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SUNWAY MEDICAL CENTRE
Velocity Kuala Lumpur

A GUIDE TO CHEMOTHERAPY

SUNWAY HEALTHCARE

CONTENTS

UNDERSTANDING CHEMOTHERAPY

What is chemotherapy?	Chemotherapy (also called chemo) is a type of cancer treatment that uses drugs to destroy cancer cells. Many types of drugs are used in chemotherapy. It is a systemic therapy, meaning it affects the entire body.
What does chemotherapy do to cancer cells?	Chemotherapy is used for a variety of purposes: • To cure cancer • To control tumour growth when cure is not possible • To shrink tumours before surgery or radiation therapy • To relieve symptoms
How does chemotherapy work?	Most chemotherapy drugs enter the bloodstream and travel throughout the body to reach cancer cells in the organs and tissues. Chemotherapy works by killing cancer cells that grow and divide quickly. But it can also kill healthy cells that divide quickly, such as those that line your mouth. Damage to healthy cells may cause side effects. However, unlike cancer cells, healthy (consistency) cells that are damaged can recover.
How is chemotherapy given?	Chemotherapy can be given in several ways, depending on the type of cancer, location, and goal of treatment (curative vs palliative). Here's a breakdown of the main methods of chemotherapy administration: 1. **Intravenous (IV) chemotherapy** - Most common method. Chemo drugs are given directly into your bloodstream through a vein—either through a regular drip or a special device such as a chemo port (inserted under the skin with a minor surgical procedure for long-term acc ess or peripherally inserted central catheter line. 2. **Oral chemotherapy** - Pills or capsules taken by mouth. 3. **Subcutaneous (SC) injection** - Injected into the fatty tissue under the skin (abdomen or thigh). 4. **Intramuscular (IM) injection**-Injected directly into a muscle (upper arm, thigh, buttock) 5. **Intrathecal chemotherapy** - Delivered into cerebrospinal fluid (CSF) via lumbar puncture or Ommaya reservoir. (use for Leukemia or Lymphoma). 6. **Intraperitoneal (IP) chemotherapy** - Delivered into the abdominal cavity (use for ovarian cancer, peritoneal carcinomatosis). 7. **Topical chemotherapy** - Applied as a cream or lotion on the skin (skin cancers or pre-cancers).

How is chemotherapy used?	Sometimes, chemotherapy is used as the only cancer treatment. But more often, you will receive chemotherapy along with surgery and/or radiation therapy. Chemotherapy can: • Make a tumour smaller before surgery or radiation therapy (neo-adjuvant chemotherapy). • Destroy cancer cells that may remain after surgery or radiation therapy (adjuvant chemotherapy). • Help radiation therapy work better (concurrent chemoradiation). • Destroy cancer cells that have returned or spread.
How often will I need to get chemotherapy?	How often you get chemo and how long your treatment lasts depend on the kind of cancer you have, the goals of the treatment, the drugs being used, and how your body responds to them. Chemotherapy is commonly given in courses (cycles), with rest periods in between. This allows normal cells to recover and your body to regain its strength. If your body needs more time to recover, i.e. for the blood count to return to normal, your next cycle may be delayed. You may get treatments daily, weekly, or monthly.
How long does the chemotherapy last?	Many people wonder how long the actual drugs stay in their body and how they're removed. Most chemo drugs are broken down by your kidneys and liver and then are removed from your body through your urine or stool. The time is takes for your body to get rid of the drugs depends on factors such as the type of chemo you receive, other medicines you take, your age, and how well your kidneys and liver work. Your doctor will inform you if you need to take any special precautions because of the drugs you are receiving.

Which health professionals will I see?	**Medical Oncologist / Clinical Oncologist:** A specialist who prescribes and coordinates the course of chemotherapy and advises about side effects. **Haematologist:** A specialist who diagnose and treat patients with blood and bone marrow disorders. **Staff Nurse:** Provides, supports and assists you through your courage of treatment. **Pharmacist:** Dispenses medications and gives advice about drugs, dosage, and side effects.
How do I know the treatment is working?	Your doctor will perform a physical examination, request relevant tests (e.g., blood tests, X-rays or PET scans), and discuss your symptoms and overall well-being. You cannot tell if chemotherapy is working based on its side effects. Some people think that severe side effects mean that chemotherapy is working well, or that no side effects mean that chemotherapy is not working. The truth is that side effects have nothing to do with how well chemotherapy is fighting your cancer.
Can I get dietary supplements or herbs while I get chemotherapy?	Some of these products can change how chemotherapy works. For this reason, it is important to tell your doctor or nurse about all the dietary supplements and herbs that you take before you start chemotherapy.

