Perioperative ovarian cancer guidelines: prevention and management of upper abdominal complications

Cagatay Taskiran, Pawel Knapp, Christina Fotopoulou

Correspondence to
Professor Christina Fotopoulou, Gynaecologic Oncology, Imperial College London Faculty of Medicine, London, UK; chfotopoulou@gmail.com

More than half of patients with advanced ovarian cancer will require upper abdominal and multivisceral debulking techniques so that total macroscopic tumor clearance can be achieved, including diaphragmatic surgery, liver resection, splenectomy, distal pancreatectomy, gastric resection, and porto-celiac-cardiophrenic lymphadenectomy. Precise surgery based on anatomical dissection planes is crucial to prevent complications. In addition, early recognition and management of complications have vital importance. Close cooperation between surgeons, radiologists, and interventional radiologists is required to determine the best

Figure 1 Thorough knowledge of the liver and biliary tree anatomy, associated vascular supply, and the necessary mobilization techniques are crucial for a successful and safe cytoreduction that includes upper abdominal resection techniques.
Educational video lecture

Stomach – Gastric Perforation

- Gastroparesis is a syndrome of objectively delayed gastric emptying of solids in the absence of a mechanical obstruction.
- Main symptoms are nausea, vomiting, early satiety, bloating, and/or upper abdominal pain.
- Gastric stasis is usually due to surgical injury to the vagus nerve.
- Vagal injury can be demonstrated by measurement of the plasma pancreatic polypeptide response to modified sham feeding.

Video 1 Thorough knowledge of the liver and biliary tree anatomy, associated vascular supply, and the necessary mobilization techniques are crucial for a successful and safe cytoreduction that includes upper abdominal resection techniques.

Recent advances in interventional radiology have facilitated the management of surgical complications with reduced morbidity. Biliary leaks and pancreatic fistulas can be resolved with radiological drains, and also stenting of ureters is indicated in fistulas to induce healing. A multidisciplinary approach is mandatory to achieve the best outcome and to avoid detrimental long term impacts on the quality of life and functionality of patients.

Competing interests None declared.
Patient consent for publication Not applicable.
Ethics approval Not applicable.
Provenance and peer review Commissioned; internally peer reviewed.
Data availability statement Data are available in a public, open access repository.

ORCID iDs
Cagatay Taskiran http://orcid.org/0000-0002-0936-552X
Christina Fotopoulou http://orcid.org/0000-0001-6375-9645

REFERENCES

Author affiliations
1 Department of Obstetrics and Gynecology, Chair, Koc University School of Medicine and VKV American Hospital, Istanbul, Turkey
2 University Oncology Center University Hospital of Bialystok, University of Bialystok Institute of History and Political Sciences, Bialystok, Podlasie, Poland
3 Gynaecologic Oncology, Imperial College London Faculty of Medicine, London, UK

Presented at
Published in partnership with the European Society for Gynecologic Oncology and BMJ

Contributors All of the authors collected the data, wrote the article, and produced the videos.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial, or not-for-profit sectors.