OMENTAL FLAP AS A SPACER TO REDUCE ACUTE BOWEL TOXICITY AFTER ADJUVANT RADIOTHERAPY

Introduction/Background Adjuvant pelvic radiotherapy is recommended for selected high-risk patients with cervical and endometrial cancer after surgery. However, the segment of bowel that replaces the empty space in the pelvis may receive an unintentionally high dose of radiation, which increases bowel toxicity. This video and the accompanying data describe the use of an omental flap as a spacer to reduce post-radiation bowel toxicity after adjuvant radiotherapy for gynaecological cancers.

Methodology
The Technique The omentum was mobilised and separated from the hepatic flexure of the transverse colon. The flap was then brought into the pelvis along the left paracolic gutter and placed between the rectum and bladder. There is also the option to mobilise the omentum from the greater curvature of the stomach. Finally, the omental flap was secured with interrupted 2.0 Vicryl sutures to the bladder and lateral pelvic peritoneum.

Outcome data Patients who received adjuvant radiotherapy who had data on radiation dosage administered, radiation dosage received on bowel and acute toxicity were included.

Abstract 2022-VA-1059-ESGO Figure 1

Results The results of 38 patients who have received adjuvant radiotherapy between 2011–2021 were evaluated (14 had spacers; 24 did not have spacers). There was no significant difference in age, cancer sites, length of follow-up, radiation dosage received (45Gy for both groups) between the two groups. Patients who had spacers had significantly lower volume of bowel receiving high dose (43Gy) of radiation (133 cc versus 331.5 cc; p=0.043) and less acute toxicity (42.9% versus 75% G1/2 acute toxicity; p=0.048), compared to the non-spacer group.

Conclusion The use of omental spacers could reduce post-radiation acute bowel toxicity; its use should be routinely considered in patients undergoing gynaecological cancer surgery who are likely to require adjuvant radiotherapy.