MANAGING CHEMOTHERAPY SIDE EFFECTS

Chemotherapy is an effective treatment for many types of cancer, but it can cause side effects. Chemotherapy affects normal cells that grow or divide rapidly, such as those in the bone marrow, digestive tract, skin, hair and reproductive organs. When normal cells are damaged, this causes side effects.

Inform your doctor or nurses if you have any side effects. They will watch you closely and ask if you notice any problems. There are ways to reduce any discomfort you experience; for example, your doctor may prescribe medication to help you feel better.

You can use the chart on Page 7 to see which side effects might affect you. The type and severity of your side effects have nothing to do with the success of your treatment. Chemotherapy Side Effects and Ways to Manage Them, starting from Page 8, explains each side effect in more detail including ways you and your healthcare team can help manage them.

How long do the side effects last?	Most side effects slowly subside/resolve after treatment ends as healthy cells recover over time. The time it takes to get over some side effects and regain energy varies from person to person. It depends on various factors, including your overall health and the drugs you are prescribed.
What causes side effects?	Cancer cells tend to grow fast and chemo drugs kill fast-growing cells, but because these drugs travel throughout the body, they can also affect normal, healthy cells that are fast-growing, too. The damage to healthy cells causes side effects.
What should I know about side effects?	The severity of side effects (how bad they are) varies greatly from person to person. Be sure to talk to your doctor and nurse about which side effects are most common with your chemo, how long they might last, how bad they might be, and when you should call the doctor's office about them. While side effects can be unpleasant, they must be weighed against the need to eleminate the cancer cells.

CHEMOTHERAPY SIDE EFFECTS AT-A-GLANCE

Below is a list of side effects that chemotherapy may cause. Talk with your doctor or nurse about the side effects on this list. Mark the ones you may get and go to the pages listed to learn more.

Side Effects	Side Effects That May Affect You	Learn more on the page
Anaemia		07
Fatigue		07
Hair Loss		08
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Anaemia

Anaemia occurs when you lack red blood cells to carry oxygen. This can create symptoms such as shortness of breath, weakness, heart palpitations, pale skin, dizziness or fatigue. You doctor will monitor your blood count throughout your chemotherapy treatment. You may need a blood transfusion if your red blood cell count falls too low. Your doctor may also prescribe medicine to boost (speed up) the growth of red blood cells.

Ways to manage:

- Get enough rest and avoid pushing yourself too hard.
- Eat iron-rich foods such as red meat, spinach, and legumes.
- Stay hydrated to help your blood circulate more efficiently.
- Avoid sudden position changes to prevent dizziness.

Fatigue

Fatigue is the most frequently reported side effects of chemotherapy, and can last 3-6 months after your last chemotherapy session. Most people describe fatigue as feeling weak, weary, worn out, heavy, or slow. Resting does not always help.

Ways to manage:

- Try to get more sleep and allocate time during the day for rest periods, but avoid staying in bed all day.
- Try not to do too much. For example, if you are working office hours then avoid doing housework.
- Participate in light exercise. Go for a 15 to 30 minute walk.
- Let others help you at home.
- Eat a well-balanced diet and drink plenty of liquids.
- Delegate your work to others in order to have adequate rest.

Hair Loss

Chemotherapy drugs target rapidly dividing cells – which includes cancer cells, but also some healthy cells that divide quickly, like those in the hair follicles. As a result:

- Hair becomes thin, weak, and may fall out in clumps.
- It can happen not only on the head but also on the eyebrows, eyelashes, arms, legs and body.

You may start losing hair 2 to 3 weeks after your first chemotherapy session begins. Your hair may grow back 3 to 6 mont after treatment is over. When the hair grows back it may be more curly, thicker or finer than it was before treatment, and darker or lighter in colour.

