

# **PELVIC EXENTERATION**

## **WHAT IS IT?**

The purpose of this article is to describe and explain the operation known as 'pelvic exenteration'.

The word exenteration comes from the Greek and Latin terms to remove the contents of the pelvis. In a man this involves removal of the bladder, prostate gland, seminal vesicles (*structures which produce fluid for a man's ejaculation*) and the rectum. In women the operation will mean removal of the uterus, ovaries and fallopian tubes, as well as the bladder and rectum.

The consequences of having this operation will be that the person undergoing the surgery will have their urine diverted into a urostomy and the removal of the rectum will require the person has a colostomy.

Clearly this is a big undertaking for people who need the procedure, but is also a major operation in terms of the skills required by the surgeons who perform it.

## **WHY IS IT DONE?**

The operation is usually carried out for people who have either been diagnosed with advanced cancer, or recurrent (disease that has returned after initial treatment) cancer within the pelvis. In men this may be colorectal (bowel) or urological (bladder), in women this may be for colorectal, gynaecological or urological cancers.

## **HOW IS THE TREATMENT DECIDED?**

When a person is referred to hospital for treatment, individual cases are discussed within an experienced team of surgeons, physicians, radiologists, pathologists and nurses known as a 'multidisciplinary team' (MDT). At these meetings results of scans, biopsies and physical examinations are reviewed and a plan of treatment suggested. This treatment plan is then usually discussed with the person with cancer in an outpatient setting.

There may be instances whereby the cancer is too advanced to actually remove the pelvic contents. However a lesser operation to divert the urinary system and bowels may be offered. This would still mean that the person would have a urostomy and a colostomy.

## **BENEFITS OF SURGERY**

If the cancer has not spread outside of the pelvis, then a pelvic exenteration may be offered as a cure to the person having the operation. For those where a cure is not possible the diversion of urine and faeces into stomas may ease distressing symptoms that may be caused by the cancer.

## **AFTER THE OPERATION**

Advances in the way that surgery is carried out have benefited patients in terms of pain control and length of hospital stay. This is due to an improvement in anaesthetic and surgical techniques, as well as focusing the surgery in specialist centres. Typically, most people would be in hospital between two and three weeks. Recovery time varies from person to person and it may take between six to twelve weeks to recover initially, but it may take up to a year to get back to full fitness.

## **GETTING BACK TO NORMAL**

Quality of life can be significantly affected by an operation of this magnitude. Studies have shown an increase in cases of depression, when patients have had surgical treatment of such complex cancers. It is also well known that over 50% of patients with a cancer diagnosis will have problems with adjustment to their situation and have a far higher incidence of depression than the general population. It is important that the patient's issues and concerns are made known, as this can be a vital step in the process of coping with the situation and avoiding depression, which may hinder recovery and the return to normal activity.

Some aspects of physical functioning are unavoidably affected by the surgery; primarily sexual function and physical relationships. When a person's image of their body is changed by surgery, it can have the effect of reducing confidence and have a negative impact on the way they view themselves. Again, it is the key to successful recovery that these aspects of surgery are discussed by the healthcare team and the patient, but just as importantly between the patient and their significant others.

## **WHO IS OUT THERE TO HELP?**

Many patients feel isolated in the community and reassurance of a Stoma Nurse to help with acclimatising to the situation of having two stomas can be very helpful. Initially patients will be referred to the district nursing service, which can provide a link from the hospital to the home environment. The Clinical Nurse Specialist working with the specialist team may also be a source of support and a link with the ward and the outpatient setting.

The existence of support groups and stoma associations are very useful resources for a patient learning how to get back to a normal lifestyle and activities.

Despite the challenges to a patient facing pelvic exenteration there are clear benefits to undergoing the operation in terms of life expectancy and quality of life.

It is essential that patients are fully informed about the nature of the operation and that they are adequately prepared. It is also important that the patient is treated in a specialist environment, where consideration of their complex needs are understood and addressed.

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