

General Chemotherapy advice, Portacaths & Scalp Cooling

Chemotherapy is a form of systemic anti-cancer therapies. This means that it is a treatment that gets into your circulation, and goes everywhere in your body. The aim of chemotherapy in early stage breast cancer is to eliminate any potential rogue cancer cells that may have escaped the breast and deposited elsewhere in the body. In advanced breast cancer, the aim of chemotherapy is to control the growth of and shrink the tumour. Chemotherapy can be administered through the vein, and occasionally, can be given orally. There are many types of chemotherapy, and you will be given a separate patient information sheet about the specific chemotherapy and side effects that you will receive.

Common side effects of chemotherapy are nausea, fatigue, loss of appetite, hair loss and a compromised immune system. You should take care to avoid others who are unwell during this time. *Should you run a fever over 38°C*, please present to the emergency department at St Vincent's Hospital, and inform them that you are receiving chemotherapy. If your white cell count is below a certain level, you will be admitted to St Vincent's hospital for antibiotics to cover you until your white blood counts improve. If you have private health cover, you can request for a private room at St Vincent's Private Hospital.

Chemotherapy is administered at the [Nelune Chemotherapy Suite](#) at The Kinghorn Cancer Centre. Website: <http://www.tkcc.org.au/i-am-a-cancer-patient/nelune-centre>. This is one of the newest and best-equipped chemotherapy facilities in Sydney. Experienced specialized chemotherapy nurses treat our patients here on an outpatient basis, ensuring the highest quality of care. Medicare covers your chemotherapy treatment at Nelune wholly, and there is no out of pocket expenses.

Chemotherapy has traditionally been given 3-6 weeks following surgery in a [postoperative or adjuvant](#) fashion. Not every patient requires chemotherapy. It depends on many factors, including the type of breast cancer, the size of the tumour, if lymph nodes are involved, and importantly, the fitness of the patient.

Chemotherapy can also be given before surgery ([preoperative or neoadjuvant](#)) in most instances. Large studies have not found any differences in outcomes with either approach. The advantages of a preoperative approach are as follows

- ☞ It can help shrink the tumour down and make the surgery easier, potentially downsizing the required operation.
- ☞ It allows for a quicker start to systemic therapy as opposed to postoperative chemotherapy, which is started about 3-6 weeks following surgery.
- ☞ It provides use with valuable information if the tumour responds to the treatment or not, information that would not otherwise be available if given in a postoperative fashion.
- ☞ It provides researchers access to valuable tissue to study paired pre and post treatment tissue, enabling researchers to better understand why some cancers responds better to treatment than others.

Lifestyle Modifications: Diet & Exercise

The best diet is a balanced one. While one should avoid high estrogen containing drugs such as Hormone Replacement Therapy (HRT) and the Oral Contraceptive Pill (OCP), foods generally contain very low traces of, if any, estrogens.

The lifestyle intervention with the most evidence to improve outcomes is exercise. While patients do feel fatigued while receiving chemotherapy, you are encouraged to continue exercising at lower intensity. We are conducting a feasibility study in patients undergoing chemotherapy to undertake a personalized exercise program immediately following chemotherapy and between treatments. Do ask us about this if you are interested to participate.

Scalp Cooling

We offer Scalp Cooling (Paxman[®]) at the Nelune Chemotherapy Suite. This is essentially like a shower cap that is connected to a freezer. This was made possible through a generous patient of ours.

Chemotherapy works by targeting all rapidly dividing cells in the body. Hair is the second fastest dividing cell and this is the reason why many chemotherapy drugs cause hair loss. The hair follicles in the growth phase are attacked, resulting in hair loss approximately 2-4 weeks after the commencement of the chemotherapy treatment. The damage that chemotherapy causes to the hair follicle can be alleviated by using scalp cooling, also known as the 'cold cap'. It works by reducing the temperature of the scalp to about 4°C immediately before, during and after the administration of chemotherapy. This in turn reduces the blood flow to hair follicles, which may prevent or minimise the hair loss. Scalp cooling can be effective across a limited number of chemotherapy regimens and I will advise you according to what you will receive whether this is suitable for you. More information can be found at <https://paxmanscalpcooling.com>.



Portacaths

Some patients may require a portacath (port) device if they have poor venous access in their hands, or if they require prolonged and multiple infusions. This is an implanted device that gives access to your veins. This allows you to have intravenous medication, blood tests taken and also for CT scans. Ports are most suitable for people who need regular, long-term intravenous treatment. It reduces the need to insert needles into your arm veins making treatments more comfortable for you, and the freedom to use your arms normally in all your daily activities. If they are looked after, ports can provide intravenous access for over 5 years.



Ports are usually placed on the chest wall just below the collarbone under local anaesthetic by a Radiologist. A small amount of sedation may also be given for anxious patients. A small incision and “pocket” is made on the chest wall for the port. The catheter part is placed into a vein and fed along the vein until the tip is sitting in one of the large veins in your chest and just outside the heart. The port body is placed into the pocket. The port body is stitched to the muscle to hold it in place. Both the pocket and incision for the catheter are closed with dissolvable stitches. The port is typically inserted a day before or on the day of the treatment.

You will have some tenderness or discomfort at the incision site after the insertion. This is managed with oral pain medication such as paracetamol, and should settle after 2-3 days. One of the advantages of having a port put is that when it is not being used it is completely under the skin, with no tubing or catheter visible. This means you can shower and do your daily activities without having to be concerned about your port.

To access your port for treatment, local anaesthetic cream can be put over the port site to numb the area. This cream is wiped off and the skin on the chest wall over the port is cleaned with antiseptic solution. The nurse will wear sterile gloves and access the port using a special needle.

Risks with Portacaths

There are risks associated with any type of catheters. The risks relating to the insertion of the portacath being placed is small. Complications can include injury to the blood vessel, wound infection, excessive bruising and a small risk of the lung being punctured will be discussed with you on the day of insertion. There is also a small risk that the vein under your collarbone can clot off. This can result in some swelling of the arm but is usually not serious.

Looking after your Portacath

These are some of the things you can do to look after your port.

- ☞ Only let people who have been trained to use a port, access or deliver treatment through it.
- ☞ When the port is accessed make sure the dressing stays dry.
- ☞ If the dressing becomes wet, ask to have it replaced.
- ☞ Make sure your port is flushed monthly when not in use.
- ☞ Do not “play” with the needle or dressing when the port is accessed.
- ☞ If the port site becomes red or sore, notify a health professional.