PELVIC EXENTERATION

WHEN EVERYTHING NEEDS TO GO

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BIOGRAPHY

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DISCLOSURES

No Disclosures or Financial Conflicts

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OVERVIEW

Basics and History

Anatomy

Indications

Complications

Urinary Diversion

QOL and Sexual Function

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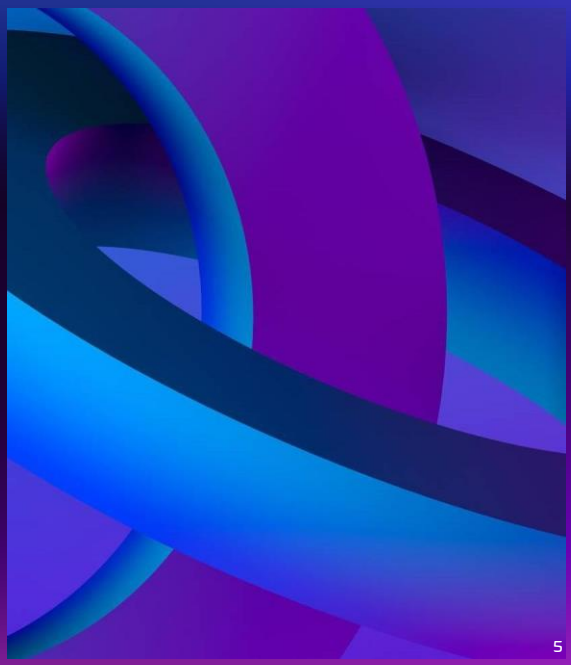
PELVIC EXENTERATION

OVERVIEW



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INTRODUCTION

- Multidisciplinary En Block Resection of Pelvic Organs
- Three Types: Anterior vs Posterior vs Complete
- Gastrointestinal, Urologic & Reproductive Components Resected
  - Distal Sigmoid, Rectum and Anus
  - Male: Prostate, Seminal vesicles
  - Female: Uterus, Ovary, and Vagina
  - Urinary Bladder in both sex

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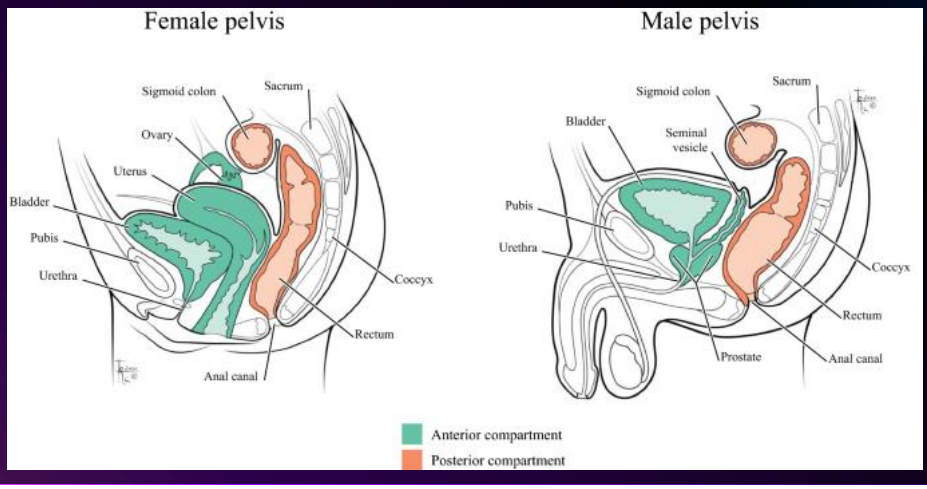
PELVIC EXENTERATION



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BRIEF HISTORY

Originally Described 1948 for cervical cancer

Limited use in the 1950's

1960's brought medical advancement and new indications

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INDICATIONS

1. Colorectal
2. Gynecologic
3. Urologic
4. Non-Malignant
   a. Radiation
   b. Fistula

Primary Contraindication: Failure to achieve negative margins in a malignant indication