Ways to manage:

Before hair loss

- Cut your hair short or shave your head. You might feel more in control of hair loss if you first cut your hair or shave your head. This often makes hair loss easier to manage. If you shave your head, use an electric shaver instead of a razor.
- Be gentle when you wash your hair. Use a mild shampoo, such as a baby shampoo. Dry your hair by patting (not rubbing) with a soft towel.
- Do not use items that can hurt your scalp. These include hair straighteners or curling irons, brush rollers or curlers, electric hair dryers, hair dyes, and products to perm your hair.

During hair loss

- Use gentle shampoos and soft hairbrushes.
- Protect your scalp from sun and cold – use sunscreen, hats or scarves.
- Hair loss can feel like a loss of identity, not just a physical change.
- It's okay to feel upset - talk to your healthcare team,
- Join a support group, or speak with a therapist.

After hair loss

- Protect your scalp. Your scalp may hurt during and after hair loss. Protect it by wearing a hat, turban, or scarf when you are outside. Try to avoid places that are very hot or very cold.
- Sleep on a satin pillow case. Satin creates less friction than cotton when you sleep on it.
- Wear a scarf, wig or hat. Do whatever feels comfortable.

Mouth Ulcers

Chemotherapy drugs can cause sores in the mouth. Mouth sores are not only painful, but they can also become infected by the many germs that normally live in your mouth. Infections can be hard to fight during chemo and can lead to serious problems. It's important to take every possible step to help prevent them.

Ways to manage:

- Check your mouth every day. This way, you can see or feel problems as soon as they start.
- Avoid commercial mouthwashes. They often contain irritants such as alcohol.
- Avoid irritating, acidic foods such as tomatoes, citrus fruit, and citrus fruit juice.
- Use a soft toothbrush to clean your teeth twice a day.
- Avoid tobacco, alcohol, and mouthwash with alcohol which may cause dryness in the oral cavity.
- Take your medications as prescribed by your doctor.

Nausea and Vomiting

Nausea and vomiting may start during treatment and last a few hours. Sometimes, but less often, severe nausea and vomiting can last for a few days. Nausea is typically managed with prescription medicines taken before and after chemotherapy sessions.

Ways to manage:

- Have bland, easy-to-digest foods and drinks that do not upset your stomach. These include toast and apple juice.
- Try to relax before treatment. You may feel less nauseous if you relax before each chemotherapy treatment.
- Eat small meals and snacks.
- Have foods and drinks that are warm (not hot or cold).
- Drink liquids at least an hour before or after mealtime instead of with your meals.
- Stay away from sweet, fried, or fatty foods.
- Stay hydrated by taking sips of water or electrolyte drinks.
- Avoid strong smells by cooking mild foods and keeping rooms well-ventilated.
- Try ginger or peppermint as natural remedies that may help reduce nausea.
- Take your medications as prescribed by your doctor.

Appetite Changes and Weight

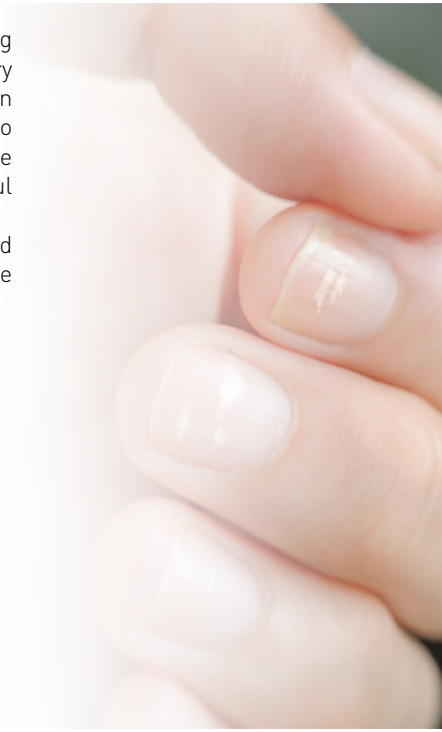
Chemotherapy can cause appetite changes. You may lose your appetite because of nausea, mouth and throat problems that make it painful to eat, or drugs that cause you to lose your taste for food. Appetite loss may last for a day, a few weeks, or even months.

Ways to manage:

- Eat small and frequent meals.
- Choose high-calorie, high-protein foods: eggs, peanut butter, yogurt, smoothies.
- Add healthy fats into your diet: olive oil, avocado, nut butters.
- Try cold or bland food if the smell of warm food bothers you.
- Sip fluids between meals to avoid feeling too full.
- Focus on whole, unprocessed foods and limit sugary snacks.
- Stay active by going on gentle walks or doing some light stretches.

