

UC San Diego Health

Peritoneal Surface
Malignancy Program
Patient and Family Resource Guide



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About Us

Established in 1978, UC San Diego Moores Cancer Center is one of just 69 National Cancer Institute-designated Comprehensive Cancer Centers in the United States, and the only one in the San Diego region. Such centers are prominent among the leading institutions in the nation dedicated to scientific innovation and clinical excellence. This designation — reserved for centers with the highest achievements in cancer research, clinical care, education and community contributions — makes an enormous difference to our patients. Studies show that outcomes are better at NCI-designated centers.

Our cancer services were ranked among the top 50 in the nation by *U.S. News & World Report* in its 2017-18 “Best Hospitals” survey, which recognized UC San Diego Health as the top adult hospital in San Diego. Also in 2016, we are named one of “100 Hospitals and Health Systems with Great Oncology Programs” for 2016 in *Becker’s Hospital Review*.

Our Mission and Vision

Our mission is to save lives by transforming cancer prevention, detection and care. Our vision is to make personalized cancer medicine a reality by creating, translating and disseminating exceptional cancer science and medicine.

Our unique “bench-to-bedside” approach to cancer research and patient care supports the broadest range of cancer activities in the San Diego region. From research in molecular genetics to the most advanced treatments, Moores Cancer Center is at the forefront of the fight against cancer, developing promising new therapies and making them available to cancer patients throughout the region.

Our model for providing patient care features a multidisciplinary team approach. These teams include specialists from a variety of disciplines such as medical, surgical and radiation oncology, pathology, diagnostic radiology, nuclear medicine, nursing, social work, genetic counseling and more, who meet regularly to discuss the best options available for each patient. Using the advice from this group of experts, patients can then decide with their primary physician on the best course of treatment.

The mission of our HIPEC team at Moores Cancer Center at UC San Diego Health is to provide you and your family with the highest quality of care possible, to provide excellent service and support, and guide you from surgery to recovery.

Our team is among the top leaders in HIPEC procedure worldwide. Our experts have performed hundreds of cytoreductive/HIPEC surgeries with an average of 1-2 procedures a week.

Peritoneal Surface Malignancy Treatment

What is peritoneal surface malignancy and how is it treated?

Most peritoneal surface malignancy is caused by the spread (metastasis) of primary tumors (for example, appendix and colon cancer) to the surfaces of the peritoneal (abdominal) cavity. This happens when tumor cells disseminate or invade out from the original tumor into the peritoneal cavity and move via the peritoneal fluid that naturally circulates to keep your organs soft and pliable. Tumor cells can then implant on the peritoneal lining, grow and invade. Other peritoneal surface malignancy begins from the peritoneal surface itself such as peritoneal mesotheliomas and then spreads in a similar manner. Peritoneal surface malignancy is very difficult to treat as the peritoneal cavity has a huge surface area and the delivery of drugs given intravenously is not as efficient as it is to solid organs such as the liver. Many patients with peritoneal surface metastases also have metastases to other organs. Such patients are generally treated solely with intravenous chemotherapy. A subset of patients have cancers that have spread only to the peritoneal surfaces and these patients may be considered for surgical removal of their cancer and heated chemotherapy given into the peritoneal cavity.

The most important effective for some cancers that have metastasized to the peritoneal cavity alone is the complete surgical removal of all the disease. Complete removal of all disease is termed a complete cytoreduction. If we cannot remove all the disease, then surgery can be performed to relieve symptoms and to prevent future complications; this is termed palliative surgery. HIPEC is a treatment used for peritoneal disease. HIPEC stands for heated intraperitoneal chemoperfusion. This treatment is used in the setting of the complete removal of all visible disease and is aimed at eliminating microscopic tumor cells that cannot be seen with the naked eye. This treatment may be used in conjunction with cytoreductive surgery to treat peritoneal metastases from colon and appendix cancers and mesothelioma (cytoreductive surgery + HIPEC).

