CRS-HIPEC CareMap

Before, during, and after your hospital stay

Before Surgery Day

Preparing for Your Surgery

Meet with members of your surgical team

- Visit with your surgeon to talk about the surgery.
- You may talk with a medical oncologist about chemotherapy. You may also talk with a surgical oncology nurse, dietitian, physical therapist, and social worker.
- Meet with the anesthesia team to make sure it is safe for you to have general anesthesia for surgery.

If a stoma is needed:

- Learn about ostomies from an ostomy specialist. They will mark the site where the stoma will be placed. This mark will help guide the surgeon during your operation.

Activity:

- Walk at least 30 minutes each day to build up strength for surgery. Walk longer than this, if you can.

If you smoke or vape:

- Stop smoking or vaping **at least 2 weeks** before surgery

6 Days Before Surgery

- Drink your immunonutrition supplement 3 times a day for 5 days. If you have diabetes, drink ½ a serving 6 times a day for 5 days.

2 Days Before Surgery

- Do **not** shave near the surgical areas.
- The hospital will call you on the phone with your check-in time.

Day Before Surgery

- Drink **only clear liquids** today and tomorrow, up until 2 hours before your surgery check-in time. Clear liquids include water, plain coffee or tea (no milk or cream), apple juice, and broth.
- Take your bowel prep, Neomycin, and Metronidazole

Night Before Surgery

- Take a shower with the antibacterial soap as prescribed.
- Besides other clear liquids, drink 8 ounces apple juice **before midnight**

Surgery Day

Morning of Surgery

- Take another shower with the antibacterial soap as prescribed.
- Remove all jewelry and body piercings.
- Drink **only** clear liquids up until 2 hours before your check in time.
- Starting 2 hours before your check-in time, do **not** take anything by mouth, **EXCEPT**:
  - Right after you park at the hospital, drink 8 ounces of apple juice.

At the Hospital

- Check in at Surgery Registration at your check-in time.
- A nurse will call you to come to the Pre-Op area.
- An IV tube will be placed in your arm to give you fluids and antibiotics.
- Talk with an Anesthesiologist about managing pain during and after your surgery. They may recommend an epidural catheter to help manage pain.

- We will give you a heating blanket to keep you warm, improve healing, and lower the risk of infection. Keep the blanket on even if you feel warm enough.
- The Anesthesiology Team will take you to the operating room.

After Surgery

- You will wake up in the recovery area.
- We will take you to the ICU or a unit room when your vital signs are stable.

You will have:

- an IV in your arm to give you fluids and antibiotics
- compression devices on your legs to help with blood flow
- a urinary catheter (tube) in your bladder to drain urine
- a nasogastric (NG) tube through one of your nostrils to drain your stomach and intestines

You may have a drain in your belly to help remove fluid after surgery. Most times, this is removed before you leave the hospital.

If you have an ostomy:

- An opening (ostomy) was created in your belly to reroute your stool. You will wear a pouch device over the ostomy to collect the output.

Your nurse will help you:

- sit up on the side of your bed.
- learn how to use your incentive spirometer and remind you to use it frequently while you are in the hospital.

Day 1

Medicines and Treatments

- Your pain will be controlled as your surgeon and anesthesiologist explained before surgery. You may have an epidural catheter.
- A nurse will give you heparin or enoxaparin injections to prevent blood clots.
- If you have an ostomy, an ostomy specialist will check the fit of your pouch device.

Diet

- Do **not** eat or drink anything. You may have a small amount of ice chips for comfort. You may chew gum or suck on sugar-free hard candies to help with digestion.

Activity

- Meet with a physical therapist (PT) or occupational therapist (OT). If needed, they will teach you exercises for endurance and strength.
- Staff will help you sit up in a chair 2 to 3 times a day.
- Do **NOT** get out of bed without a nurse beside you.
- Try to walk 1 to 2 laps of the unit, with help.
- Try to be out of bed 6 hours a day. The more you move, the faster your body will heal.
- Try to use your incentive spirometer frequently while awake to keep fluid out of your lungs.

Planning

- If you have concerns about where you will go after discharge, ask to meet with a social worker.
- Know your discharge goals. You will be ready to leave the hospital when:
  - You can take in enough calories every day for best healing.
  - Your bowels are working and you can urinate without trouble.
  - You can walk by yourself.
  - Your pain is under control.
  - Your self-care teaching is completed, and you know how to care for your incision and catheters.

Days 2 to 4

Medicines and Treatments

- Pain control plan is the same as day 1.
- Start learning about heparin or enoxaparin injections. You will take this medicine for 28 days after surgery.
- Your NG tube will be removed when output is low, and your team says that you are ready.
- Your urinary catheter will be removed.

If you have an ostomy:

- We will give you ostomy education materials.
- An ostomy specialist will visit to teach you about your ostomy. They will teach you and your family about ostomy care.

