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Bowel Surgery in Radical Cytoreduction for Gynaecological Cancers: Video

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Background

Advanced stage ovarian or endometrial cancers invading into bowel often necessitates bowel resection, stoma formation or anastomosis in order to achieve macroscopic clearance. It has become an essential skill for gynaecologists to master the art of bowel surgery.

Objective

We reviewed our peri-operative care for patients requiring bowel surgery as part of their cytoreductive surgery at GSTT. This presentation also focused on the anatomy and surgical techniques involved.

Method

The local surgical pathway from pre-op counselling, assessment, optimisation, intra-operative procedures through to post-operative care and follow-up were evaluated.

Results

The pre-operative preparation was crucial including thorough counselling, the right patient selection, stoma site marking/ education, use of mechanical bowel preparation with or without oral antibiotics as indicated, up-to-date imaging and ensuring the patency of anastomosis in cases of planned reversal of ileostomies. Intra-operative stage, the surgical techniques could involve small bowel resection, ileocolic resection, transverse colectomy, right/ left colectomy or more extensive bowel resection, anastomosis, or end colostomy with/ without defunctioning ileostomy. Post-operatively, recovery in the intensive/ high dependency settings might be necessary for high risk patients, the nutritional elements involving parenteral nutrition, ongoing input from the stoma team and continued patient education were all essential.

Conclusion

This review emphasized the importance of expanding the gynaecologists' knowledge and expertise in peri- and intra-operative management of bowel surgeries in order to optimise the outcomes for patients.

*Please refer to video attachment.