The HIPEC portion of the surgery consists of:

- Chemotherapy is added to salt solution and infused into the peritoneal cavity. Specific drugs are used based on the type of cancer (majority done with Mitomycin C)
- Heating the solution to 41-43 degrees Celsius.
- Circulating (perfusing) the heated chemotherapy throughout the peritoneal cavity for 90 minutes

The rationale for using heated chemotherapy for peritoneal surface malignancy is:

- Giving chemotherapy in the abdomen at the time of surgery allows the delivery of higher concentrations of the drug where it is needed. The amount of the

drug which gets to the rest of the body is low. Thus, a higher dose of drug is given directly to the cancer cells with less side effects.

- Heating the solution at 41-43 degrees Celsius effectively kills cancer cells while having fewer effects on normal cells.
- Heat allows the chemotherapy to penetrate a few millimeters onto the surfaces of the peritoneal cavity and kill cancer cells that cannot be seen by the surgeon's eye.

There is substantial clinical evidence that the combination of cytoreductive surgery and HIPEC is an effective treatment for patients with cancers of the appendix and peritoneal mesothelioma. Additionally, peritoneal metastases from colorectal cancers can be successfully treated in a significant number of selected patients.

Are you a good candidate for HIPEC?

Many of the cancers treated with HIPEC are diseases that require a multidisciplinary approach, with the input of medical and surgical oncologists. Your records will be reviewed by our team to determine what the best treatment is for your specific disease. For each individual patient, a comprehensive treatment plan is developed that may or may not include a recommendation for surgery and HIPEC.

Rationale for the use of laparoscopy in treatment planning

Your physician will review your records including pathology reports, CT scans and operative reports. Depending on many factors, the surgeon may want to examine the peritoneal cavity during a small operation known as a diagnostic laparoscopy. The purpose of the laparoscopy is so that the surgeon can directly visualize the disease in the peritoneal cavity to determine if complete removal of all the cancer is possible. It will also allow us to advise you as to the extent of the surgery necessary to remove all visible cancer. The laparoscopy helps us gather information about your disease to see if surgery is possible.

The laparoscopy involves looking into your abdominal cavity with a laparoscope, a thin, lighted tube with video camera that is put through an incision. The procedure allows the physician to take photos and biopsies if needed. This surgery is done at Jacobs Medical Center. The procedure is an outpatient procedure and takes 30 -60 minutes. It is minimally invasive. You will go home the same day. You will have 1-3 incisions that are about 5mm in diameter and that are closed with absorbable stitches and surgical glue. The laparoscopy allows the surgeon to get a good look at the pattern of disease in the abdomen. The diagnostic laparoscopy allows the patient and doctor gather more information regarding the extent of surgery and determines if you are a candidate for cytoreductive surgery and HIPEC.

Your Initial Consultation

Upon entering the Moores Cancer Center, you will be checked in at the front desk. You will then be directed toward the Multi-Specialty Clinic. You will be seen our staff which will include a medical assistant, a nurse and your treating physician. They will discuss with you:

- Your current symptoms
- Your medical and surgical history
- Allergies and Medications
- Family History of Cancer
- Lifestyle factors, current history of smoking or alcohol consumption

The physician or Nurse Practitioner will also perform a complete physical examination. We will review and discuss your current disease with you and your family members. In certain cases, we may suggest further evaluation before deciding if cytoreductive surgery and HIPEC is right for you. We will spend as much time as necessary with you to ensure you understand your disease, your treatment options and the recommended plan to treat your disease. We will answer all your questions.

If it is decided that cytoreductive surgery and HIPEC is appropriate, you will need to sign a consent form for surgery and you will also need an appointment to visit with our anesthesia team before your surgery. You will be notified within 48 hours of your surgery date. If you are from out of town, we will work with you regarding timing of these appointments.

Preparation for Surgery

Anesthesia Appointments

You will be scheduled for a visit with a Nurse Practitioner in the anesthesiology department to discuss surgical anesthesia options and what to expect from anesthesia. They will also ask you about prior surgeries and past experiences with anesthesia.

