

The Effect of Upper Abdominal Surgery on Complication Profile in Ovarian Cancer

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Abstract

Introduction: Due to the superficial peritoneal spread of ovarian cancer, upper abdominal surgical procedures are often required to achieve optimal surgical cytoreduction. This study compares the mortality and morbidity rates of patients undergoing upper and lower abdominal cytoreductive surgery in our institution.

Material and Methods: Patients who underwent cytoreductive surgery for ovarian malignancies from 2014 to 2020 were retrospectively identified from an institutional database. Upper abdominal cytoreduction was defined anatomically as debulking of disease proximal to the ligament of Treitz. Perioperative and postoperative outcomes were analyzed.

Results: A total of 148 operations were performed. A single gynecologic oncologist performed all procedures. When all cytoreductive procedures were evaluated, diaphragm injury, blood transfusion, hospital stay, atelectasis, pneumonia, effusion, wound infection and need for intensive care were found to be statistically significantly higher in patients who underwent upper abdominal surgery compared to patients in the lower abdominal surgery group ($p=0.001$, $p=0.017$, $p=0.002$, $p=0.045$, $p=0.006$, $p=0.005$, respectively).

Conclusion: In patients scheduled for cytoreductive surgery with the diagnosis of ovarian cancer, upper abdominal surgery is a viable procedure, although it carries a higher risk of complications compared to lower abdominal surgery alone. Upper abdominal surgery in advanced ovarian cancer can be applied to patients with an acceptable complication profile when the possible survival advantage is considered.

Key words: ovarian cancer, cytoreductive surgery, postoperative complication, postoperative morbidity