



Nursing care of patients undergoing pelvic exenteration

Dr Claire Taylor



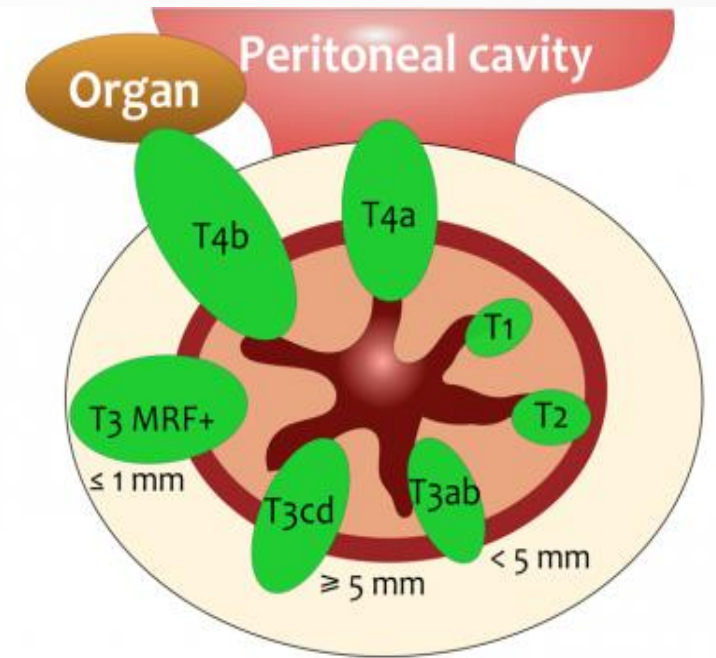
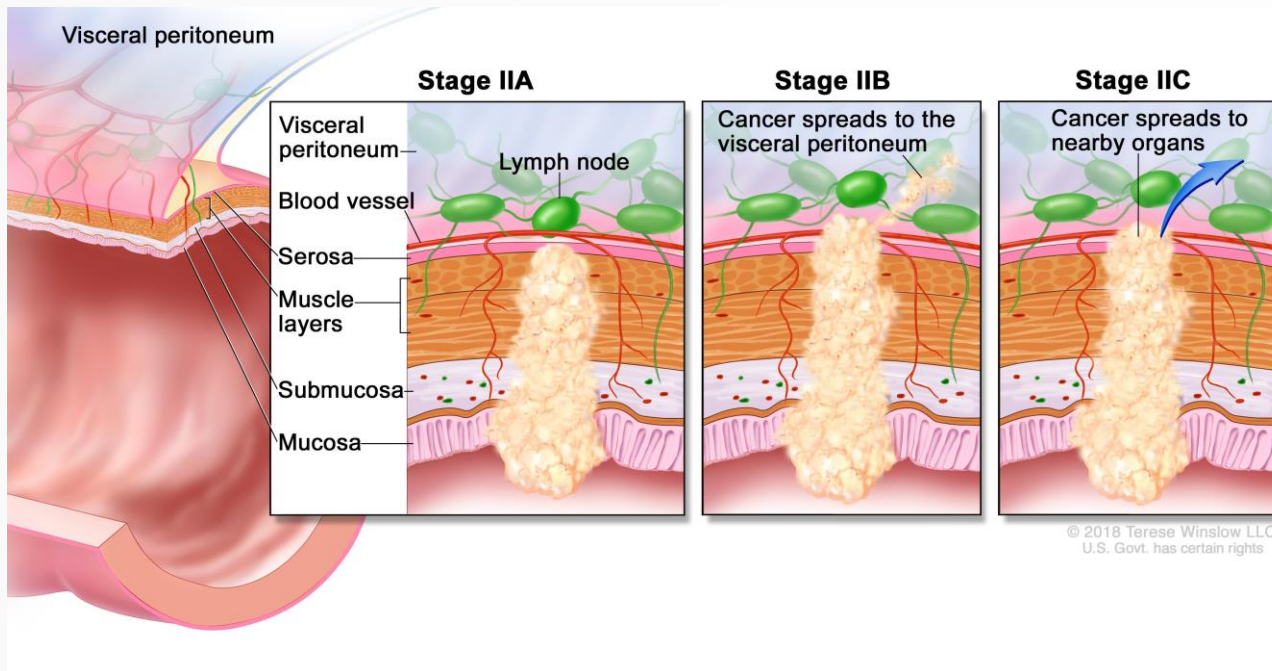
St Mark's Hospital

Complex Cancer Clinic



Content

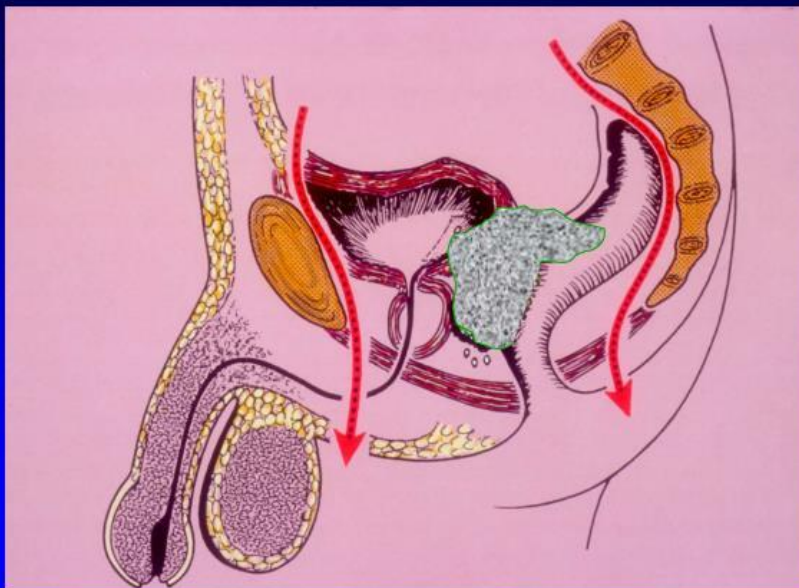
- Types of exenteration
- Extended procedures
- Patients suitable for pelvic exenteration
- R0 status
- Consent and decision-making
- Physical challenges – changes in function, body image, mobility, sexuality
- Nursing roles
- Nursing support – critical care to ward to home