This appointment is at:

Chancellor Park 4540 Executive Dr., Suite 215.

You do not have to fast for this appointment. The appointment takes approximately an hour. You will need to have a list of all medications that you currently take, including over-the-counter medications, vitamins, herbs and herbal supplements that are being taken. In certain cases, the anesthesia department may require cardiac clearance from your cardiologist prior to your surgery. You will need some blood work that is required prior to your surgery that can be done at the Moores Cancer Center or the Chancellor Park lab.

Patients taking aspirin, coumadin or other blood thinning medications will receive special instructions. Depending on the reason you are taking aspirin, you may continue on this medication. If taking oral blood thinners, we may need to change this to Lovenox prior to your surgery. If you are taking ibuprofen, aspirin or other similar medications as needed for various ailments, it is recommended to stop these 7 days prior to your surgery. Also some supplements such as fish oil and certain vitamins may need to be stopped as well. You may take Tylenol (Acetaminophen) for pain relief.

Lovenox (Enoxaparin)

Lovenox is given to all our patients undergoing cytoreduction surgery. You will receive this after surgery to prevent blood clots. You will receive this medication while in the hospital, and you will also be sent home with it for 2 weeks following your surgery. You will be taught how to administer the shot once daily for 2 weeks after discharge from the hospital. The nurse will teach you how to administer the injection and safely dispose of the syringe.

It is important to find out if your insurance provider requires an authorization for Lovenox, as this can be a time consuming process.

Contact your insurance company to learn about your specific authorization needs. The phone number for member services should be found on your insurance card. Inform them that you are having major abdominal surgery, and that you will be prescribed Lovenox. The prescription is usually for 14 days, once a day. The dose is 40mg/0.4ml injection. Your insurance company will let you know if pre-authorization is required.

Your Hospital Stay

What to bring to the hospital

Check-in is done at the kiosks at Thornton Pavilion.

It is advised to **NOT** bring: Jewelry or other valuables

Packing

You may find the following items helpful to bring to the hospital:

- List of ALL current medications: The hospital will provide all medications while you are in the hospital
- Clothing: Nightgown/pajamas, robe, comfortable clothing (sweatpants, loose shirts), slippers/non-skid socks
- Toiletries: Toothbrush, toothpaste, comb, soap, shampoo
- Other: Book, pen, paper, cellular phone and charger, iPad/personal computer. Jacobs Medical Center does have free wi-fi in all the rooms. Consider the value of your items and how you may wish to secure them while in the hospital. Hospitals are safe places, but they are busy environments where personal items can go missing.

If you forget any items such as toothbrush, the hospital will provide this for you. You can also have family members bring anything that you forgot at a later date.

Day Before Surgery

You may be prescribed a bowel prep to cleanse your bowel of all solid material. Follow the instructions below. Proper bowel preparation if required, may reduce the risk of infection following surgery.

Start clear liquids the day prior to your surgery. This means no solid foods all day. Clear liquids include any foods or fluids you can see through.

- Water
- Clear broth/bouillion
- Coffee/tea (NO milk or dairy)
- Sports drinks (Gatorade)/ Fruit Juice/ Kool-Aid/ Soft drinks
- Jell-O, doesn't matter what color
- Popsicles, doesn't matter what color

Bowel Prep Instructions

- Prepare the bowel prep solution (MoviPrep) using the instructions on the bottle. Shake well. You can add sugar free Crystal Light in the water, refrigerate the solution and/or drink it through a straw to make it taste better.
- Stay close to the bathroom.
- Start drinking the bowel prep prescribed between 1:00pm and 4:00pm the evening before surgery. You may stop drinking when your bowel movements are clear with no formed stool or the solution is complete.
- You will be given antibiotics at 6pm.
- You may drink clear liquids in addition to the bowel prep solution until midnight.
- If you feel nauseated, rinse your mouth with water. Take a 15-30 minute break then continue drinking the bowel prep solution as described above.

