

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

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 an affordable rate of intraoperative and postoperative complications.

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 is a 50 years old woman, with good functional status and nutritional state. She had no comorbidities and underwent a primary cytoreduction surgery and posterior adjuvant chemotherapy. Peritoneal carcinomatosis index calculated was 8.

These are the technique steps:

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. Vesicouterine and vesicovaginal space development.

Step 7: Ureteral tunnel development

Step 8: Anterior and lateral parametrium section. Colpotomy.

Step 9: Rectovaginal space development.

Posterior approach:

Step 10: Presacral space development. Sigmoid and distal rectum section.

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