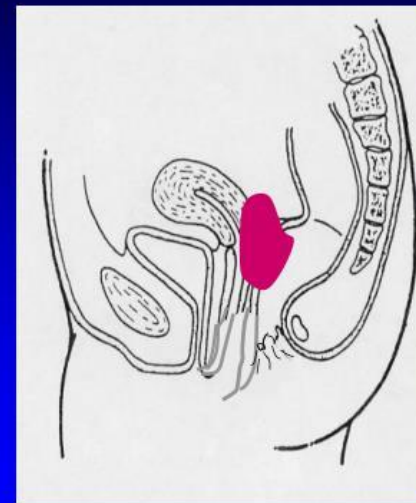
Locally-advanced colorectal cancer

T3 or T4 cancer

T4: Male

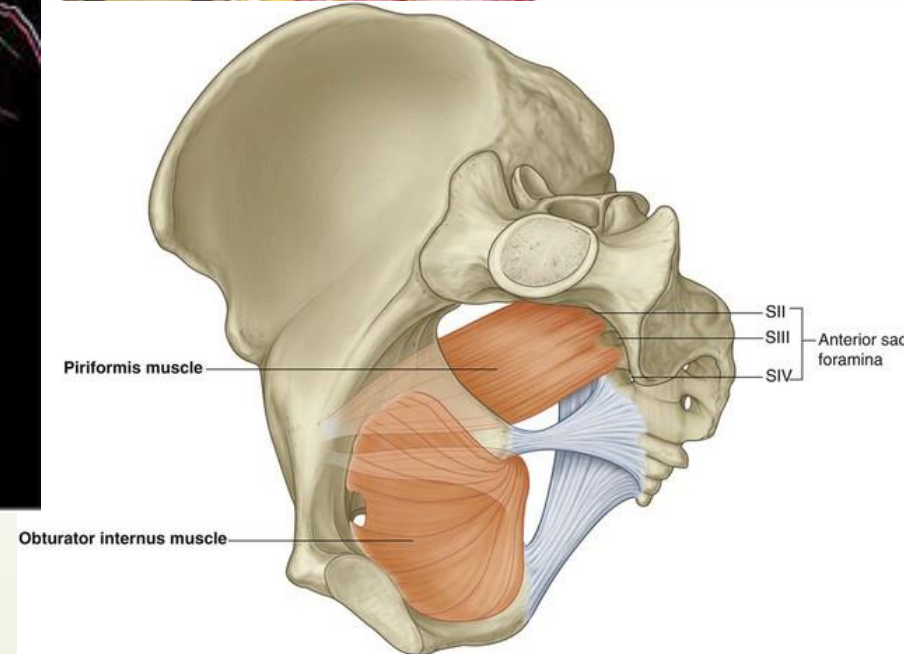
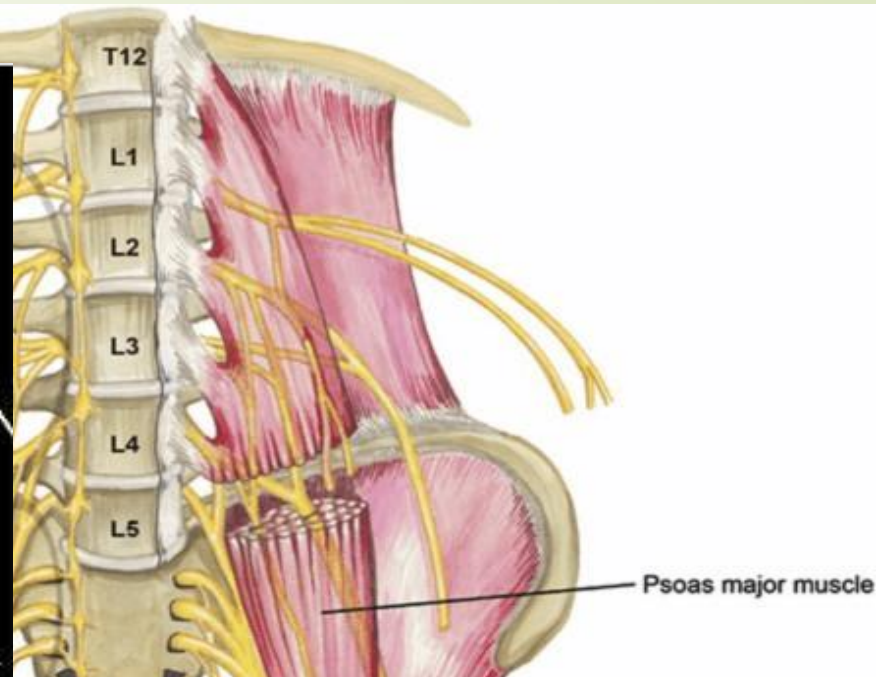
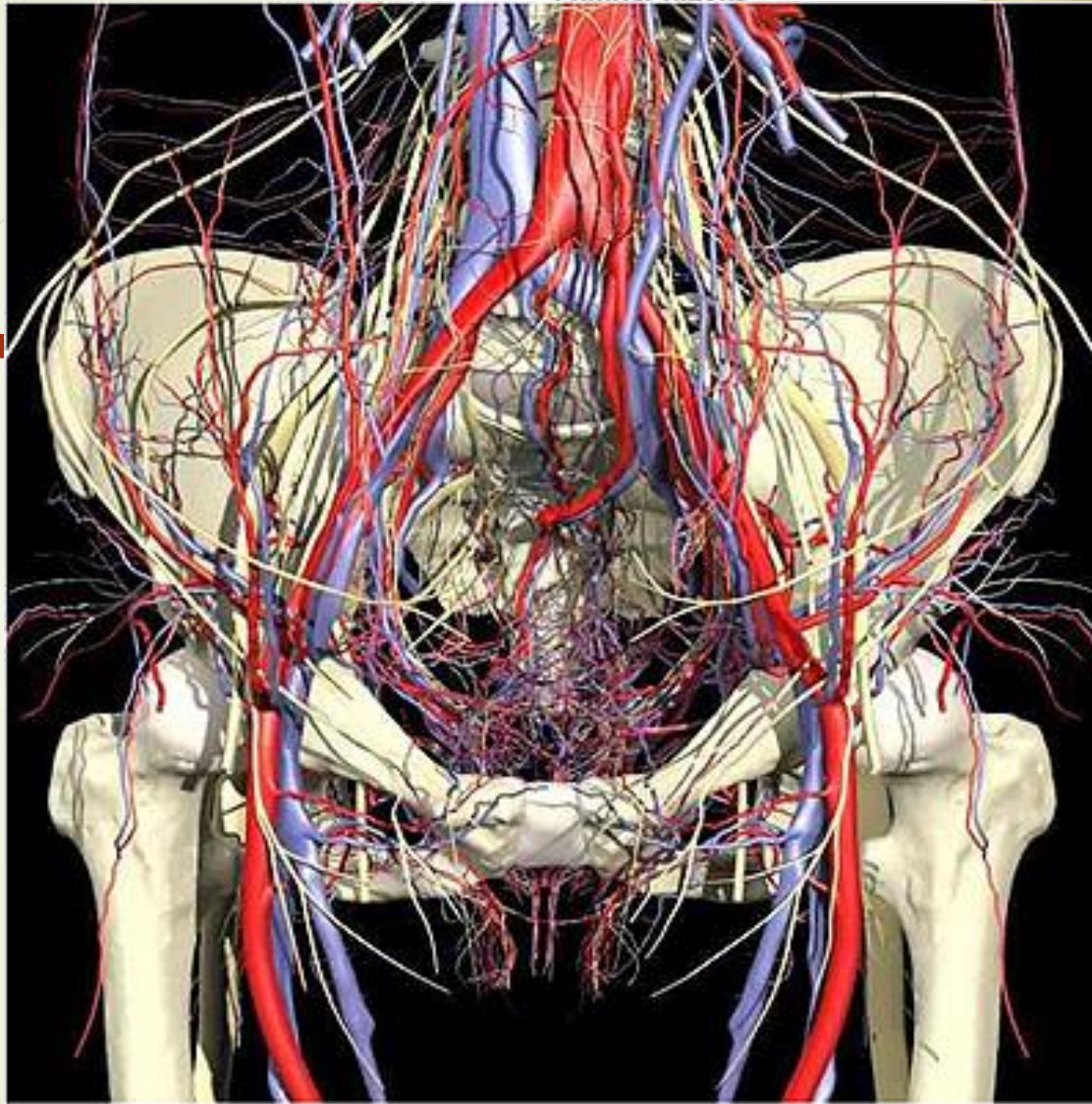