The night before surgery, take a shower. It is highly recommended that you wash your hair as you may not feel like washing it for several days after the operation. Do not shave your abdomen as this increases the risk of infections after surgery.

Checking In

You will report to UC San Diego Health's Thornton Pavilion kiosk and proceed to Jacobs Medical Center the morning of the surgery. Your nurse will provide check-in date and time, which is usually 2 hours before your scheduled surgery time. They will place a patient wristband with your name, date of birth, and medical record number. Please confirm all of this information is correct. This will stay on for your entire hospital stay. You will then be directed to the Surgery check in desk. Take the elevator to the 2nd floor and look to your right where you will see the surgical reception desk. If you arrive earlier than 5:30 am, there may not be a staff member at this desk, proceed past the desk into the pre-op area and a nurse will help you.

A pre-operative nurse will greet and complete the pre-operative assessment. They will verify your identity, ask you the surgery that you are having and who your surgeon is. You will be provided a gown and a belongings bag to place your clothing in. The nurse will review a pre-operative checklist to ensure all loose/removable items are removed. This includes:

- Dentures/partial
- Eyeglasses/contact lenses
- Jewelry
- Hair clips/pins
- Removable prosthesis

You will be asked to use the restroom to empty your bladder prior to surgery. An IV (intravenous catheter) will be placed to provide fluids and any pre-operative medications.

You and your family will have the opportunity to speak to members of the surgery and anesthesia team prior to surgery.

During Surgery

You will arrive in the operating room on a stretcher. A nurse will help you move onto the operating table. You will be provided with a warm blanket as the operating rooms are cold. You will be connected to monitoring equipment. Many patients will have an epidural catheter placed prior to surgery whether in the operating room or in the preoperative waiting area. Pain medication is administered through this catheter to relieve pain after surgery. The anesthesia team will explain the details regarding the risks and benefits of this to you and then it is your option to have it placed or not. Regardless, we will make every effort to see that your recovery is as pain free as possible. The anesthesia is first administered through your IV. Once you are asleep, you will have a breathing tube inserted to assist and monitor your breathing. A Foley catheter will be inserted to drain your bladder of urine.

Family Members and Visitors

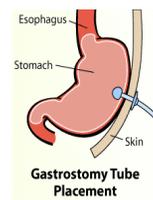
Before you are taken to surgery, the preoperative nurses will ask your family member for a cell phone number. The surgeon's team will update a designated family member by having a nurse call the provided phone number. This helps alleviate some of that anxiety that families may experience during surgery.

While you are in surgery, your family will be shown to the surgical waiting area. Surgery averages about 7 hours but varies greatly from patient to patient. We understand it can be very stressful for family members while you are in surgery. We encourage visitors to take advantage of the cafeteria, gift shop, and chapel. The surgeon will speak with the family immediately following the surgery.

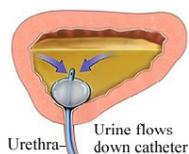
After Surgery

Following surgery, you will go to the PACU (Post Anesthesia Recovery Room) for a few hours following surgery while recovering from the anesthesia. Many, but not all patients, will then go to the ICU (Intensive Care Unit) following surgery for monitoring during the immediate post-surgery period. Depending on what was done at the time of surgery, you will have various types of temporary tubes and drains placed. You will have IV lines for fluids and pain medications.

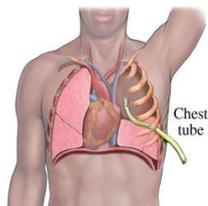
A **G-tube** or gastrostomy tube is a soft tube placed into your stomach and secured outside of your abdomen. The G-tube is connected to a bag. It is used to vent fluid and air from your stomach. After surgery, the bowels continue to produce fluid and the fluid may sit in the stomach and cause nausea as the bowels are "asleep" after surgery. The tube helps prevent nausea and vomiting post operatively. When your bowels start to wake up, the



G-tube will be periodically clamped to see if your body can handle its own secretions. You will be sent home with the G-tube capped off. If you do not need it at home and are eating without nausea or vomiting, it will be removed in the office at your first post-operative visit.



