

Intrathecal treatment

Intrathecal treatment is when anti-cancer medicines are given directly into the cerebral spinal fluid (CSF), which is the fluid that surrounds your brain and spinal cord. The medicines are given into the intrathecal space, which is an area containing CSF found between the membranes covering the spinal cord.

Why is intrathecal treatment used?

Cancer cells can occasionally be found in the CSF or may have a high risk of spreading there.

In these cases, anti-cancer medicines may be given intrathecally as most anti-cancer medicines, given by tablet or intravenous drip, cannot pass from the bloodstream to the brain, spinal cord or the CSF.

If you require regular intrathecal treatment as part of your treatment plan, your doctor will discuss how often and for how long you will need intrathecal treatment.

How is intrathecal treatment given?

The anti-cancer medicines are given using a procedure called a lumbar puncture (LP). During a lumbar puncture, a needle is inserted between the bones in your lower back into the intrathecal space. Anti-cancer medicines can then be slowly injected through this needle.

This may be done in the X-ray department under the guidance of a CT scanner, on the ward or in the clinic. The procedure itself can take about 30 minutes.

Intrathecal therapy given under CT guidance will take longer than if it is given on the ward or clinic. Your treating team will make the decision on where you have your therapy after they assess you.

What does the procedure for having intrathecal treatment involve?

Intrathecal anti-cancer medicine is given by a doctor specially trained to do this procedure.

Before the procedure:

The doctor or nurse will:

- take a blood test to ensure it is safe to proceed with the treatment
- check your blood pressure, temperature and pulse rate
- ask you to either lie on one side with your knees drawn up towards your chest or sit bent over a table supported by pillows – this allows your back to curve as much as possible so that the bones of the spine are widely separated.

During the procedure:

The doctor will:

- clean the area with an antiseptic solution
- inject a local anaesthetic to numb the area
- insert a very fine needle, and remove a small amount of cerebrospinal fluid – **it is important to keep as still as possible during this time**
- slowly inject the anti-cancer medicines
- remove the needle and place a small dressing over the site, which can be removed the next day.

After the procedure:

- You may be instructed to rest in bed or lie flat for a period of time, depending on the instructions from your doctor.
- Your nurse will check your blood pressure, pulse and temperature, and monitor for complications after the procedure.

Will there be any side effects after this procedure?

The most common side effect caused by a lumbar puncture is a headache. This usually goes away after a few hours.

Other problems are uncommon, but it is important to tell your doctor or nurse **before** you leave the hospital if you have any of the following:

- tenderness, redness, or oozing from the site
- neck stiffness
- headache with or without vomiting
- blurred vision

Important information

IMMEDIATELY go to your nearest hospital Emergency Department and let them know you have had intrathecal chemotherapy, or contact your doctor or nurse if you have any of the following at any time:

- a headache that is not helped by mild pain killers
- vomiting
- fever or chills
- blurred vision or
- neck stiffness

Emergency contact details

Ask your doctor or nurse from your treating team who to contact if you have a problem

Daytime: _____

Night/weekend: _____

Other instructions: _____

For information for
patient and carers
scan the QR code



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