



Role of Tertiary Cytoreductive Surgery in the Treatment of Ovarian Cancer

Serge Junfu*

Department of Surgery, Usmanu Danfodiyo University, Sokoto, Nigeria

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Description

Patients who have cancers that have spread intraabdominally may benefit from Cyto Reductive Surgery (CRS), a surgical procedure that tries to minimise the number of cancer cells in the abdominal cavity (peritoneal carcinomatosis). Although it is frequently used to treat ovarian cancer, it can also be used to treat other types of abdominal cancer.

When combined with Hyperthermic Intraperitoneal Chemotherapy (HIPEC), CRS significantly prolongs life expectancy and lowers the likelihood of cancer recurrence in various cancer diagnoses. Paul Sugarbaker, who is best known for creating cytoreductive surgery followed by hyperthermic intraperitoneal chemotherapy, or HIPEC, sometimes known as the Sugarbaker Procedure, was its primary creator.

In cytoreductive surgery and hyperthermic intraperitoneal chemotherapy, visible cancerous tumors are first removed from the abdominal cavity surgically. To eliminate any tiny cancer cells that may still be present, the cavity is next drenched in hot chemotherapy that has been heated to 42°C. Chemotherapy's cytotoxicity is increased by hyperthermia, and intraperitoneal administration allows for far larger local dosages than are feasible systemically while reducing toxicity.

Treatment for ovarian cancer frequently combines chemotherapy and cytoreductive surgery. Surgery is used to treat tumours and any adjacent tissues where the cancer may have metastasized. Ovarian cancer, however, frequently includes micrometastases that have travelled from the ovaries to other regions of the body in addition to a localised tumour. Surgery cannot cure cancer cells that have spread locally since it is a local treatment. Therefore, cytoreductive surgery, also known as debulk-

ing surgery, may be used either before or after a systemic treatment like chemotherapy, which uses potent medications that can enter the bloodstream to reach and eliminate numerous cancer cells.

An exploratory laparotomy or upfront cytoreductive surgery is the most common type of cytoreductive procedure used to treat ovarian cancer. A gynecologic oncologist can accurately grade a tumour (the extent of tumour dissemination) during a laparotomy, remove as much cancer from the abdomen and pelvis as feasible, and determine whether extra therapy may be required. This complex surgery may involve,

- An complete hysterectomy (removal of the uterus).
- Salpingo-oophorectomy on both sides (removal of both ovaries and fallopian tubes).
- Amentectomy (removal of a flap of fatty tissue that covers the bowel in the abdomen).
- The removal of any other malignant tissue or neighbouring organ that is visible inside the abdomen, if necessary.

The gynecologic oncologist will also take tissue samples from the upper abdomen, collect tiny amounts of abdominal fluid, and perform a biopsy on a few surrounding lymph nodes so that the samples may be studied under a microscope for signs of cancer to ascertain the cancer's stage.

After the cytoreductive procedure is finished, patients begin systemic chemotherapy, which lasts four months. If necessary, maintenance therapy may then be given. After ovarian cancer's primary treatment is over, patients begin a surveillance programme that typically lasts the next five years. A patient will normally go through a physical exam, a CA-125 blood test, and if

necessary, radiologic imaging during this period. All of these are utilised to assess the efficacy of treatment and aid in controlling cancer. A patient is considered to be in complete clinical remission if no evidence of cancer is discovered.