Skin and Nail Changes

Some types of chemotherapy can damage the fast-growing cells in your skin and nails. It can darken, peel or become dry and itchy. It is also likely to be more sensitive to the sun during and after treatment. Some people find their nails also change and become brittle and dry, develop ridges, or have white lines across them. While these changes may be painful and annoying, most are minor and do not require treatment. Many of them will get better once you have finished chemotherapy. However, major skin changes need to be treated right away because they can cause lifelong damage.



Ways to manage:

- If you develop acne, try to keep your face clean and dry.
- Apply lotions after bathing to help prevent it from becoming dry or cracked.
- Do not use perfume or aftershave lotion. These products often contain alcohol, which can make your skin dry.
- Protect your skin from the sun by wearing high-protection sunscreen, a hat, and protective clothing.
- Stop shaving or waxing until your skin is completely healed.

Thrombocytopenia (Low Platelet Count):

Chemo drugs affect the bone marrow, where platelets are made. Fewer platelets are produced, which lowers your ability to stop bleeding. This condition may cause you to be easily bruised, produce small red or purple spots on skin (petechiae), nosebleeds or bleeding gums, blood in urine or stool, prolonged bleeding from cuts or injuries.

Ways to manage:

- Avoid contact sports or activities with fall risk.
- Use a soft toothbrush and electric razors to reduce injury.
- Be careful when using knives, scissors, or sharp objects.
- Monitor for unusual bleeding and report it to your doctor.
- Take your medications as prescribed by your doctor.

Diarrhoea

Diarrhoea is frequent bowel movements, which may be soft, formed, loose, or watery. Chemotherapy drugs can cause diarrhoea because it irritates healthy cells that line your large and small intestines. Diarrhoea can be well managed with anti-diarrhoea medications. Simple dietary adjustments may also help to combat these effects.

Ways to manage:

- Try eating small, frequent meals.
- Your body can lose salts such as potassium when you have diarrhoea, and it is important to replace them. Foods that are high in potassium include bananas and mashed potatoes.
- Avoid high-fibre foods such as wholegrain bread. Eat low fibre foods such as bananas, white rice and white toast.
- Stay away from foods or drinks that cause gas, such as cabbage, broccoli, and soymilk.
- Stay away from milk products, spicy foods, caffeine, sweets, alcohol, greasy and fried foods.
- Take your medications as prescribed by your doctor.

DON'T DELAY! Contact us right away. If you have a fever Do not take aspirin or any other drugs that reduce fever without first talking with your doctor.

Blood tests during chemotherapy
We will always ask you to do a blood test before going ahead with each treatment to make sure your blood has recovered after the last chemotherapy. Sometimes it is worth having these blood tests done a day ahead as this will save you from having to wait for the results on the day of treatment. Our doctor or Chemotherapy Nurse will discuss this with you.

Constipation

Constipation is when bowel movements become less frequent and stools are hard, dry, and difficult to pass. Some chemotherapy drugs cause constipation. This can be because the drug affects the nerve supply to the bowel.

Inform your doctor if you haven't had a bowel movement in 2 or more days. You may need to take a laxative or stool softener, but don't use these unless you have checked with your doctor, especially if your white blood cell count or platelet count is low.

Ways to manage:

- Drink at least 8 cups of clear liquid per day to help keep your stool soft. Warm and hot fluids often work well.
- Eat high-fibre foods and drinking lots of fluid can help soften your stools. Good sources of fibre include whole-grain breads and cereals, dried beans and peas, raw vegetables, fresh and dried fruit, nuts, seeds, and popcorn.
- Be active every day. You can be active by walking, riding a bike, or doing yoga.
- Don't use enemas or suppositories.

Infection

Some types of chemotherapy make it harder for your bone marrow to produce new white blood cells. There are many types of white blood cells. One type is called neutrophil, which is especially important in fighting infections. Infections can begin in almost any part of your body and most often start in your lungs, urinary tract, and rectum.

When your neutrophil count is low, it is called neutropenia. It can make you more prone to infections. Your doctor may do blood tests to find out whether you have neutropenia.

If your white blood cell count drops too much, your doctor may hold treatment, give you a lower dose of chemo, or in some cases, give you a growth factor shot that makes your bone marrow produce more white blood cells. It is important to watch for signs of infection when you have neutropenia. You may find it best to use a digital thermometer.