Patients should be well informed of the potential complications

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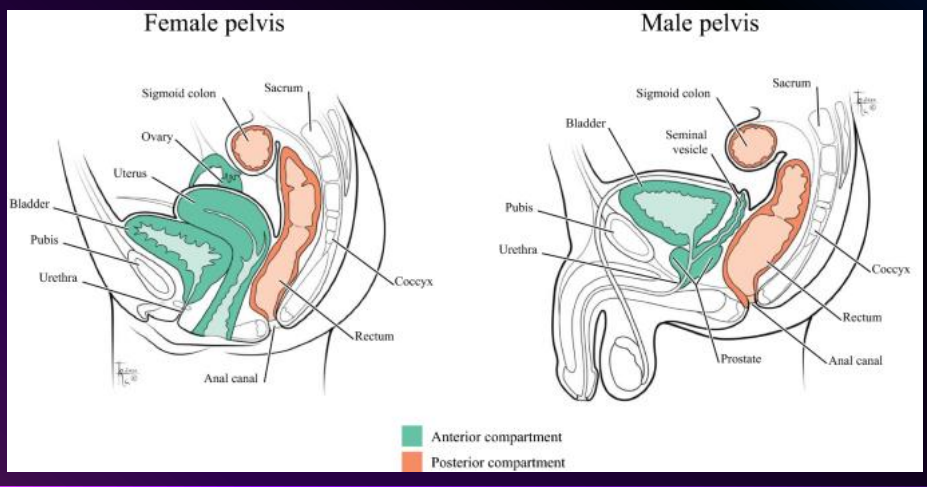
PELVIC EXENTERATION



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TYPES OF EXENTERATION

- Anterior
- Posterior
- Total

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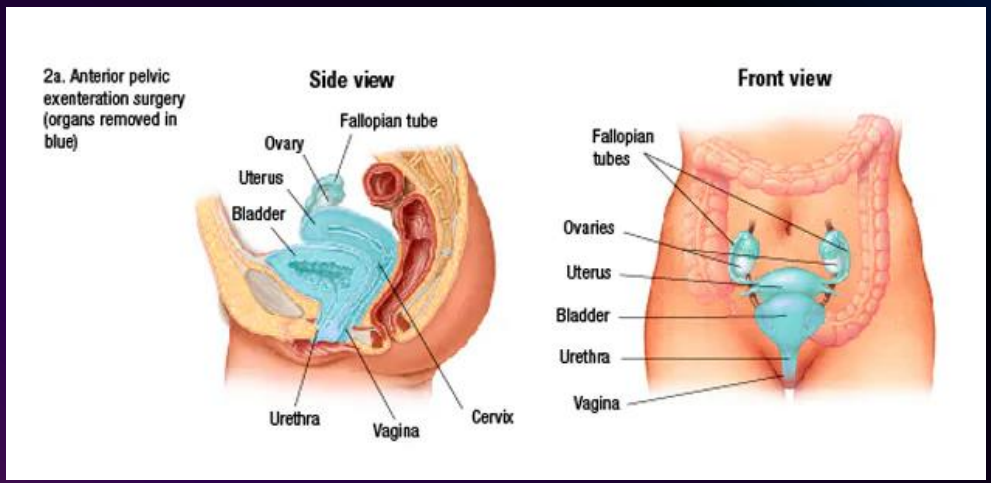
ANTERIOR EXENTERATION



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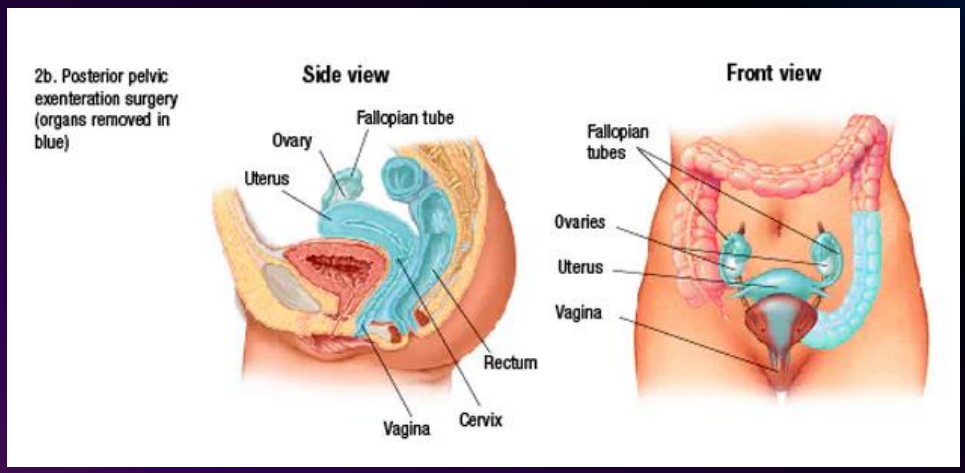
POSTERIOR EXENTERATION