T4: Female



Locally-recurrent rectal cancer
Tumours extending beyond the TME plane

Lumbar plexus

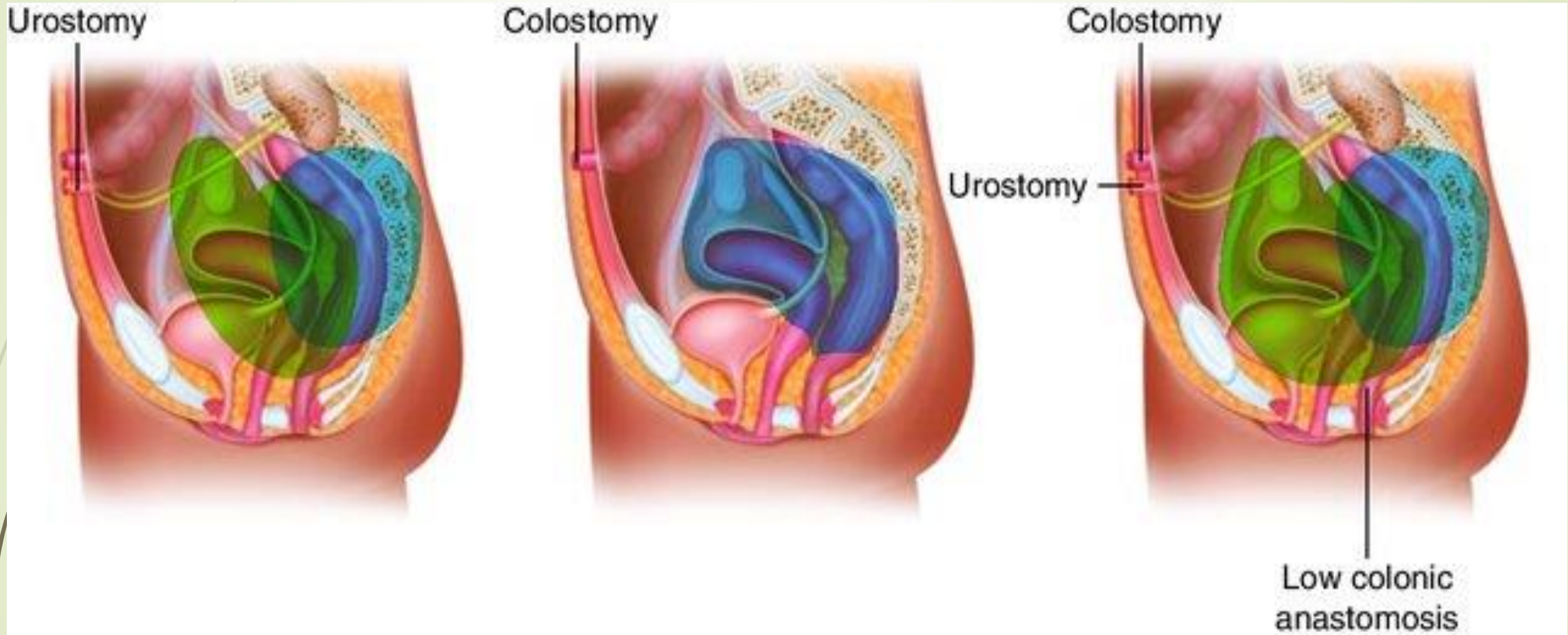




Types of procedures

- Anterior: Removal of all reproductive organs and bladder.
- Posterior: Removal of all reproductive organs and bowel.
- Total: The bladder, urethra, rectum, anus, colon and reproductive organs are removed.

