surgical debulking or a small-volume residual tumor less than 1 cm are most likely to benefit from intraperitoneal (IP) chemotherapy.
- When administered into the peritoneal cavity, cisplatin or carboplatin and paclitaxel have been found to have higher concentrations and longer drug half-lives.
- Nursing assessment, patient teaching, and symptom management facilitate completion of IP chemotherapy and can increase overall survival in women with ovarian cancer.

Ovarian Cancer Treatment

After ovarian cancer is diagnosed, treatment usually begins with tissue confirmation and surgery. Optimal surgical debulking is an important intervention because the amount of tumor remaining after surgery has a direct relationship to increased length of survival; as a result, the goal is to leave minimal (residual tumor less than 1 cm) to no residual disease (Bristow, 2004).