

Procedure Information Sheet – Pressurized Intraperitoneal Aerosol Chemotherapy (PIPAC)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

1. Introduction

- 1.1. Peritoneal metastasis is a condition whereby tumor cells are deposited within the peritoneal cavity.
- 1.2. Pressurized Intraperitoneal Aerosol Chemotherapy (PIPAC) is a surgical procedure to deliver chemotherapy directly to the peritoneal cavity.
- 1.3. PIPAC is performed by minimally invasive surgery using 2 ports
- 1.4. The aim of PIPAC is to deliver chemotherapy directly to the tumor cells within the peritoneal cavity.
- 1.5. PIPAC is repeatable procedure and is usually performed every 6 weeks and it is possible to combine PIPAC treatments with systemic chemotherapy.

2. Procedural Preparation

- 2.1. A written consent is required.
- 2.2. Inform your doctors about your drug allergy, current medications or other medical conditions for pre-operatively assessment.
- 2.3. Fast for 6-8 hours before the operation.
- 2.4. Change into operation gown and empty bladder before heading to operating theater.
- 2.5. Pre-medications, intravenous drip, or antibiotics prophylaxis maybe required according to doctor's prescription.

3. Procedure

- 3.1. The operation is performed under general anaesthesia with laparoscopic approach.
- 3.2. Small instruments and a video camera are inserted into the abdomen through two incision 1cm to 5mm on the abdominal wall. Carbon dioxide (CO2) insufflated into the abdomen
- 3.3. About 150 to 200mL of chemotherapy is injected into the peritoneal cavity during the procedure through a specially designed device which will convert the chemotherapy into an aerosol form which will spread throughout the peritoneal cavity circulating together with the CO2.
- 3.4. The aerosolised chemotherapy is allowed to settle after all the chemotherapy has been injected.
- 3.5. The wounds are closed with suture, surgical staples, or strips.

4. Recovery Phase

- 4.1. After the operation, you should be able to resume fluid within the same day.
- 4.2. You may feel some pain within the abdomen and also around the wound. The pain will subside within a week.
- 4.3. Mobilisation is allowed immediately after the operation.

5. Possible Risks and Complication

- 5.1. Complications for general anaesthesia may include myocardial infarction/ischemia, stroke, deep vein thrombosis, pulmonary embolism, allergic reaction, etc.
- 5.2. Common procedure-related complications may include mild abdominal pain, nausea, vomiting, and fever.
- 5.3. Failure to access the peritoneal cavity occurs in about 6.4% of patients.
- 5.4. Risk of bowel and internal organ injury during the procedure is rare. If there is injury to the bowel during accessing the peritoneal cavity, the procedure will be terminated without application of the chemotherapy.

6. Discharge Education

- 6.1. Contact your doctor or attend Accident and Emergency Department if you have:
 - 6.1.1. Increased or continuous abdominal pain or distension
 - 6.1.2. Increased redness, swelling, bleeding or foul smelling discharge from the wounds.
 - 6.1.3. Fever higher than 38°C and rigour
 - 6.1.4. Severe vomiting
- 6.2. Take the analgesics as prescribed by your doctor if necessary
- 6.3. Attend the follow-up visit at your doctor's clinic

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7. Reference

- 7.1. Winkler CS, Sandhu J, Pettke E, et al. (2020). Pressurized Intraperitoneal Aerosol Chemotherapy, a Palliative Treatment Approach for Patients with Peritoneal Carcinomatosis: Description of Method and Systematic Review of Literature.
- 7.2. Alyami M, Hübner M, Grass F, et al. (2019). Pressurized intraperitoneal aerosol chemotherapy: rationale, evidence, and potential indications.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