Necessity for a stoma



Extended procedures

When tumour is invading the sacrum or pelvic side wall

Diseases of the Colon & Rectum. 57(10):1153–1161, OCTOBER 2014
DOI: 10.1097/DCR.0000000000000196, PMID: 25203370
Issn Print: 0012-3706
Publication Date: October 2014



Print

Sacral Resection With Pelvic Exenteration for Advanced Primary and Recurrent Pelvic Cancer: A Single-Institution Experience of 100 Sacrectomies

Tony Miles, Michael Solomon, Peter Leong, Yung-Paul Stella, James Harrison, Kirk K. Austin

Format: Abstract ▾

Send

Tech Coloproctol. 2014 Dec;18(12):1161-8. doi: 10.1007/s10151-014-1234-9. Epub 2014 Nov 8.

Extended lateral pelvic sidewall excision (ELSiE): an approach to optimize complete resection rates in locally advanced or recurrent anorectal cancer involving the pelvic sidewall.

h I¹, Aston W, Hellawell G, Ross D, Littler S, Burling D, Marshall M, Northover JM, Antoniou A, Jenkins JT.

Author information

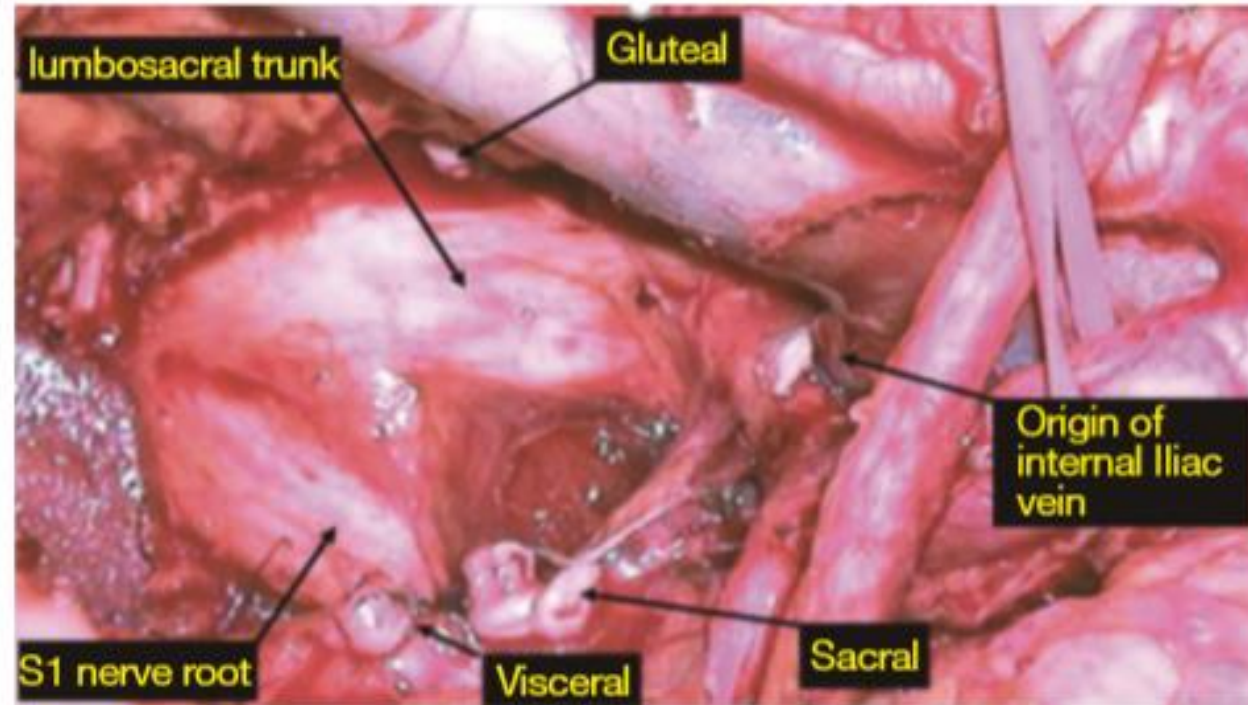


Figure 2 Dissection of the lateral compartment. Here the internal iliac vein, gluteal tributaries, visceral tributaries and sacral tributaries have been ligated, transected, exposing the lumbosacral trunk and S1 nerve root. Deeper to these structure lies the piriformis and inferior portion of the psoas muscle.