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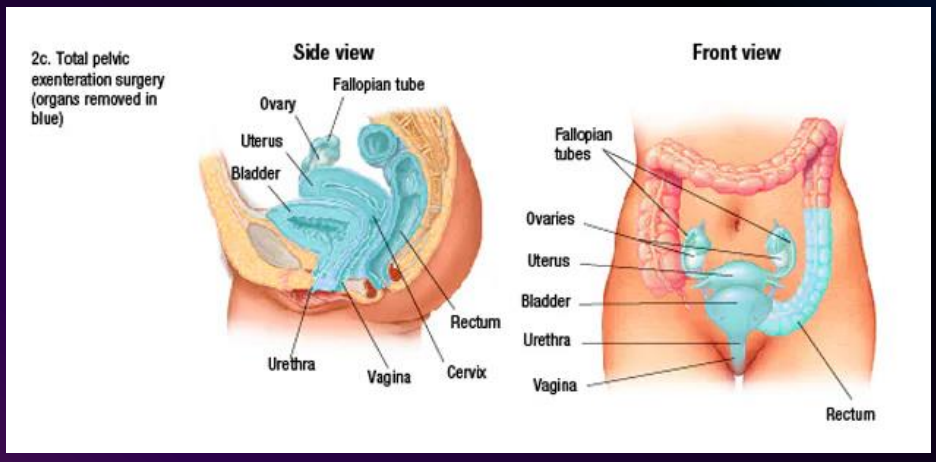
COMPLETE OR TOTAL PELVIC EXENTERATION



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APPROACH

- Open laparotomy remains standard
- Robotic advances have improved laparoscopic approach

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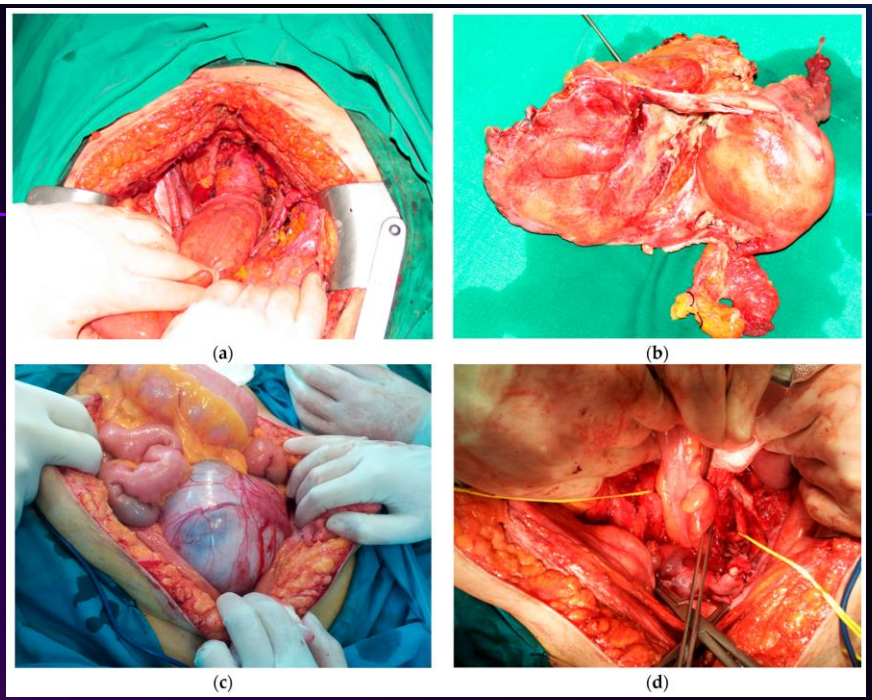

