Peri-operative ovarian cancer guidelines: introduction, skin antisepsis, patient positioning, including retractors use and nutritional management

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Surgery for advanced ovarian cancer has drastically evolved over the last decades with an increased radicality on multiple levels. Patients with high tumor burden, relapsed disease, and multiple previous lines of treatment are now being offered debulking surgery, in an effort to prolong their remission and survival. National and international guidance emphasizes the importance of performing these surgeries within dedicated specialist teams, to achieve best possible outcomes with acceptable morbidity. The European Society of Gynaecological Oncology (ESGO) has already defined quality

Figure 1 The new peri-operative ovarian cancer guidelines of the European Society of Gynaecologic Oncology address all aspects of the peri-operative care of our patients, with special emphasis on challenging and higher situations.
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indicators for surgery in advanced disease. Now, as a continuation of ESGO’s mission to optimize and homogenize surgical standards, we present to our membership—and beyond—the peri-operative guidelines for ovarian cancer surgery. This is a guide to support ovarian cancer surgeons in the pre-operative, intra-operative, and post-operative care of their patients covering all relevant aspects (Figure 1).

A dedicated body of experts comprising of gynecologists/medical oncologists, anesthetists, psycho-oncologists, microbiologists, hematologists, nutritionists, and interventional radiologists followed the well-defined standard operating procedures by ESGO to provide evidence-based guidance, in a process overseen by an independent methodologist to ensure elimination of bias.

The guidance addresses surgical aspects and also how to manage long-term morbidity, psychosocial support, interaction with novel targeted agents, pharmacologic treatment of infections and thromboembolic events as well as interventional radiology options.

We emphasize the importance of a comprehensive assessment of pre-operative nutritional status via validated nutritional screening tools for malnutrition to guide personalized nutritional supplementation where necessary. The enhanced recovery and prehabilitation principles are embraced with recommendation of carbohydrate pre-loading prior to surgery. Dietary support should be provided in those patients with extensive bowel surgery and stoma formation.

At the start of the operation, surgical site antisepsis should be performed using 4% chlorhexidine gluconate with alcohol. Pre-operative hair shaving and patients bathing or showering with antiseptic solutions is not recommended.

The WHO surgical checklist is an essential part of surgical safety, as is appropriate and correct patients positioning and placement of retractors to avoid nerve and vessels injuries and possible long-term dysfunctions.

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