**STABILITY
LOSS**

**LEVEL OF
AMPUTATION**

**NEUROLOGICAL
DEFICITS**

100%

L5/S1

ankle flexion

50%

S1 middle

bladder and
anorectal function

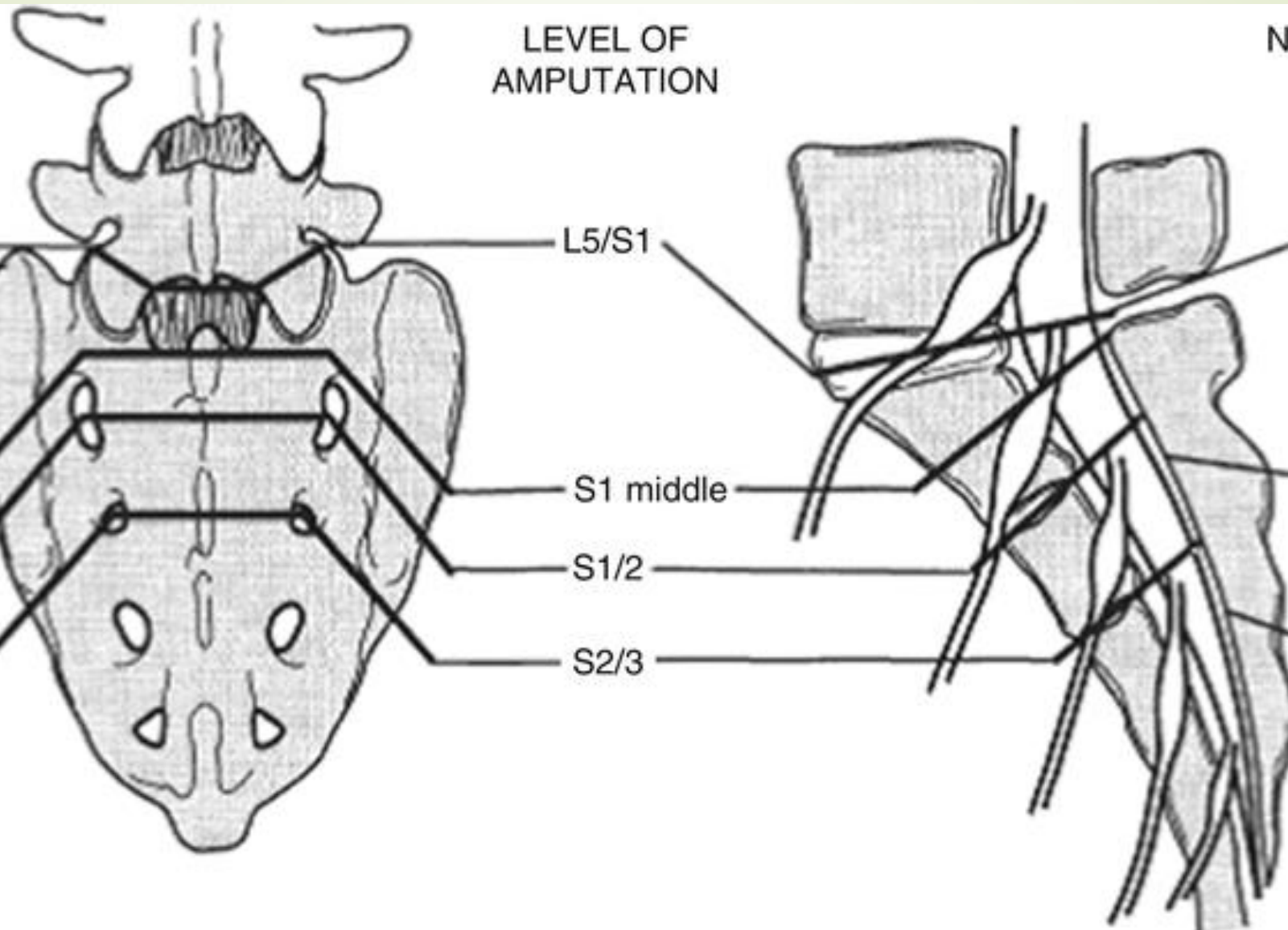
30%

S1/2

sexual function

0%

S2/3



Who should be considered for a pelvic exenteration?

- Locally advanced rectal cancer
- Recurrent colorectal cancer
- Anal cancer – salvage surgery

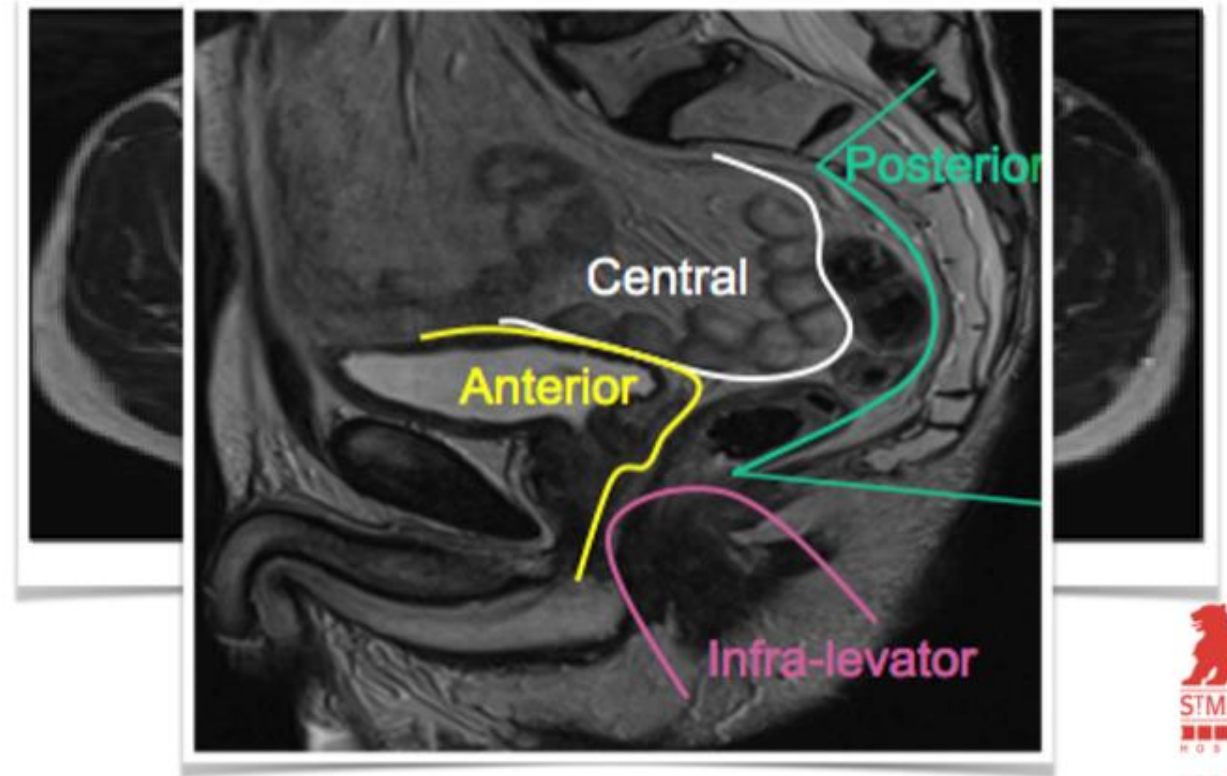
Contra-indications

- ? Distant metastases
- ? Involvement of S1 vertebrae
- ? lateral pelvic compartment
- Bilateral sciatic nerve involved
- Circumferential bone involvement