Diet

- Do **not** eat or drink anything until your NG tube is removed. After that, you may have clear liquids.
- When your team says you are ready, you will slowly start a low-fiber diet:
  - No nuts, seeds, beans, popcorn, most raw fruits and vegetables
  - OK to eat well-cooked vegetables, canned fruits, and fruits without skins or seeds

- Meet with a dietitian to talk about your nutrition goals.
- When you start eating, keep a food diary to track what you eat at each meal.

Activity

- Meet with a physical therapist (PT) or occupational therapist (OT). If needed, they will teach you exercises for endurance and strength.
- Staff will help you sit up in a chair and take 3 to 4 walks a day.
- Starting on day 2, aim to walk 3 to 6 laps of the unit.
- Do **NOT** get out of bed without a nurse or other care provider beside you.
- Try to be out of bed 6 hours a day. Moving helps your body heal.
- Try to use your incentive spirometer frequently while awake to keep fluid out of your lungs.

Incision Care

- The dressing on your belly will be removed on day 2. Your incision will be left open to the air.

Shower

- You can shower after your dressing is removed. Let the soap and water run over the incision. Gently pat the incision dry.

Days 5 to 9

Medicines and Treatments

- Pain controlled as before.
- Change from injections to pain pills.
- If you have an epidural catheter, it will be removed.
- If you have a drain in your belly, it will most likely be removed before you leave the hospital.

If you have an ostomy:

- We will ask you or your family member to help change the ostomy.

Teaching About Heparin or Enoxaparin

- A pharmacist will review your medicines with you.
- Your nurse will help you give yourself an injection.

Diet

- Keep eating a low-fiber diet.
- Start nutrition supplements, if advised by your dietitian or care team.
- Keep using your food diary to write what you eat at each meal.

Activity

- Meet with a PT or OT.
- Staff will help you sit up in a chair and take 4 walks a day. Work up to walking 9 to 18 laps around the unit.
- Do **NOT** get out of bed without a nurse or family member beside you.
- Try to be out of bed for 8 hours a day. The more you move, the faster your body will heal.
- Try to use your incentive spirometer frequently while awake to keep fluid out of your lungs.
- When you shower, let the soap and water run over the incision. Gently pat the incision dry.

Discharge Day

When you go home depends on when your pain is under control, your vital signs and labs are stable, and there are no other concerns.

Medicines

- You will get a supply of pain pills and heparin or enoxaparin at discharge.
- We may prescribe you medicines to prevent constipation and acid reflux.

Diet

- Continue to follow the calorie and protein goals your dietitian gave you. Keep following a low-fiber diet, and take your nutritional supplements as prescribed.
- Keep writing in your food diary at every meal.

Activity

- Try to be up and out of bed at least 10 to 12 hours a day. The more you move, the faster your body will heal. You will also sleep better at night.
- Walk every day. Slowly increase how far you walk.
- Try to use your incentive spirometer frequently while awake to keep fluid out of your lungs.
- When you shower, let the soap and water run over the incision. Gently pat it dry.

Follow-up Visits

- A follow-up clinic visit will be scheduled for 1 to 2 weeks after you go home.
- Bring your food diary to your follow-up visits.
- If you have an ostomy, return for a follow-up visit with the ostomy specialist.

Recovery At Home

Medicines

- Start to *taper* (slowly decrease) your pain medicines. Take them only as needed. Ask your care team if you have any questions about how to taper your dose.
- If you do **NOT** have a stoma and are constipated, take a stool softener or Milk of Magnesia.
- As prescribed, give yourself 1 shot of either heparin or enoxaparin every day for 28 days after surgery.

Diet

- Eat a low-fiber diet for 2 to 3 weeks.
- Keep using your food diary at every meal.
- Talk with your dietitian about:
  - Meeting your calorie, protein, and fluid goals
  - Slowly adding fiber to your diet, usually starting 2 to 3 weeks after surgery

Activity

- Spend most of the day out of bed, sitting up, being active, and walking.
- Try to walk a total of at least 1 hour each day.
- For 6 to 8 weeks, do **not** lift anything that weighs more than 10 pounds. This is about the weight of 1 gallon of water.
- Before exercising at the gym, ask your care team if it is safe.
- Keep using your incentive spirometer at least 4 times each day.
- You may shower at any time.
- Do **not** take a bath, sit in a hot tub, go swimming, or immerse your incision under water until it is fully healed. This usually takes 6 to 8 weeks.

Return to Work

- Talk with your care team about when you can return to work.
- If your workplace requires forms signed by your care team, please bring those forms to your follow-up visit.

Document ID: PE1234
Published PFES: 2021, 2026
Clinician Review: 02/2026
Reprints on Health Online: healthonline.washington.edu