THE ROLE OF DIVERTING ILEOSTOMY AND IMPACT OF BOWEL RESECTION AT THE TIME OF CYTOREDUCTIVE SURGERY FOR ADVANCED STAGE EPITHELIAL OVARIAN CANCER

D. Vatansever¹, C. Taskiran¹, S. Misirlioglu¹, A. Onan², S. Yıldız Oguz³, E. Bostanci², A. Bedirli⁴, M. Kerem⁴, E. Balik⁵, T. Yalti⁵, M. Arvas¹, H. Guner².

- 1Koc University, Department of Obstetrics and Gynecology- Gynecologic Oncology Division, Istanbul, Turkey.
2Gazi University, Department of Obstetrics and Gynecology, Ankara, Turkey.
3Koc University, Department of Obstetrics and Gynecology, Istanbul, Turkey.
4Gazi University, Department of General Surgery, Ankara, Turkey.
5Koc University, Department of General Surgery, Istanbul, Turkey.

Background and Aims:

The aim of the present study was to determine the impact of bowel resection and stoma formation at the time of cytoreductive surgery (CRS) for advanced stage epithelial ovarian cancer.

Methods:

A total of 243 patients who underwent bowel resection between 01/2004 and 12/2018 at Gazi University, VKF Koc University and American Hospital were reviewed retrospectively.

Results:

Two-hundred and one patients underwent bowel resection during primary CRS whereas 42 patients were recurrent cases. Median age was 58 years. Of these patients, 116(48%) had rectosigmoid resection, 10(4%) had left hemicolectomy, 36(15%) had right hemicolectomy, 41(17%) had total colectomy,18(7%) had subtotal colectomy, 6(2%) had transverse colectomy, and the remaining 9(4%) had right hemicolectomy plus rectosigmoid resection simultaneously. To achieve optimal cytoreduction several surgeries were also performed in addition to bowel resection: splenectomy in 21, partial gastric resection in 10, distal pancreatectomy in 11, cholecystectomy in 19, portal and celiac lymph node dissection in 25, liver resection in 39, and diaphragmatic resection in 40 patients. Ileostomy and colostomy procedures were carried out for 54 and 14 patients, respectively. Anastomotic leak was detected in 7 patients; one of them was treated with conservative management. Three patients died within the postoperative thirty days.

Conclusions:

Aggressive CRS including bowel resection was associated with reliable mortality and morbidity rates. The significance of diverting ileostomy is not noteworthy in this setting, however further analysis needed in subgroup of patients with total colectomy and two or more anastomoses.

Keywords: Ovarian Cancer, Bowel Resection, Cytoreductive Surgery

Procedure	n (%)
Rectosigmoid Resection	116 (48%)
Left Hemicolectomy	10 (4%)
Right Hemicolectomy	36 (15%)
Subtotal Colectomy	41 (17%)
Total Colectomy	18 (7%)
Right Hemicolectomy & Rectosigmoid Resection	9 (4%)
İleostomy or Colostomy	68 (28%)
Anastomotic Leak	7 (3%)
Total	243