

Pelvic exenteration

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When carcinoma of the rectum has spread to contiguous organs, a more radical operation known as pelvic exenteration can remove these structures en bloc. Thus, in the male, in whom spread is usually to the bladder or prostate, a cystectomy or prostatectomy may be required in combination with anterior resection to achieve complete oncological clearance. In the female, the uterus acts as an oncological barrier, preventing spread from the rectum to the bladder. Accordingly, a hysterectomy can be undertaken in addition to excision of the rectum. The aim is to remove pelvic organs involved in the malignant process and may involve a partial (posterior exenteration, including rectum and posterior vagina/uterus) or complete (including rectum and urogenital organs) exenteration (Figure 79.27). Total pelvic exenteration may also be necessary for local disease recurrence. It involves a large excision of the pelvic floor, leaving a sizeable perineal defect that has to be reconstructed using rectus abdominus or gluteal flaps to fill the). The empty pelvis. Excision of the bladder will require the formation of an ileal conduit in addition to a colostomy . Following such radical surgery, quality of life (QoL) is a crucial postoperative consideration, and therefore detailed preoperative discussion with patients regarding QoL post procedure is required.

Revision #1

Created 2025-12-31 15:28:34 UTC by Omar Ayman

Updated 2025-12-31 15:28:34 UTC by Omar Ayman