


Step-by-step total pelviperitonectomy with modified posterior pelvic exenteration

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The fundamental aim of advanced ovarian cancer surgery is to obtain complete cytoreduction. Due to the pelvic anatomy, en bloc removal of the uterus, adnexa, rectum, and surrounding peritoneum is mandatory.¹

The effect of complete cytoreduction on survival in patients with advanced ovarian carcinoma has been demonstrated in many studies. In our opinion, radical oophorectomy is a technique that helps us achieve complete cytoreduction and minimizes bleeding, with a manageable rate of intra-operative and post-operative complications.^{2 3 4}

To easily understand this complex surgery, our video shows 10 systematized steps to achieve complete pelvic cytoreduction with total pelviperitonectomy and modified posterior exenteration.

Our patient was a 50-year-old woman with a good functional status and nutritional state. She had no co-morbidities and underwent primary cytoreduction surgery and posterior adjuvant chemotherapy. The peritoneal carcinomatosis index calculated was 8.

The steps of the technique are as follows:

Lateral approach:

Step 1: Defining the surgical territory.

Step 2: Lateral peritonectomy.

Step 3: Development of lateral avascular spaces, paravesical and lateral pararectal space.

Step 4: Uterine artery ligation.

Step 5: Development of medial pararectal space.

Anterior approach:

Step 6: Anterior peritonectomy. Vesico-uterine and vesico-vaginal space development.

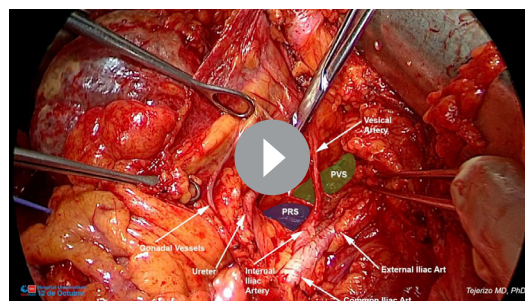
Step 7: Ureteral tunnel development

Step 8: Anterior and lateral parametrium section. Colpotomy.

Step 9: Rectovaginal space development.

Posterior approach:

Step 10: Pre-sacral space development. Sigmoid and distal rectum section.



video 1

Contributors AT-G, AO, GL, CA-C and AD conceived the idea of the video AT-G, GL, and OC-M performed the surgery. AT-G, AO, and AD made the video and sound editing. AO, CA-C and AD wrote the abstract. All authors revised, discussed, and contributed to the final result.

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