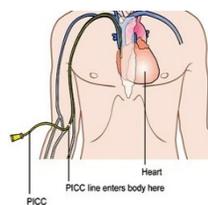
A **Foley catheter** is a flexible tube that drains your bladder. This is placed during surgery and remains in place for a few days after surgery. If you have an epidural, this typically stays in place until the epidural is removed.



A **chest tube** is a hollow, flexible tube that drains fluid, blood and air that may be around your lungs. A chest tube is placed if surgery was done in the area of your diaphragm. These tubes remain in place until the drainage decreases and the air in your lung space is resolved after surgery. Daily chest x-rays are often done when chest tubes are in place. The chest tube is removed when the fluid in your chest decreases post operatively.



A **Jackson-Pratt drain(s)**, often called a JP drain, is a grenade shaped bulb that collects bodily fluids from surgical sites. They are most often removed prior to discharge, but some patients are discharged with the drains in place if drainage is still high. Some of these drains can be removed in clinic at your postoperative visit.



A **PICC Line** is a peripherally inserted central catheter that is an IV line often placed while you are in the hospital. It allows the nurse to infuse high concentrations of nutrition, electrolytes, or antibiotics into your veins. These IV lines last longer so patients don't have to get stuck every 3 days for a new IV line. They can also be used to draw blood.

After you leave the ICU, you will be transferred to a step-down unit. All the rooms at the Jacob Medical Center are private rooms.

UC San Diego Health is a teaching hospital. This means that medical students and surgical residents will assist in your care, however your surgeon is ultimately the person who is directing your care. Other team members include a surgical oncology nurse practitioner, staff nurses, and technicians. Your attending surgeon will typically see you every day and is always aware of any changes in your health condition.

While you are in the hospital, our goals are to promote rapid healing following surgery, prevent complications, and to provide you with the tools and information you need to have an uneventful recovery. The following items are addressed while you are in the hospital and before you go home:

Medications

Most prescription medications and vitamins you take prior to surgery will be restarted once you are eating and drinking OR resumed once you are discharged from the hospital. There are a few medications that are often prescribed for you shortly after surgery:

- Prevacid (Lansaprazole) or Pepcid (Famotidine): Medicines that decrease the amount of acid produced in the stomach.
- Lovenox (Enoxaparin): An anticoagulant that helps prevent the formation of blood clots which can occur after surgery.
- Zofran (Ondansetron): Used to prevent nausea and vomiting that may be caused by surgery. May cause headaches and constipation.
- Reglan (Metoclopramide): Increases muscle contractions in the upper digestive tract to help with emptying the stomach content into the intestines. This is how it works on nausea. May cause abdominal cramping.
- Colace (Docusate): A stool softener that makes bowel movements softer and easier to pass. Used while patients are taking pain medication.
- Senakot: A stimulant laxative that assists with bowel movements, especially while taking pain medications.

Pain Control

A combination of several of the following medications may be used to control pain you may experience postoperatively. You will be on some form of IV pain medication until you can take pain medication by mouth.

- Epidural PCA: Patient-controlled administration of pain medicine in the epidural space; placed by the anesthesiologist prior to surgery.
- PCA: Patient-controlled administration of intravenous opioids such as Dilaudid, Fentanyl, or Morphine for post-operative pain; you will push a button that administers pain medication into your IV.
- Tylenol: A common pain reliever used in conjunction with PCA to relieve muscle aches and pain.
- Toradol (Ketorolac): A nonsteroidal anti-inflammatory drug (like Advil) that works by reducing hormones that cause inflammation and pain in the body; often used to treat pain after surgery in combination with other medications.
- Vicodin or Percocet: Vicodin contains a combination of acetaminophen and hydrocodone. Percocet contains acetaminophen and oxycodone. These combination opioid pain relievers are often prescribed once you are able to eat and drink.