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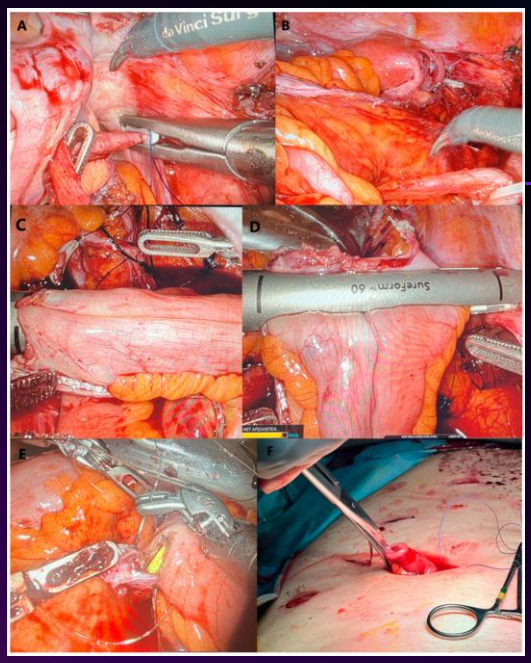

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COMPLICATIONS

- One of the largest series, 2020 (Annals of Surgical Oncology)
- NSQIP data 2005-2016
- 2305 patients in the US
  - 33% were colorectal indication
  - Overall complication rate roughly 60%
  - High Grade 15%
  - Mortality 2% (Disseminated Disease)

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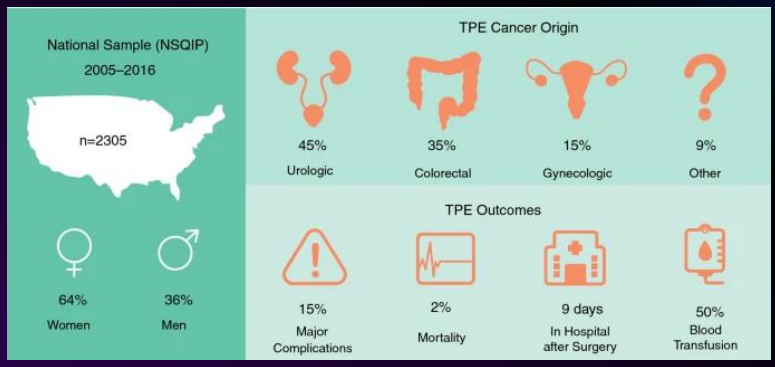
COMPLICATIONS



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FACTORS PREDICTING SUCCESS

Malignant: R0 resection

Again: Primary consideration up front

Overall surgical health

Poor Prognosis Triad: Hydronephrosis, Pedal Edema, Sciatic Pain

Generally not performed for palliative intent

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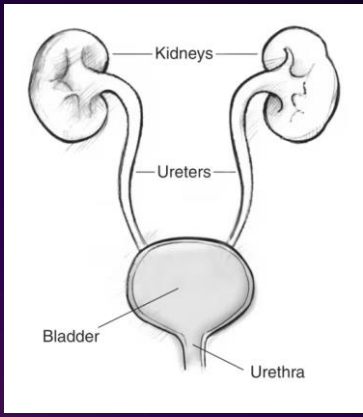
URINARY DIVERSION



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URINARY DIVERSION OPTIONS

- Where so we send the urine??
- Continent and cutaneous or incontinent diversions
- Simple goal to divert urine to a new location
- Vary in degree of complexity and thus complicating factors

