## **Gynaecological cancer** Adjunctive Surgery

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Dept. of Surgery









Cai et al. Clinical Oncology (2007) 19: 757e762



### Malignant obstruction Common sequelae

- Aetiology
  - Extrinsic compression by tumour
  - Intestinal motility disorder due to carcinomatosis
  - Intestinal invasion

Level	Incidence
Small bowel	44-52%
Large bowel	33%
Small & large bowel	12-22%

# General Surgeon When?

- Advanced and recurrent disease
  - <u>+</u> Involvement of non-gynaecological organs

#### Complications of treatment

- Surgery
- Radiation
  - $\rightarrow$  Non-gynaecological organs

## Surgical Management – Aims

- Diagnostic laparotomy
- Staging laparotomy
  - Disease distribution
- Definitive surgery
  - Curative
  - Salvage
  - Palliative
    - Disease control
    - Faecal diversion

## Salvage Surgery

### Cyto-reduction to < 1 cm of residual disease</li>

- Possible in 66.7%
- $\rightarrow$  Improved survival

Surgical morbidity rate – Acceptable

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### Salva Variabl





Fig. 2 – Median survival in patients undergoing bowel resection and in patients not undergoing bowel resection.

## **Pelvic Exenteration**

- Radical en-bloc resection of pelvic organs
- Followed by surgical reconstructive procedure
- Central recurrent gynaecological cancers after prior radiotherapy

Parameter	Without Exenteration	With Exenteration
Operative mortality	20%	5%
5-year survival	20%	60%
Negative surgical margins	-	67-93%

Martínez et al. Gynecologic Oncology 120 (2011) 374-379



Fig. 2. Overall survival after total pelvic exenteration for primary (straight line) vs. recurrent (dotted line) gynaecological cancer.

### Pelvic Exenteration QOL Scores

	< 60 years (n=12)	<u>&gt;</u> 60 years (n=13)	1º Tumour (n=8)	Recurrence (n=17)
General QOL	75	65	75	67
Physical function	77	64	70	71
Social function	60	74	64	69
Sexual activity	17 *	0 *	11	8
Role of sexuality	44	13	26	35
Influence of relations	13 *	2 *	22	15

E.J. Roos et al. Gynecologic Oncology 93 (2004) 610-614



Pothuri et al, Gynecologic Oncology 95 (2004) 513–517

### **GI** Stents

- Success rate 90-100%
  - $\rightarrow$  Within 24 to 72 hrs
- The average survival (6 8 months)
  - $\rightarrow$  Similar to rates reported with surgery.

Pothuri et al, Gynecologic Oncology 95 (2004) 513–517





Caceres et al. Gynecologic Oncology 108 (2008) 482-485



## Intestinal injury Factors

- Recognition
  - Early recognition
  - Late recognition
- Aetiology
  - Malignant
  - Non-malignant

### General Surgeon Conclusions

- Advanced Gynae cancer
  - Salvage Surgery (Cytoreduction)
- Malignant complications
- Operative complications
- Other
  - Radiation-induced complications