Post-Surgery Nutrition

After surgery, your diet will be slowly advanced as your bowel function returns. Typically it takes days for your bowels to 'wake up' from surgery. This means the forward moving of gas, fluid, and ultimately food through your intestines. As you wait for return of bowel function, you are hydrated with intravenous fluids and are allowed ice chips to keep your mouth moist. When you begin to pass gas (flatus), which is the most important sign that your bowels are waking up, you will begin clear liquids and advance to full liquids, soft/bland food, and ultimately a regular diet. The time in which this begins and progresses will vary based on the extent of your surgical resection. Some examples of each diet are as follows:

- Clear Liquid Diet: juice, jello, broth, popsicles, water
- Full Liquid Diet: thick soup broth, milk, ice cream, yogurt, shakes, puddings/soft/bland diet
- Soft Diet: Scrambled Eggs, cream of wheat, soup, mashed potatoes, pureed veggies and meat

If no bowel movement function by day 5-6, you may be given nutrition intravenously. This is called Peripheral Parenteral Nutrition (PPN) or Total Parenteral Nutrition (TPN). Until your bowels wake up, we will begin IV nutrition to improve your nutritional status by temporarily providing nutrients such as lipids, amino acids, proteins, electrolytes, and minerals.

- PPN: A lesser concentration of IV nutrition delivered through a peripheral vein.
- TPN: A higher concentration of IV nutrition administered through a PICC line.

Activity

Early walking (ambulation) is the most important way to prevent postoperative complications. Common postoperative benefits of walking include stimulation of bowel function and circulation, prevention of blood clots (deep venous thrombosis/pulmonary embolism), increase in muscle tone, coordination and independence, and improvement in bowel, bladder, and lung functions. Walking is important.

The day of surgery, you will likely stay in bed and will be given an Incentive Spirometer (IS) and Venodynes.

- IS: This device helps improve the functioning of your lungs after surgery. You breathe in from the device as deeply as possible that provides back pressure to re-expand your lungs.
- Venodynes: These are inflatable compression sleeves that will be placed on your legs. They will intermittently squeeze the blood in the veins of your legs in order to improve circulation and prevent clots after surgery.

The morning after surgery, you will be assisted to a chair and encouraged to ambulate with assistance. A physical therapist (PT) may visit to evaluate your strength, teach techniques to prevent you from straining on your incision, instruct exercises to maintain good blood flow, and perform a safety evaluation prior to your discharge home.

It is important to be up in a chair as much as possible and to walk a minimum of 3-4 times a day as you recover in the hospital.

If additional therapy is warranted for you at the time of your discharge, arrangements will be made for a physical therapist to visit you at home OR for you to spend some days in a rehabilitation center in order to continue to regain strength and improve physically. Your individual needs will be assessed by your surgeon and team.

Wound Care

When you come out of the operating room, your surgical incision will have a dressing covering it and this will be removed by the surgical team on or around postoperative day 2. Your incision is closed with dissolvable sutures and surgigluce (which needs no removal). Once the dressing is removed, the incision may be open to air. If there is an infected area on your incision, the surgical team may open the skin to drain the area and begin daily dressing changes in order for your wound to heal. Several types of wound dressings include:

- Dry gauze dressing: For wounds that are slightly moist or with minimal drainage
- Wet to dry dressings: For wounds that have been opened by the surgical team
- Wound VAC dressings: A technique using a vacuum dressing in order to promote healing of wounds

Discharge Guidelines

A discharge date will be determined by the progress made as you recover from surgery. The length of your hospital admission is based on your recovering from surgery. The average length of stay after cytoreductive surgery/HIPEC is 10 days. Your surgeon considers the following when making a decision as to when you are ready to leave the hospital:

You are passing gas (which is more important than a bowel movement) or you have had a bowel movement with gas.