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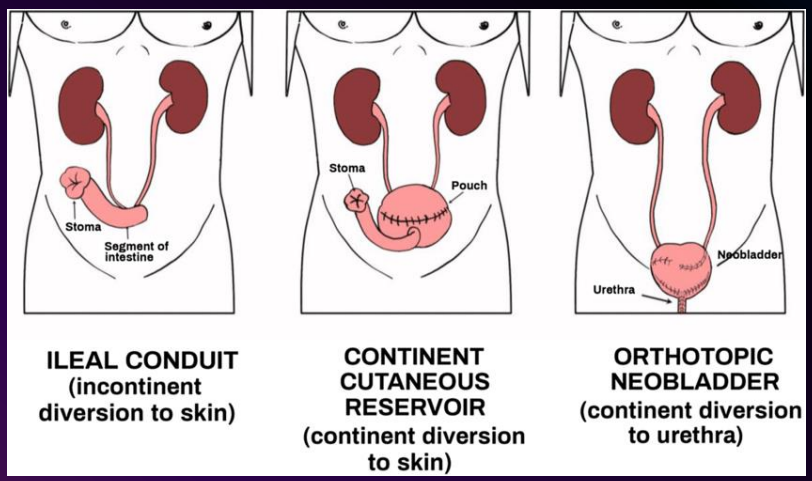
URINARY DIVERSION OPTIONS



ILEAL CONDUIT (incontinent diversion to skin)

CONTINENT CUTANEOUS RESERVOIR (continent diversion to skin)

ORTHOTOPIC NEOBLADDER (continent diversion to urethra)

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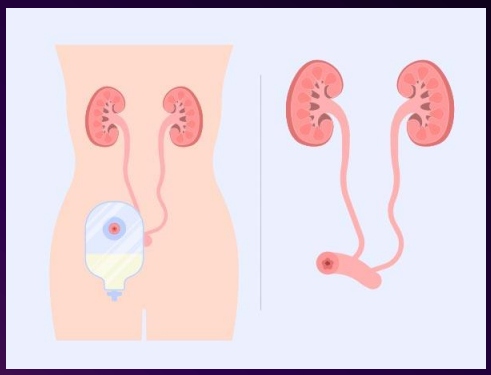
ILEAL CONDUIT URINARY DIVERSION



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ILEAL CONDUIT URINARY DIVERSION

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METABOLIC CONSIDERATIONS

- Bowel (Ileum or Colon) continues to act……bowel
- Metabolic derangements commonly exist
- The longer the contact time the higher the risk
  - Ex. Continent vs Incontinent Diversion

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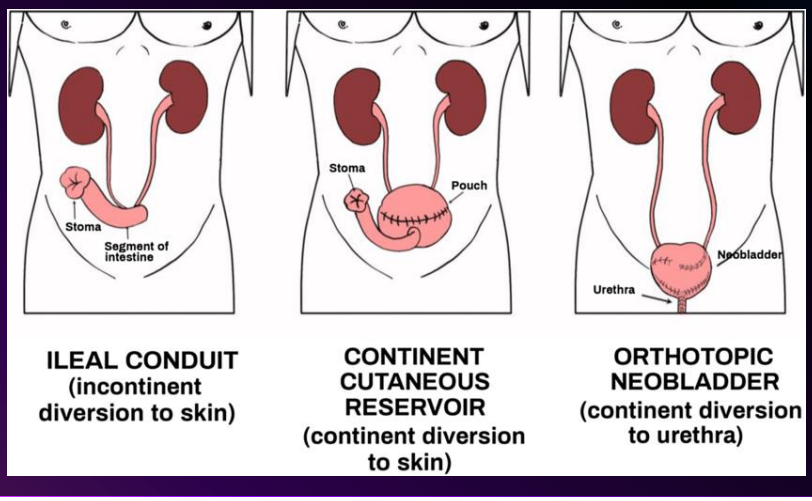
CONTINENT DIVERSION = ↑ CONTACT TIME



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METABOLIC CONSIDERATIONS – CONDUIT

- Hyperchloremic, Hypokalemic Metabolic Acidosis
  - 15% Ileal Conduits
  - 20% Colon Conduits
  - 50% with Pouches
- 80% of conduits have low bicarb but not treated

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QUALITY OF LIFE AND SEXUAL HEALTH

- Men and women reported similar QOL and functioning scores
- More physical, sexual and social issues reported
- Many options for male sexual function
- Female Vaginal length and flap reconstruction options

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QUESTIONS?

COLON AND RECTAL SYMPOSIUM 2025

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THANK YOU

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