R0 status

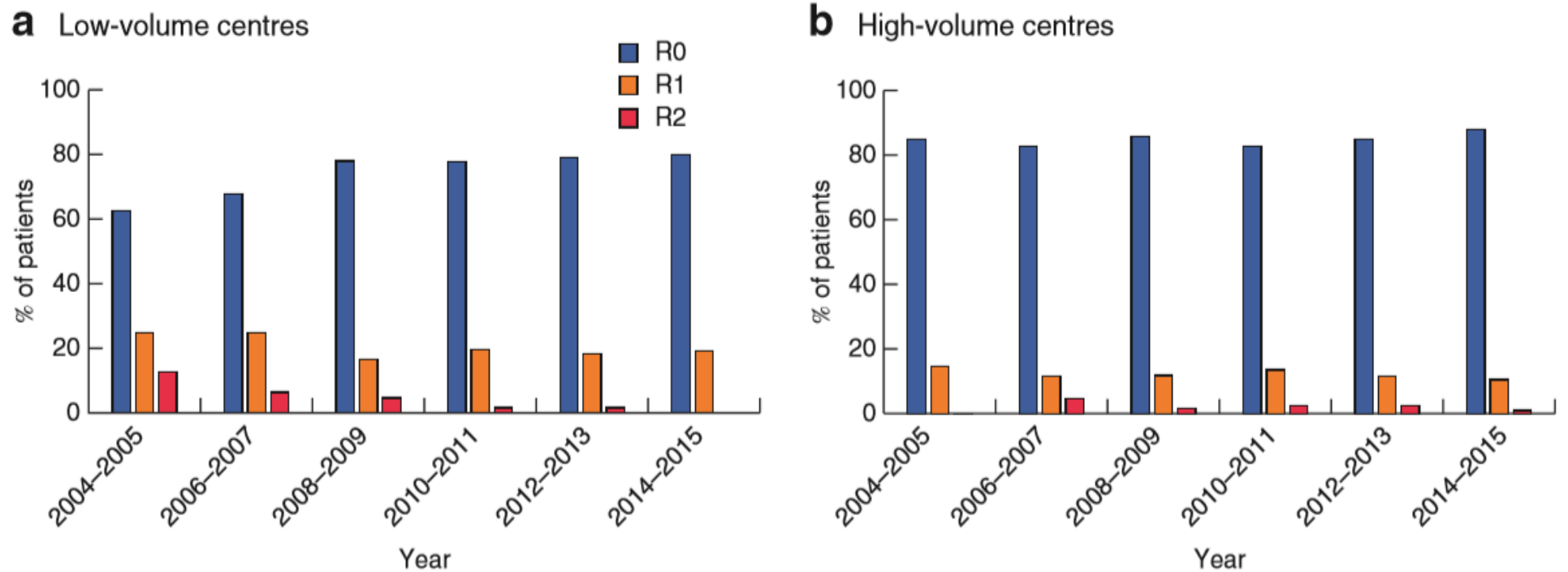
Independent
prognostic
indicator