- Your pain is well controlled with oral pain medications
- You are tolerating liquids/food with minimal nausea
- You are ambulating without difficulty
- Incision is healthy, minimal drainage

On the day of your discharge, you will be provided with prescriptions for any new medications or prescriptions for any changes to your previous medications. Medications that are typically prescribed are pain medications and medications to keep your bowel movements soft as the pain medications will slow your bowels down. It is important to keep your bowels moving once you are home. Do not go more than 2 days without a bowel movement. The other medication you will go home with is a medication to prevent blood clots, or Lovenox.

Recommendations

- Eat a diet high in calories for energy and high in protein to promote healing. You will get full quickly and may not feel like eating. This is normal. It is suggested to eat small, frequent meals throughout the day. Start slow and ease back into your normal diet.
- It is important to keep your bowels moving. Pain medications slow down your bowels. You should take a stool softener while you are taking pain medication. Do not go more than 2 days without a bowel movement. You may take Miralax or Milk of Magnesia to help get your bowels moving. If you have questions, don't hesitate to contact your nurse.
- It is important to stay hydrated. Try to drink plenty of fluids throughout the day.
- Stay active, light exercise is encouraged. Multiple walks throughout the day will help you regain your energy, prevent blood clots, and increase your overall sense of wellbeing. No heavy lifting of more than 5 pounds for 6-8 weeks following your surgery as this could result in a hernia.
- No exercises that engage your core/abdominal muscles.
- No hot tub/bath emersion until incision is healed. You may shower.
- Take your pain medications if you need them for pain.
- Do not drive while taking pain medications. If your pain is not severe, when you have stopped Lovenox, you may take Tylenol or NSAID's (anti-inflammatory medications like Ibuprofen, Advil, Motrin) to help with the musculoskeletal pain that can follow a large abdominal surgery.

Symptoms to call your medical team

You should call the Nurse Case Manager if you experience the following:

- Fever greater than 101 Fahrenheit
- Nausea/vomiting not relieved by opening your g-tube (if applicable) or that continues for more than a day
- Uncontrollable or worsening pain
- Redness that extends beyond your local incision, swelling or unusual drainage from your incision
- Any symptoms that do not seem right, please call your nurse

Stay local

For out-of-town patients who need to travel a distance greater than 200 miles (3 hour drive), we ask you to stay locally 2-3 days after discharge. This is a good trial period to see how you do in a home-like setting and allows us to care for you if any problems arise. You will follow up with your surgeon in the clinic prior to returning home.

Post-op appointments

A post-op appointment is usually scheduled 1 to 2 weeks after surgery. Time frame will vary depending on individual. If patient is not local, they should stay in the area until after their first post-op appointment.

At the post-op appointment your surgeon will assess how you are doing, if your bowels are moving, how you're eating and if you have had any vomiting or nausea after eating. They will also want to know if you have had to open the g-tube. If you have not needed to use the tube at home, then it will be removed in the office at this visit.

Nutrition

Nutrition plays a vital role in promoting healing following HIPEC surgery. You may not have much of an appetite initially after surgery. However, we strongly encourage you to make an effort to eat daily. After a big surgery it is not unusual to lose some weight. This is to be expected. Keep in mind that the food you take in during your post-op recovery goes to healing up your body from the insult of surgery. It is ideal to maintain your weight, but may be difficult. The following are suggestions to help you after surgery.

- Drink beverages after meal periods to not "fill" the stomach with fluid instead of food
- Eat small, frequent meals to maximize caloric intake
- Avoid foods high in sugar. This can cause increased gas, bloating, abdominal pain, and diarrhea
- Avoid foods high in fiber. This allows your GI tract to heal. You can slowly increase your fiber intake three weeks after discharge
- Limit foods high in fat. These foods can also increase gas, bloating and diarrhea
- You can drink nutritional supplements (Boost, Ensure) to supplement between meals or make your own shakes using whey protein powder mixed into some almond milk or other liquid of your choosing. You may add Greek yogurt and fruit to help boost protein intake and calories.
- Avoid spicy food

