Perioperative ovarian cancer guidelines: prevention and management of upper abdominal complications

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Biography: Christina Fotopoulou is the Professor of Gynaecological Cancer Surgery in the Department of Surgery and Cancer, Faculty of Medicine of Imperial College London, UK. She is the Deputy director of the Ovarian Cancer Action Research Centre at Imperial College. She holds an honorary chair in the Gynaecology Department at the Charite' University of Berlin, where she was trained and then later took the role of the Vice Director of the Gynecological Department. Her surgical and scientific expertise focuses on the management of patients with advanced and relapsed ovarian cancer, profiling of tumor heterogeneity and integration of tumor biology factors with surgical effort under the umbrella of individualization of surgical care. She has served as the Chair of the guidelines committees of the British Gynaecological Cancer Society (BGCS) and of ESGO (European Society of Gynaecologic Oncology). She has been an elected member of the ESGO Council and is also a member of the German AGO- Ovarian Cancer Group. She is on the editorial board and reviewer of numerous international gynaecological and oncological journals and is a member of various international oncological committees, including BGCS, ASCO, ESGO, IGCS, ESMO, ENGOT, AGO, SGO and NOGGO.

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For 'Presented at statement' see end of article.

Accepted 8 August 2022

To cite: Taskiran C, Knapp P, Fotopoulou C. *Int J Gynecol Cancer* Published Online First: [please include Day Month Year]. doi:10.1136/ijgc-2022-003812

More than half of patients with advance ovarian cancer will require upper abdominal and multivisceral debulking techniques so that total macroscopic tumor clearance can be achieved, including diaphragmatic surgery, liver resection, splenectomy, distal pancreatectomy, gastric resection, and porto-celiac-cardiophrenic lymphadenectomy.[1 2] Extensive surgery may be associated with significant morbidity, such as biliary duct injury, biliary leaks, bleeding, pancreatic fistula formation, ureteric and bladder injuries, and fistula.[3 4] Precise surgery based on anatomical dissection planes is crucial to prevent complications. In addition, early recognition and management of complications have vital importance. Close cooperation between surgeons, radiologists, and interventional radiologists is required to determine the best

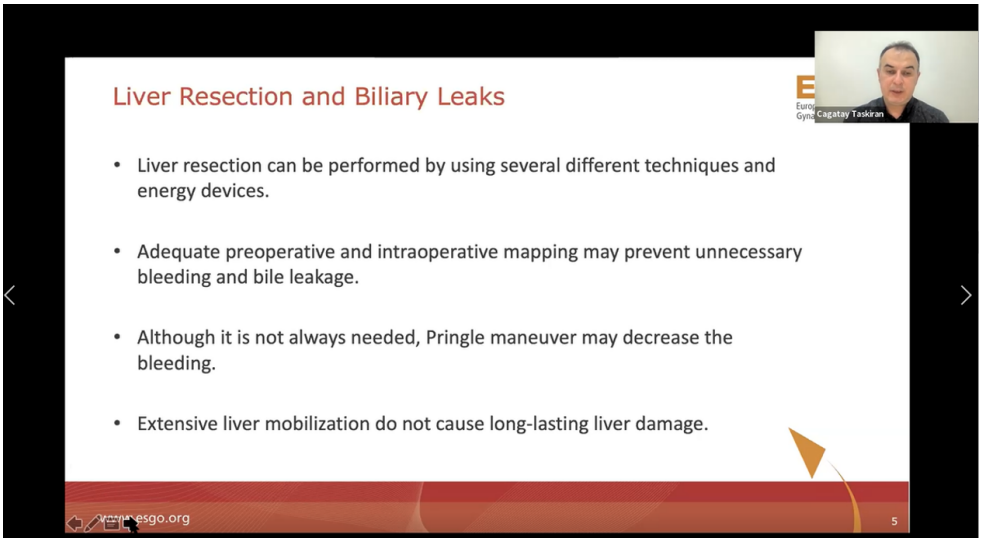

Figure 1 Thorough knowledge of the liver and biliary tree anatomy, associated vascular supply, and the necessary mobilization techniques are crucial for a successful and safe cytoreduction that includes upper abdominal resection techniques.

Video 1 Thorough knowledge of the liver and biliary tree anatomy, associated vascular supply, and the necessary mobilization techniques are crucial for a successful and safe cytoreduction that includes upper abdominal resection techniques.

treatment modality and to avoid unnecessary surgical interventions in patients that can be solved endoscopically or with imaging guidance (Figure 1).

Recent advances in interventional radiology have facilitated the management of surgical complications with reduced morbidity. Billiary leaks and pancreatic fistulas can be resolved with radiological drains, and also stenting of ureters is indicated in fistulas to induce healing. A multidisciplinary approach is mandatory to achieve the best outcome and to avoid detrimental long term impacts on the quality of life and functionality of patients .

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Presented at
Published in partnership with the European Society for Gynecologic Oncology and BMJ

Contributors All of the authors collected the data, wrote the article, and produced the videos.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial, or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Commissioned; internally peer reviewed.

Data availability statement Data are available in a public, open access repository.

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