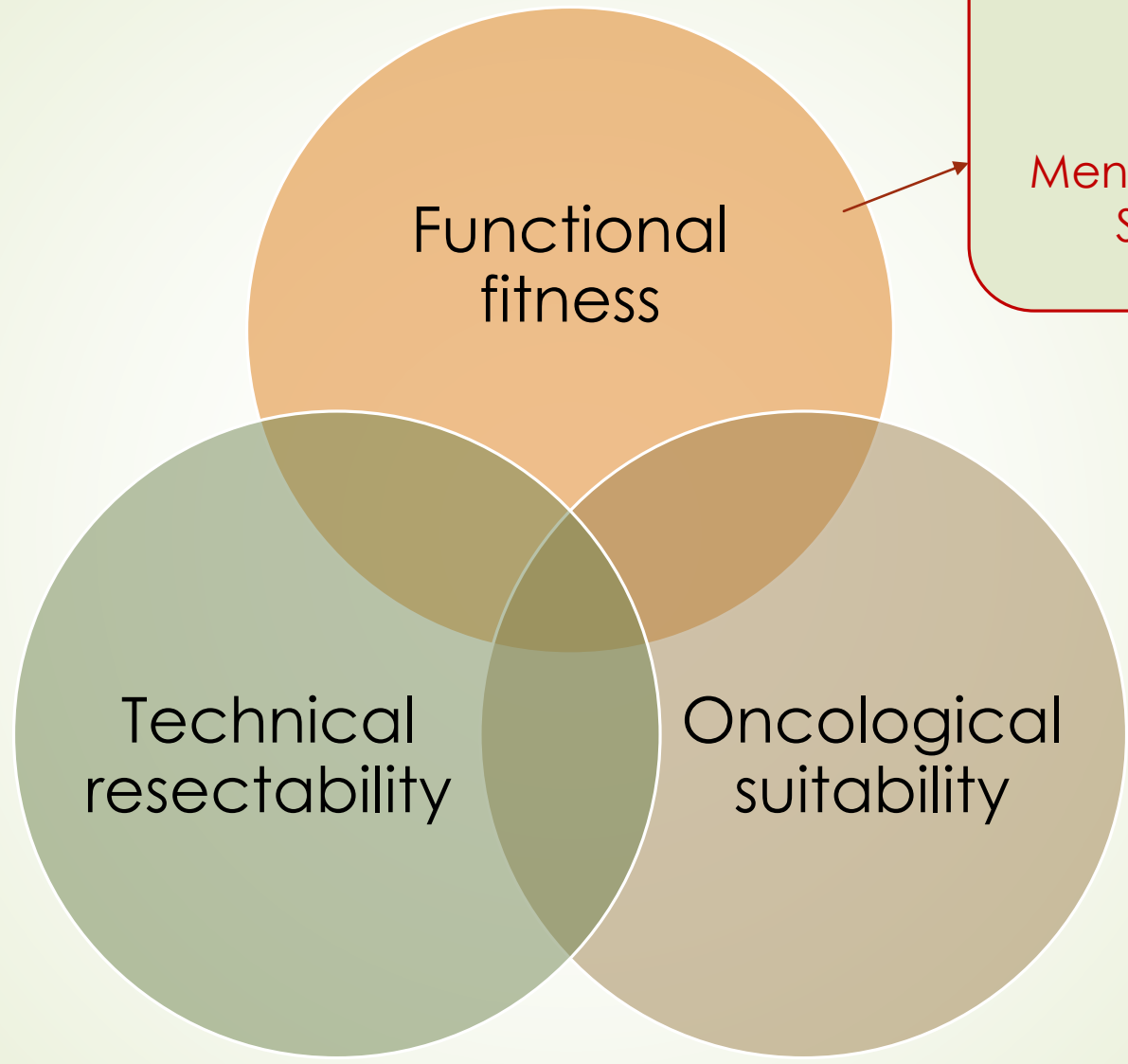
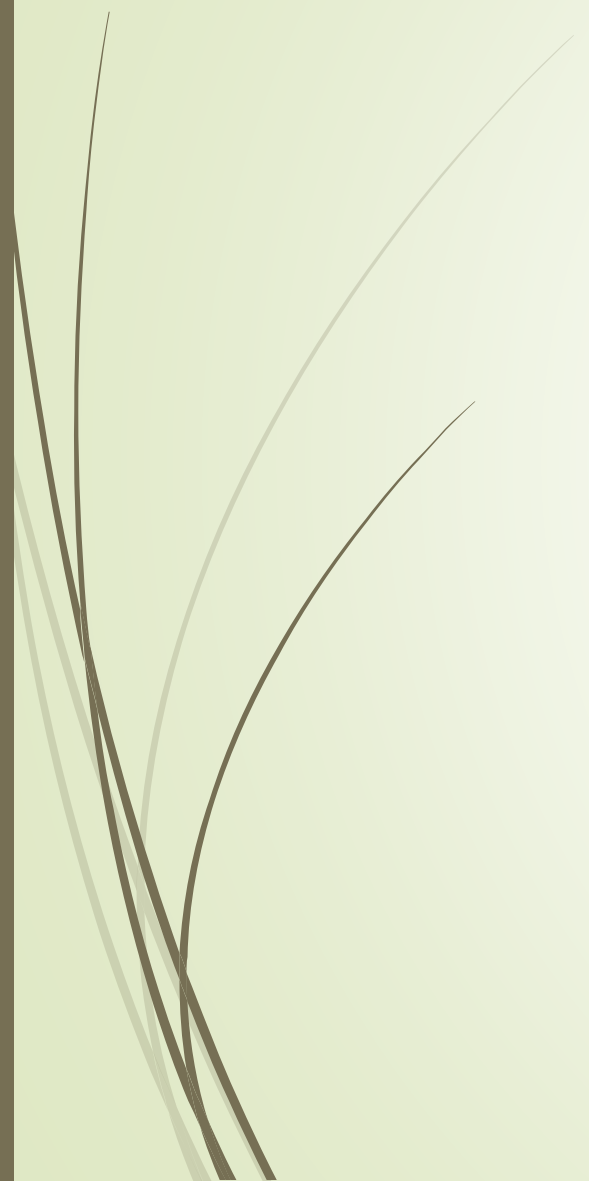
The importance of radiology