Ways to manage:

- Wash your hands often or use hand sanitiser.
- Stay away from large crowds and people who are sick.
- Wear a mask in public or crowded areas.
- Avoid raw or undercooked foods, like sushi, rare meat, or unwashed fruits and vegetables.
- Be careful with pets, and don't handle their waste or clean litter boxes.
- Clean and disinfect surfaces regularly, like your phone and door handles.
- Don't keep fresh flowers or plants in your room, as they can harbor mold or bacteria.
- Check your temperature every day when you are at high risk of getting sick.
- Ask visitors to wash their hands, or have them postpone their visit if they are not feeling well.

Reproductive Organ Changes

Some types of chemotherapy can affect reproductive organs, for both men and women.

In men, chemotherapy may damage sperm cells, which grow and divide quickly. Infertility may occur because chemotherapy can lower the number of sperm, make sperm less able to move, or cause other types of damage. Whether or not you become infertile depends on the type of chemotherapy you get, your age, and whether you have other health problems.

In women, chemotherapy can lower the hormones produced by ovaries. The drop in hormones can lead to early menopause. Early menopause and fewer healthy eggs can cause infertility, either temporary or permanent.

Ways to manage:

For both men and women, it is important to be open and honest with your spouse or partner about your feelings, concerns, and how you prefer to be intimate while you are receiving chemotherapy.

For women, here are some issues to discuss with your doctor:

- **Birth control.** It is very important that you do not get pregnant while getting chemotherapy. These drugs can hurt the fetus, especially in the first 3 months of pregnancy. If you have not gone through menopause, talk with your doctor or nurse about birth control and ways to keep from getting pregnant. If you are pregnant, your doctor or nurse will talk with you about other treatment options.

- **Sex life.** If sexual intercourse is painful, you can help by stretching your vagina using a dilator (a device that gently stretches the tissues of the vagina). Ask your doctor or nurse where to find a dilator and how to use it. Or try to use a vaginal lubricant (such as K-Y Jelly®).

For men, here are some issues to discuss with your doctor:

- **Birth control.** Before you start chemotherapy, let your doctor or nurse know if you might want to father children in the future. They may talk with you about ways to preserve your sperm to use in the future or refer you to our fertility specialist. It is very important that your spouse or partner does not get pregnant while you are getting chemotherapy. Chemotherapy can damage your sperm and cause birth defects, so you should use a condom as an extra safeguard.

Fluid Retention

Fluid retention happens when your body holds on to extra fluid. It can be caused by chemotherapy, hormonal changes from treatment, or the cancer itself.

It can cause your face, hands, feet, or stomach to feel swollen and puffy. Sometimes fluid builds up around your lungs and heart, causing cough, shortness of breath, or an irregular heartbeat. Fluid can also build up in the lower part of your belly, which can cause bloating.

Weigh yourself at the same time each day, using the same scale. Let your doctor or nurse know if you gain weight quickly.

Ways to manage:

- Avoiding table salt or salty foods.
- Limiting the liquids you drink.
- If you retain a lot of fluid, your doctor may prescribe medicine to get rid of the extra fluid.

Chemotherapy-Induced Peripheral Neuropathy and Pain

Certain chemotherapy drugs can cause peripheral neuropathy, a nerve problem that causes tingling, pins and needles, burning sensations, weakness, and/or numbness in your hands and feet. Along with affecting the nerves, certain chemo drugs can affect the muscles and make them weak, tired, or sore. If this happens, tell your doctor or nurse before your next treatment. Your treatment may need to be changed or the problem carefully monitored.

Ways to manage:

- If your fingers become numb, be very careful when handling objects that are sharp, hot, or otherwise dangerous.
- If your sense of balance is affected, move carefully, use handrails on stairs, and use a bath mat in the tub or shower.

