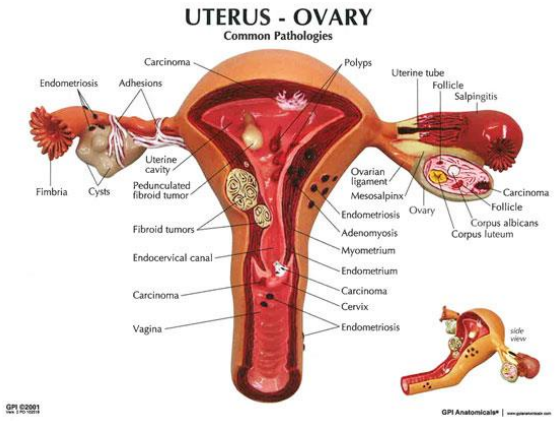
Singapore General Hospital
SingHealth

Tel: (65) 6222 3322
Fax: (65) 6224 9221
Singapore General Hospital
Outram Road
Singapore 169608
www.sgh.com.sg

Reg No 198703907Z

Peritoneal / Fallopian Tube / Ovarian Tumour



What is surgical staging keep in view (KIV) cytoreductive surgery for peritoneal / fallopian tube / ovarian tumour / cancer

Surgical staging for peritoneal (the tissue that lines the abdominal wall and pelvic cavity) / fallopian tube / ovarian tumour is a surgery to remove and determine the stage of the tumour growth.

This surgery involves the removal of the uterus and cervix, fallopian tubes, ovaries, omentum (a large apron-like spread of fatty tissue that lines the liver, intestine, and stomach), and pelvic or para-aortic lymph nodes.

Cytoreductive surgery (CRS) is a more extensive surgery that may be required to remove the peritoneum (membrane in the abdominal cavity to connect and support internal organs) and/or other affected organs in the abdominal cavity with the aim of removing the tumour. When necessary, reconstructive surgery may be required for the organs that have been removed.

Why do I need this surgery?

You require this surgery as you have a cancerous tumour arising from the peritoneum, fallopian tubes, or ovaries. The surgery may be performed for the following purpose(s):

- To provide a diagnosis of your condition
- To determine the stage of the cancer in order to guide appropriate future management and to assess the risk recurrence
- To potentially provide cure
- To improve quality of life by relieving symptoms related to the tumours such as a distended abdomen (due to accumulation of fluid in the abdomen) or

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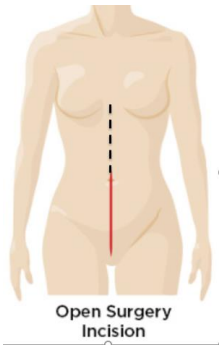
bowel obstruction
- To improve the response to chemotherapy
- To remove the organs affected by cancer and could thereby improve your survival rate

What does it involve?
The surgical staging surgery is performed using one of the following approaches:

☐ **Laparotomy (open surgery):**
This involves a midline vertical or a low transverse incision (cut) in the abdomen.



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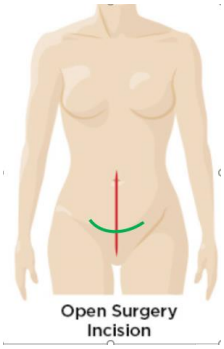
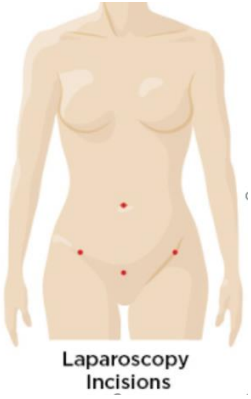


☐ **Laparoscopy (minimally invasive):**
This is a minimally invasive ("key-hole") surgery where a small cut (about 1cm) is made and a scope is inserted for viewing and to perform the surgery. This technique allows for faster wound healing, reduces risk of wound infection, and reduces length of stay in hospital.
Uterine manipulation (insertion of device into the womb to allow surgery to be done more easily and safely) may be necessary in laparoscopy.



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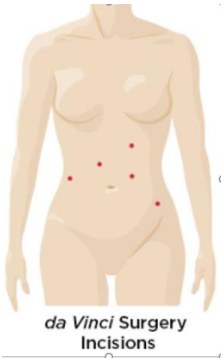
☐ **Robotic (minimally invasive):**
Similar to laparoscopy, small cuts will be made on the abdomen and carbon dioxide released into your abdomen to facilitate surgery. The surgeon will be seated at the console and instruments are attached to the robot's arms. Theses arms act as an extension of the surgeon's arms, mirroring every hand movement.



☐ VNOTES; **Vaginal Natural Orifice Transluminal Endoscopic Surgery (minimally invasive)**
Specialised instruments are inserted through the vagina into the pelvic cavity, giving access to the uterus, fallopian tubes and ovaries without the need for abdominal skin incisions.

Before the Surgery

You should inform the doctor for further advice if:

- You are taking drugs (e.g., Aspirin, Clopidogrel, Warfarin, and Rivaroxaban) or supplements (e.g., Cordyceps, Ginkgo Biloba, and Lingzhi), that thin your blood, as these substances may affect blood clotting and increase the risk of bleeding.

- You have undergone previous abdominal surgery / radiation that can make surgery potentially more complicated.

- You have any medical conditions such as heart problems / diabetes / kidney disease.

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Risks of Surgery

Complications will be explained to you by your surgeon before surgery. You will be required to sign an informed consent prior to surgery.

The potential risks are.

- Infection
- Bleeding /hematoma
- Pain and / or numbness over wound
- Wound complications (infection)

Other complications include:

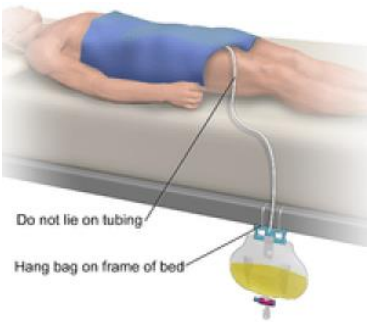
- Injury to other organs e.g. urinary bladder / bowels / blood vessels
- Formation of clots in the deep veins

Duration of Hospital Stay

Average: 1 to 2 days (Minimally invasive surgery) – 3 to 14 days (laparotomy, depending on the extent of surgery)

Care after Surgery

- Some wound discomfort, abdominal pain or slight amounts of vaginal bleeding / bloody discharge is normal after surgery. Pain should be manageable with oral painkillers by the time you are discharged from hospital.
- If you have a urine catheter tube inserted into the bladder, it will be removed when deemed suitable by your doctor.



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- You may have an abdominal drain/(s) inserted during surgery to remove the fluid. After a surgery, fluid may collect inside your body in the surgical area. This makes an infection or other problems more likely.


- You should be able to walk, eat, and perform light activities by the time you are discharged from hospital. Rest at home is encouraged.

- An abdominal binder is used after surgery (laparotomy) as it helps provide support to the operative site, reducing incision site pain.

- Changes in your urinary or bowel habits may be expected and may require treatment if bothersome.