pulmonary complications occurred: 13.5% (n=10) developed pleural effusion requiring chest drain; 9.5% (n=7) pneumonia; 4.1% (n=3) pulmonary embolus and 1.4% (n=1) sub-splenic haematoma. Median overall survival was 55 months (95% CI 33.4-77.6)

Conclusion* Surgeons should anticipate diaphragmatic disease in advanced ovarian or peritoneal cancer – and regard debulking of such an important prognostic factor. Diaphragmatic procedures appear feasible, without significantly increasing peri-operative morbidity in the context of ultra-radical surgery.