

## **Post-operative care for patients undergoing hyperthermic intraperitoneal chemotherapy (HIPEC): is there room to de-escalate post-operative care?**

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Topic: Ovarian

### Objectives

Hyperthermic intraperitoneal chemotherapy (HIPEC) has been integrated into the upfront care of ovarian cancer patients since Van Driel et al. published their Phase III data demonstrating significantly improved overall survival with the addition of HIPEC following optimal interval cytoreduction. In their protocol, all patients receiving HIPEC recovered for at least one day in the intensive care unit (ICU). Understanding that ICU level care is a limited resource, we sought to evaluate the post-operative level of care of HIPEC patients at our institution.

### Methods

This is a single institution study of patients with ovarian, tubal, or peritoneal high-grade carcinoma undergoing HIPEC from 2018 to 2023. Data were extracted evaluating demographics, disease characteristics, peri-operative factors, and 30-day re-admission and complication rates. Descriptive statistics were performed, with  $p < 0.05$  defined as significant.

### Results

We identified 56 patients who underwent HIPEC at our institution. Median age was 61 (range 29-77). The majority had high grade serous carcinoma (87.5%) and stage III disease (72.2%). 92.7% of patients received carboplatin and taxol as neoadjuvant therapy, with a median three cycles (range 2-6). All patients underwent an optimal cytoreduction to R0 or R1. Median operative time was 378 minutes (range 255-780 minutes). 33.9% (19/56) of patients recovered in the ICU, 46.4% (26/56) recovered in the step-down unit, and 19.6% (11/56) recovered on the floor. When comparing the patients who recovered in the ICU to those who recovered in the step-down unit or on the floor, there was no difference in overall post-operative complication rate, hospital stay, or 30-day re-admission or emergency department visit rate (Table 1).

### Conclusions

Over 65% of patients undergoing HIPEC at our institution recovered either in the step-down unit or on the floor rather than the ICU. When looking at post-operative complications, length of hospital stay, or rates of re-admission, there was no difference in outcomes for these patients. In a time where bed availability may be limited and ICU utilization is under scrutiny, it is worth considering de-escalating the recovery location of routine HIPEC patients.

Abstract Table or Graph

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