



# A multidisciplinary checklist for the HIPEC

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Since 1990, cytoreductive surgery (CRS) combined with heated intraperitoneal chemotherapy (HIPEC) has been used for the treatment of PC from gastrointestinal and ovarian malignancies. The goal of CRS combined with HIPEC is to excise all macroscopic disease and treat the remainder of the peritoneal cavity with chemotherapy agents in order to improve the survival of these patients. CRS is accomplished by resecting the primary cancer and any other involved visceral organs and peritoneal surfaces. Upon completion of CRS, heated chemotherapy is perfused intraperitoneally for 60–90 min, allowing mixing and contact with tumor cells. By delivering the chemotherapy directly to the site of disease, a higher local concentration of the cytotoxic chemotherapy reaches residual microscopic tumor cells. The combination of hyperthermia and chemotherapy has been shown to have a synergistic effect, thus augmenting the cytotoxicity of the chemotherapeutics. Another advantage of localizing the chemotherapy within the peritoneum is that it minimizes undesirable systemic effects. Being a highly complex surgery, with high impact on the routine of the sectors involved in the surgical process, it was necessary to create a pre-operative multidisciplinary checklist optimizing the surgical preparation of the involved.

**Objective:** to analyze the effectiveness of the checklist developed in the preparation of the surgical process by the multidisciplinary team

**Method:** Experience report of the preparation of cytoreduction procedures with HIPEC, involving the multidisciplinary team pharmacy, nursing, special material, medical.

**Results:** a checklist was drawn up involving all the sectors required to prepare for the procedure, which should be applied in a preoperative planning meeting, in which each sector will check the important items. This tool was used in 10 surgeries, in which zero of nonconformities were observed in what was said about the items covered in the checklist. Also, there was interaction between multidisciplinary team, understanding of the procedure and close relationship between nursing and surgical team, generating confidence during the surgical procedure. In addition to optimization in the surgical process of the patient, reaching the goal of the safe surgical protocol.

**Conclusion:** The high complexity of the cytoreduction procedure with HIPEC requires all necessary care, both pre, intra and postoperatively. The involvement of all of the multidisciplinary team passing from the process of requesting high-cost materials, as well as pharmacy materials, nursing and surgical assistance, ensures that there is safety in the surgical process, generating zero nonconformities related to the items covered in the checklist.

Planejamento Cirurgia: Citoredução e HIPEC no Pseudomixoma Peritoneal				
Paciente:				
Data:				
Cirurgião:				
Anestesiologista:				
Duração cirurgia:				
Segue abaixo o checklist para cirurgia Citoredução para checagem e acompanhamento dos setores envolvidos.				
Centro Cirúrgico				
	QTD	Responsável	Observação	Status
colchão silicone				
protetores de silicone para calcâneo				
Meia elástica				
Comunicar laboratório				
Comunicar Banco de Sangue				
Encaminhar para autorizações a prescrição				
Verificar equipe de técnicos escalados para esta SO				
Aplicar o treinamento sobre a cirurgia				
Visita pré-operatória (SAEP)				
Conversar com Fernanda UTI				
Gelco para caixa térmica				
Ar condicionado sala funcionante				
passagem da sonda naso pelo endoscopista (Dr. Amenor de plantao)				
Ver com a Ariane o descarte dos resíduos da quimio				
Proteção da equipe - quimio?				
checar alergias paciente				
esposa ficar com paciente no quarto (pre - internação e pós)				
checar avaliação pré - anestésica				
equipe cirurgica não cooperado				
EQUIPAMENTOS				
Aspiradores com filtro para fumaça				
Aspirador normal para líquidos				
Manta térmica				
Compressor pneumático intermitente				
Bisturi elétrico Valleylab				
Vigileo				
Aquecedor de fluidos				
Mesa cirurgica com perneira St. Marks				
aparelho dextro em SO				
Checar entrega maquina de perfusao na vespera				
bomba PCA				
Monitor Bis				
Farmácia				
Espuma caixa de ovo para enrolar MMI sobre o massagador				
placas de hidrocolóide para todas proeminências osseas				
filme curatec (prevenção lesões de pele)				
Manta térmica (MMI)				
Manta térmica (posterior) - colchão térmico				
Quimioterápico - Oxaliplatina				
Plasma Lythe 500ml				
Soro gelado				
Cateter presep e flootrak (Vigileo)				
Albumina				
equipo para aquecedor de fluidos				
sonda vesical 3 vias				
laban				
Ringer sem lactato				
Perfusão				
Dreno de blake nº 15 c/ reservatório				
Dreno de blake nº 19 c/ reservatório				
Kit dreno de torax finos nº 22				
Soro baxter de 3 litros				
cateter de tenckhoff ou similar para infusão				
1 litro de solução de dialise a 1,5% aquecido a 39°C p/ testar sistema				
2 litros de solução de dialise a 1,5% com quimioterápico				
CME				
Afastador de Thompson				
Ponteira de bisturi Valleylab tipo ball point 3.0mm longo e curto ou com extensão				
Verificar demais caixas de instrumentais				
Verificar demais instrumentais e afastadores avulsos				
Manter estoque de campos e aventais				
Esterilizar os termomentros em Sterrad na vespera (4 cabos)				
Fornecer frasco de aspiração novo				
Termometro esofagico para anestesia				
OPME				
Grampeador circular CDH (21mm/25mm/33mm)				
grampeador linear TLC 75mm e 5 cargas extras				
Ultracision Ace para cirurgia aberta				
Dreno de blake nº 15 c/ reservatório				
Dreno de blake nº 19 c/ reservatório				
2 kits dreno torax fino (nº 22 ou pig tail)				
Sistema de Infusão intraperitoneal - WendyMed				
Sistema de coleta sucção e drenagem - WendyMed				
Sonda naso enteral 3 vias				
dreno torax pig tail				

## Reference

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