Ways to add calories:

- Add whole milk to breakfast, baking or as a snack
- Add cheese to dishes
- Add eggs to breakfast, salads

At Moores Cancer Center at UC San Diego Health, we stay up to date on the most current nutrition research and information so we can help you make the best choices. Throughout the cancer experience, from initial treatments and recovery through long-term survivorship, nutrition is an important component of care and overall health. Cancer and associated treatments can affect your appetite, your body's need for nutrients, your eating habits and the way your body digests food. After treatment, it is important to set and achieve healthy goals that will benefit your overall health and quality of life. A healthy balanced diet may be challenging during cancer treatment, but it is important for supporting your body's needs during this time.

For more information about our Nutrition Program, call 619-471-0420 or visit the website: <https://cancer.ucsd.edu/coping/diet-nutrition>

Achievements and Recognition

UC San Diego Health remains among the nation's best, according to *U.S. News & World Report's* 2017-18 issue of "America's Best Hospitals." The magazine's widely cited findings placed UC San Diego Health first in the San Diego metropolitan area and seventh in California. The magazine also placed UC San Diego Health at #46 nationwide in *US News & World Report* for GI Disease and GI Surgery. UC San Diego Health System receives another "A" rating from The Leapfrog Group's Hospital Safety Score™ which represents its overall performance in keeping patients safe from preventable harm and medical errors. UC San Diego Medical Center is also considered a Magnet Hospital, which is an organization recognized by the American Nurses Credentialing Center (ANCC) after demonstrating excellence in patient care in more than 35 areas of focus.

Your Support

The Moores Cancer Center is one of just a few centers nationwide with expertise in managing all types of appendix cancers and other peritoneal diseases that utilize HIPEC. Appendix cancers and other peritoneal surface malignancies are very rare. Patients with these diseases are a small minority, which makes funding for research scarce. Fortunately, Dr. Lowy and his team conduct research dedicated to gain greater knowledge of these diseases. Through the generosity of our patients, we are enabled to continue research and hopefully develop a cure.

You can donate to our research at:

<https://giveto.ucsd.edu/>

Under "Explore more giving options", type: "4197" to directly support Peritoneal Metastasis Research

Patient Family Resource Center at Moores Cancer Center

The Patient Family Resource Center (PFRC) offers:

- The most up-to-date cancer information for patients, families, and the community
- Informative brochures, videos, and books (in English and Spanish) to help you learn about your cancer diagnosis, treatment options, managing symptoms and side effects, clinical trials, nutrition, coping, caregiving, and self-care
- Computers with Internet access to the most comprehensive and credible websites for cancer information and community resources
- Various comfort items such as lap blankets, pillows, hats, and wigs
- Trained volunteer staff, many of them cancer survivors

Visit us:

- Hours: Open daily; hours vary
- Location: Moores Cancer Center, Room 1066, on the first floor (map) in the hallway just to the left of the lobby elevators
- Phone: (858) 822-6152

Support Program: Patient Ambassador Program

Patient and Family Support: Your Help is needed to support other families like yours!

Our department has developed a support system for patients and families dealing with peritoneal surface malignancies. We are always looking for cancer survivors and other individuals who are interested in becoming ambassadors to other patients and their families in all regions. Below is a list of volunteering opportunities. Please note that any other suggestions are welcome.

If you are interested in learning more about this program and how to volunteer, please provide us with your contact information in the box below or contact the Regional Therapies Program Manager at (858) 246-0966.

- Writers for our quarterly Family and Friends Newsletter and/or other materials
- Team Leaders (gatherings and activity clubs)
- Creatives/Artists
- Family Hosts
- Transportation Assistance
- Fundraisers
- Family Greeters

Contact us/Map

Address:

Moores Cancer Center at
UC San Diego Health
Division of Surgical Oncology
(2nd Floor)
3855 Health Sciences Drive
La Jolla, CA 92093

Appointments: 858-822-2124

