Peri-operative ovarian cancer guidelines: major intra-operative and post-operative bleeding and thromboembolic events

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Intra-operative and post-operative bleeding is not common in advanced ovarian cancer surgery. Nevertheless, a multidisciplinary major hemorrhage protocol should be adopted by any center performing cytoreductive procedures. Surgical, pharmacological, and interventional radiology options should be part of the armamentarium, depending on each individual situation, timing, and available resources (Figure 1).

Surgical options include standardized maneuvers for prophylaxis and bleeding control, local hemostatic agents, and ligation of relevant feeding vessels. Packing of the abdomen is seen as ‘ultima ratio’ in cases of...
Educational video lecture

Video 1  The risk profile of patients with ovarian cancer who undergo radical cytoreductive procedures has evolved over time bringing more challenges to the peri-operative care of such patients. A thorough understanding of aspects around thrombophilia and thrombogenesis is crucial to minimize surgical morbidity.

uncontrollable bleeding and hemodynamic instability. Close interdisciplinary collaboration between anesthetists, interventional radiologists, surgeons, and hematologists is key for the successful management without excessive increase of morbidity and mortality.

The same applies also for the prophylaxis and management of peri-operative thromboembolic events: restrictive use of inferior vena cava filters, prolonged post-operative prophylactic anticoagulation, increased use of NOAKs, postponing elective/non-emergency procedures after a fresh thromboembolic event, are some of the key principles of thromboembolic management.

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