OTHER SIDE EFFECTS

Menopausal symptoms	For some women, periods become irregular during chemotherapy but return to normal after treatment. For others, chemotherapy may cause periods to stop completely (menopause).
Mild cognitive impairment	The central nervous system controls emotions, thought patterns, and coordination. Chemotherapy drugs may cause problems with memory, or make it difficult to concentrate or think clearly. This mild cognitive impairment may go away following treatment, or may linger for years. Severe cases can add to anxiety and stress.
Kidney or bladder problems	Some chemotherapy drugs can irritate your bladder or cause short-term or long-term kidney damage. They may also cause your urine to change colour (orange, red, green, or yellow) or take on a strong or medicine-like odour. For a short time, the colour and odour of semen may be changed, too. Drink plenty of fluids to ensure good urine flow and help prevent problems.
Sleep problems	Sleep problems can include difficulty falling asleep, waking up in the middle of the night, and being unable to get back to sleep.
Heart problems	Some chemotherapy drugs can weaken the heart muscle, resulting in cardiomyopathy, or disturb the heart rhythm, causing arrhythmia.
Changes in taste and smell	Some chemotherapy drugs can affect taste buds, changing the brain's perception of how food tastes and causing changes in taste, for example, meat often tastes bitter. It can take months for both the sense of smell and the sense of taste to return to normal after chemotherapy ends.

Haemorrhagic cystitis	An inflammation of the bladder lining with bleeding, and it can be serious complication of some chemotherapy drugs – most commonly cyclophosphamide and ifosfamide.
Chemo brain	Also known as chemotherapy-related cognitive impairment. It is a common term used to describe the mental fog or cognitive changes some people experience during or after chemotherapy.
Allergic reactions	Allergic reactions are not a common side effect of chemotherapy but they can happen. Symptoms include difficulty breathing, skin rash or hives and itching.

CHEMOTHERAPY SIDE EFFECTS DIARY

Please Circle **Cycle No. _____**

Type	None	Mild	Moderate	Severe
Fatigue	None	Experiencing symptoms but maintaining normal activity	Rest for less than half of each day	Rest for more than half of each day
Hair	No change	Minimal loss	Patchy loss	Complete loss
Mouth	Normal	Sore	Ulcers, but able to eat	Taking liquids only
Nausea	None	Eating almost as normal	Can eat but much less than normal	Not really able to eat
Vomiting	None	1 episode in 24 hours	2-5 episodes in 24 hours	6-10 episodes in 24 hours
Diarrhoea	None	Less than 2 days	More than 2 days	Intolerable
Constipation	None	Bowels opening almost as normal	Bowels opening but much less than normal	Bowels not opening for more than 2 days; feeling bloated
Nerve and weakness	Normal	Tingling (T) or Numbness (N)	Severe T/N or mild weakness	Intolerable T/N or marked weakness

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Constipation	None	Bowels opening almost as normal	Bowels opening but much less than normal	Bowels not opening for more than 2 days; feeling bloated
Nerve and weakness	Normal	Tingling (T) or Numbness (N)	Severe T/N or mild weakness	Intolerable T/N or marked weakness

Pain

Please Circle **Cycle No. _____**

Type	None	Mild	Moderate	Severe
Fatigue	None	Experiencing symptoms but maintaining normal activity	Rest for less than half of each day	Rest for more than half of each day
Hair	No change	Minimal loss	Patchy loss	Complete loss
Mouth	Normal	Sore	Ulcers, but able to eat	Taking liquids only
Nausea	None	Eating almost as normal	Can eat but much less than normal	Not really able to eat
Vomiting	None	1 episode in 24 hours	2-5 episodes in 24 hours	6-10 episodes in 24 hours
Diarrhoea	None	Less than 2 days	More than 2 days	Intolerable
Constipation	None	Bowels opening almost as normal	Bowels opening but much less than normal	Bowels not opening for more than 2 days; feeling bloated
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Pain

Precautions During Chemotherapy

1. Discontinue Breast Feeding

It is not safe to breastfeed during chemotherapy. The drugs used in chemo can be passed through breast milk and may harm your baby.

2. Do Not Get Pregnant

Chemotherapy can harm an unborn baby. Effective birth control is essential for both men and women undergoing treatment. Speak to your consultant if you have plans to have children. Notify your consultant if pregnancy occurs during chemotherapy.

