Translation and interpreting services

If you do not speak English as a first language, use sign language (BSL) or have a learning difficulty, our in-house Bilingual Health Advocacy and Interpreting Service can help.

St Bartholomew's, Mile End and The Royal London Hospitals
Telephone: **020 7377 7000**

Newham University Hospital
Telephone: **020 7476 4000**

Whipps Cross University Hospital
Telephone: **020 8539 5522**

Text Relay service for Deaf people
Our dedicated number is **18002** and then **add in the number** you are wanting to phone**.** It is available 24/7 for deaf people to access emergency services through interpreters across our hospitals.

Please scan the QR code below to access our patient information library and for translation of leaflets

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: www.bartshealth.nhs.uk/pals

Switchboard: 020 3416 5000
www.bartshealth.nhs.uk

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Patient information

Maximal cytoreductive surgery for suspected or confirmed advanced stage ovarian cancer

This is additional information to be read together with 'Surgery for a pelvic mass' leaflet .

Gynaecological Oncology Department

WeCare

This leaflet about 'maximal cytoreductive' surgery should be read together with **'Surgery for a pelvic mass'** leaflet.

Most women with ovarian cancer or suspected ovarian cancer are offered 'debulking' surgery (removing as much of the lump/mass as possible). They may also receive chemotherapy if a diagnosis of cancer is confirmed.

Standard ovarian debulking surgery usually involves removal of the uterus (womb) fallopian tubes, ovaries, omentum (internal layer of fat) and sometimes lymph nodes as well as any other sites of disease. This may possibly include areas on the bowel with a risk of formation of a stoma (opening for the bowel onto the skin).

Some women with advanced and more widespread disease, who are fit enough, may be advised to undergo **'maximal cytoreductive'** surgery, which is to remove all visible disease as far as possible. Sometimes this is only known at the time of surgery.

What is maximal cytoreductive surgery?

Maximal cytoreductive surgery involves the standard ovarian debulking surgery as above, plus removal of additional areas of disease, such as on the spleen, diaphragm, lymph nodes from the chest, parts of the liver and peritoneum (lining of the abdominal cavity). It is performed in a designated Cancer Centre by Gynaecological Oncology Surgeons trained to undertake this procedure, with access to additional surgical expertise if required.

Research evidence from NICE (National Institute for Health and Excellence entitled '**maximal cytoreductive surgery for advanced ovarian cancer'** 2023 states that surgery that leads to removal of all visible disease areas gives better survival rates, although there are increased surgical risks. www.nice.org.uk/guidance/ipg757

What are the additional risks with maximal cytoreductive surgery?

Evidence shows that this group of patients have a higher rate of wound complications, blood clots, unanticipated need for a stoma (opening for the bowel onto the skin) and organ failure (kidneys or liver not working). Rarely, the complications can be so severe that a woman does not survive after the surgery. Your Gynaecological Oncology Surgeon will discuss your individual potential risks in detail with you during the information and consent process.

You will need to attend preadmission clinic appointments where a full health assessment will be undertaken to determine your risk and fitness for this type of extensive surgery. You will also meet an anaesthetist as part of this process.

You should also be offered a pre-habilitation programme (programme before surgery which focuses on optimising health through activities such as exercise). It is most likely that you will initially be cared for on the high dependency unit (HDU) following your operation.

What about my hospital stay, recovery and support

You can read further information about your hospital stay and general recovery after ovarian debulking surgery in the booklet 'surgery for a pelvic mass'. However, you may have more medical equipment attached to you after the surgery, and your hospital stay and/or longer-term recovery may be longer.

Your specialist nurse or clinic nurse will be able to help you understand how you might feel and provide practical advice and emotional support before and after your surgery if needed. Please see 'surgery for a pelvic mass leaflet for further support resources.