

Stretching the Limits of Laparoscopy in Gynecological Oncology: Technical Feasibility of doing a Laparoscopic Total Pelvic Exenteration for Palliation in advanced Cervical Cancer

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Note: +/- is the standard deviation.

Running title: Technical Feasibility of Laparoscopic Total Pelvic Exenteration for Palliation in advanced Cervical Cancer carcinoma cervix; laparoscopy; palliation; total pelvic exenteration

Introduction: Improving quality of life and supportive care are of paramount importance in helping patients of advanced cervical cancer. Pelvic exenteration has both palliative and curative role in the management of cervical cancer. We aim to demonstrate the feasibility of performing laparoscopic total pelvic exenteration in advanced carcinoma of the cervix and to evaluate the immediate morbidity associated with it.

Methods: We performed laparoscopic total pelvic exenteration in 7 patients of advanced cervical cancer at Galaxy Laparoscopy Institute from August 2005 to December 2007. All patients underwent a diagnostic laparoscopy for assessment of resectability of the tumor followed by pelvic exenteration in the same operative procedure. The purpose of this procedure was palliation.

Results: The mean operative time was 230 +/- 15 min and mean blood loss was 250 +/- 50 ml. Five patients received intra-operative blood transfusions. All patients tolerated the procedure well. No patients required conversion to open surgery. The mean postoperative hospital stay was 8 (7-21) days. The mean follow up was 11 (4-24) months and mean symptom free period was 8 (3-24) months. There was no major and unanticipated post-operative morbidity. There was no immediate post-operative mortality in the present study.

Discussion: Laparoscopic total pelvic exenteration is technically feasible and can be offered to carefully selected patients with advanced carcinoma of the cervix. The feasibility of this procedure defines newer limits for the use of laparoscopy in gynecological cancers.

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