3. Methods to Minimise Exposure of Hazard

- Chemotherapy precautions are important to protect both the patient and those around them from exposure to cytotoxic drugs. Your body eliminates these drugs through various ways, including your kidneys, skin, lungs, and waste products like bile and faeces.
- Handling body fluids – Chemotherapy drugs can be present in urine, vomitus, stool and blood for up to 48 hours after treatment. Wear gloves and wash hands thoroughly when handling patient waste.
- Toilet precautions – Male patients should sit down to urinate. This prevents splashing and helps keep the area clean. Flush twice with the toilet lid closed. Clean the toilet regularly with a disinfectant.
- Laundry – Wash the patient's clothes, bed linens, and towels separately from other laundry, especially if they have come into contact with bodily fluids. You can use your regular detergent and water.
- Limit direct contact – Avoid direct skin contact with chemotherapy drugs or the patient's bodily fluids. If you need to handle these, wear gloves.
- Sexual activities – Patient should avoid engaging in sexual activity for 48 hours after receiving chemotherapy or use condoms to prevent exposure to chemotherapy drugs in body fluids.

Home Therapy / Ambulatory Pump Devices

Chemotherapy ambulatory devices are portable infusion pumps that allow patients to receive chemotherapy while staying mobile – outside hospital setting. These devices are commonly used to deliver chemotherapy over prolonged period, such as 24, 48, or even 96 hours. *Example of ambulatory pump device: Baxter Pump*

Common chemotherapy regimes that use ambulatory pump devices:

- FOLFOX regimen (colorectal cancer)
- FOLFIRI regimen

Benefits of ambulatory pump device:

- Lightweight and portable: Can be worn in a belt pouch or shoulder bag
- Continuous or timed infusion: Delivers precise doses over time
- Used at home or in ambulatory care: Reduces hospital stays
- Convenient for patients
- Maintains a normal lifestyle during treatment
- Consistent drug delivery

How to manage ambulatory pump device:

- Keep it dry – Avoid getting the pump wet.
- Avoid dropping or bumping it – Handle with care to prevent malfunctions.
- Keep it at room temperature – Avoid extreme hot or cold environments.
- Carry it properly – Use a carrying pouch or belt to secure the pump.
- Check the tubing – Ensure the tubing is not kinked, twisted, or pulled.
- Keep connection secure – Do not disconnect the tubing unless instructed by consultant or chemotherapy nurse.
- Ensure infusion is flowing – If unsure, contact chemotherapy nurse.
- Go to the Emergency Department immediately if you experience any reactions such as rash, swelling, shortness of breath, pain at the site, bleeding at the catheter site, or signs of extravasation at the catheter site.
- Seek medical attention if there is abnormal bleeding, rashes, pain, broken stiches, site infection arises or there is a dislodgement of catheter.

What to Bring for Your Chemotherapy Visit

Please bring the following items and hand them to the nurse during your visit:

- Appointment record book
- Current medication list
- Allergy alert record

For your comfort during the session:

The chemotherapy ward can be cold, and treatment sessions may take a few hours. You may bring:

- A jacket
- Socks
- Entertainment devices (e.g., laptop, earphones)
- Your preferred snacks
- A small pillow

NOTES

NOTES

INFORMATION FOR ACCIDENT AND EMERGENCY STAFF

This is for you to show the Accident and Emergency staff if you develop an infection while you are on chemotherapy.

Signs and symptoms of an infection:

- **Fever**
- **Chills**
- **Shortness of breath**
- **Diarrhoea**
- **Vomiting**

To whom it may concern,

This patient has been undergoing chemotherapy at **Sunway Medical Centre Velocity** and has a high risk of developing neutropenia, which is a **MEDICAL EMERGENCY**. We advise that an **URGENT SAME DAY** full blood count should be carried out and that the following guidelines be considered:

1) The patient is febrile (**>** 38 °C on one occasion or **>** 37.5 °C on two occasions taken half an hour apart) and blood neutrophils **<**1.0 x 109/L, admit to hospital forantibiotics.

2) If neutrophils **>** 1.0 x 109/L and the patient is febrile but well, consider oral antibiotics after clinical assessment (NB Paracetamol must not be used to suppress fever as this could result in a dangerous delay in starting antibiotics).

Ensure the patient's consultant is informed within 24 hours.

Consultant Oncologist in Charge: _____

Contact Number (Clinic): _____

Contact Number (General line): +603 – 9772 9191

SUNWAY
MEDICAL CENTRE
Velocity Kuala Lumpur

ASIA'S TOP PRIVATE HOSPITALS AND CLINICS 2026
Newsweek
statista

Chemo Day Ward Operation Hours

Monday – Friday: 7:30am – 5:30pm
Saturday: 7:30am – 1:00pm

Contact Us

Sunway Velocity Sdn Bhd

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