R1 – within 1mm of resection margin
R2 - Macroscopic residual tumour

Fig. 1 Margin status following pelvic exenteration for locally advanced rectal cancer. a Low-volume centres; b high-volume centres





Functional
fitness

Technical
resectability

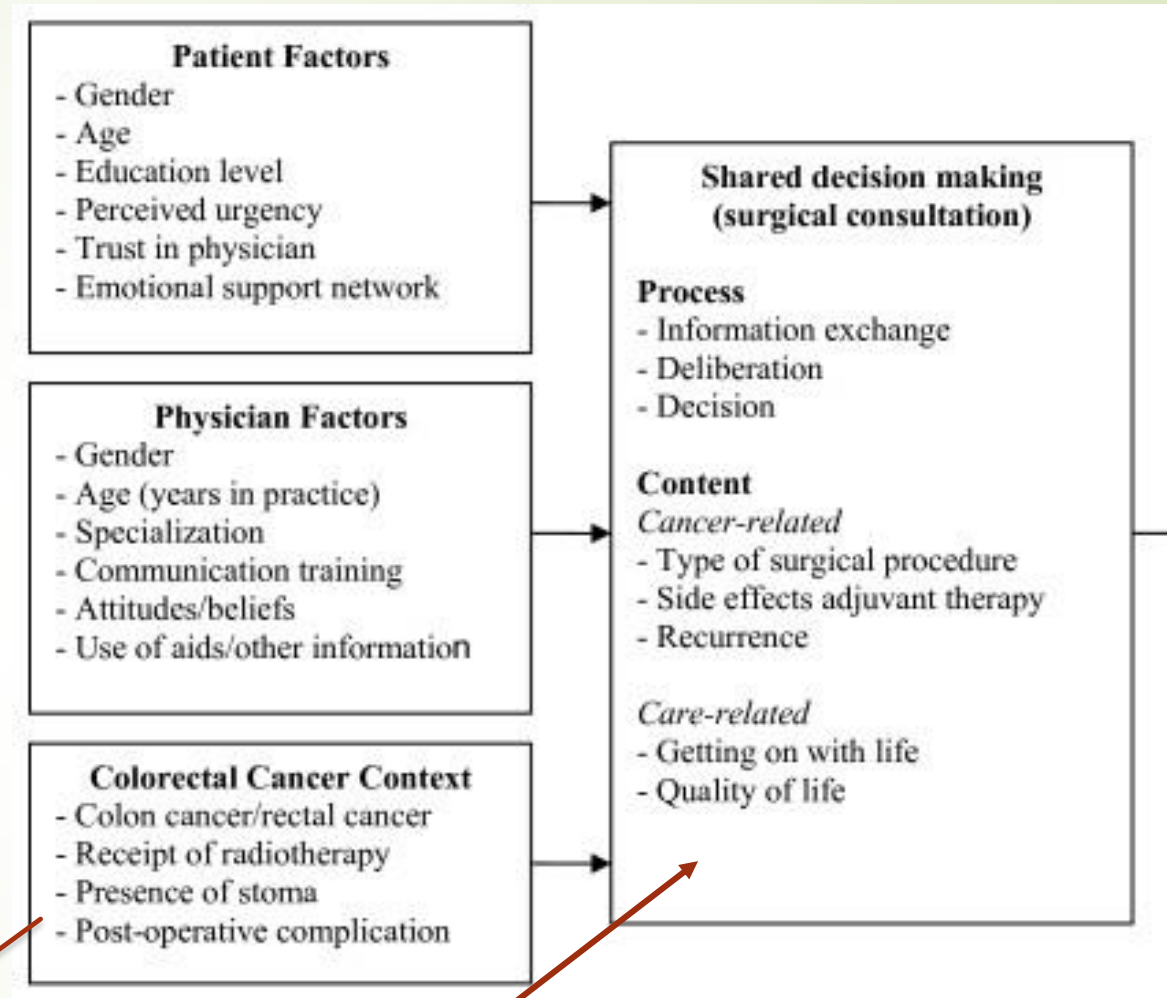
Oncological
suitability

Age
Fitness
Comorbidity
Mental resilience - grit
Social support

Consent



Decision-making



Highly-specialist surgery requires a range of specialist teams

ADVANCED DISEASE SERVICES

1. Multivisceral resection
Removal of other organs in addition to bowel for the treatment of colon cancer.

4. Bowel resection



The six procedures below are used for bowel cancer which has spread outside the bowel wall and in to other parts of the body. They are highly specialist surgical operations.

2. Extended lymphadenectomy
Removal of additional lymph nodes or 'glands' on the pelvic walls or close to major blood vessels.

3. Complex vascular reconstruction
Replacement of major blood vessels because tumour is invading in to them and could not otherwise be completely removed.



Colorectal surgeon always on-call
Bowel cancer patients who require emergency operations will be cared for by a bowel cancer specialist at all times

Bowel stenting 24/7
A stent is a hollow tube inserted inside the bowel to relieve a blockage



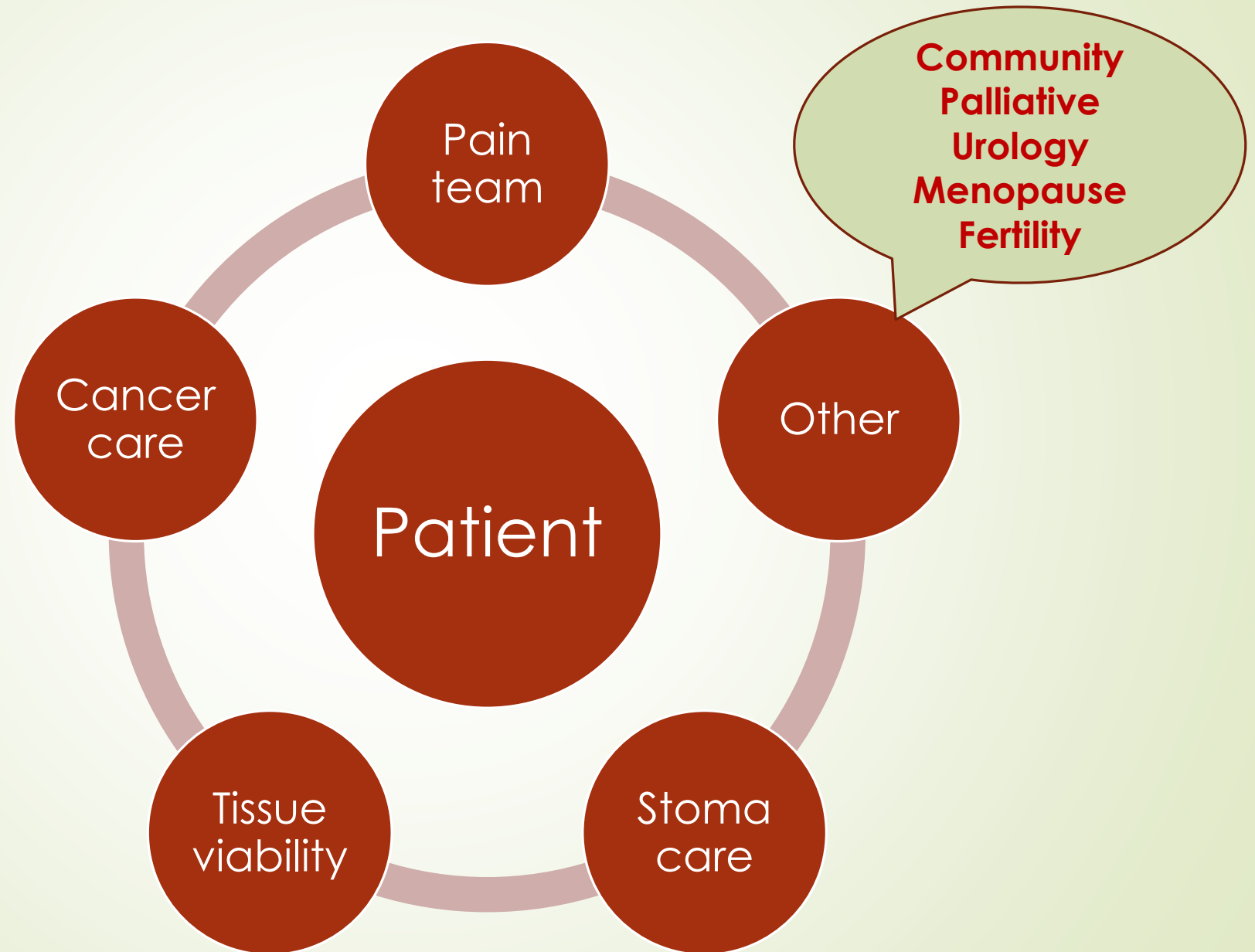
Chemotherapy
Drug therapy used to treat cancer

External beam radiotherapy
Special x-rays used to treat cancer

The services available at each trust/hospital/MDT can also be found on each individual results page:
<https://www.nboca.org.uk/trust-results/>

We would like to thank the NBOCA Patient Panel for their invaluable input in to this leaflet. Details about the Patient Panel can be found here:
<https://www.nboca.org.uk/about/our-team/>

Nursing teams



Critical care

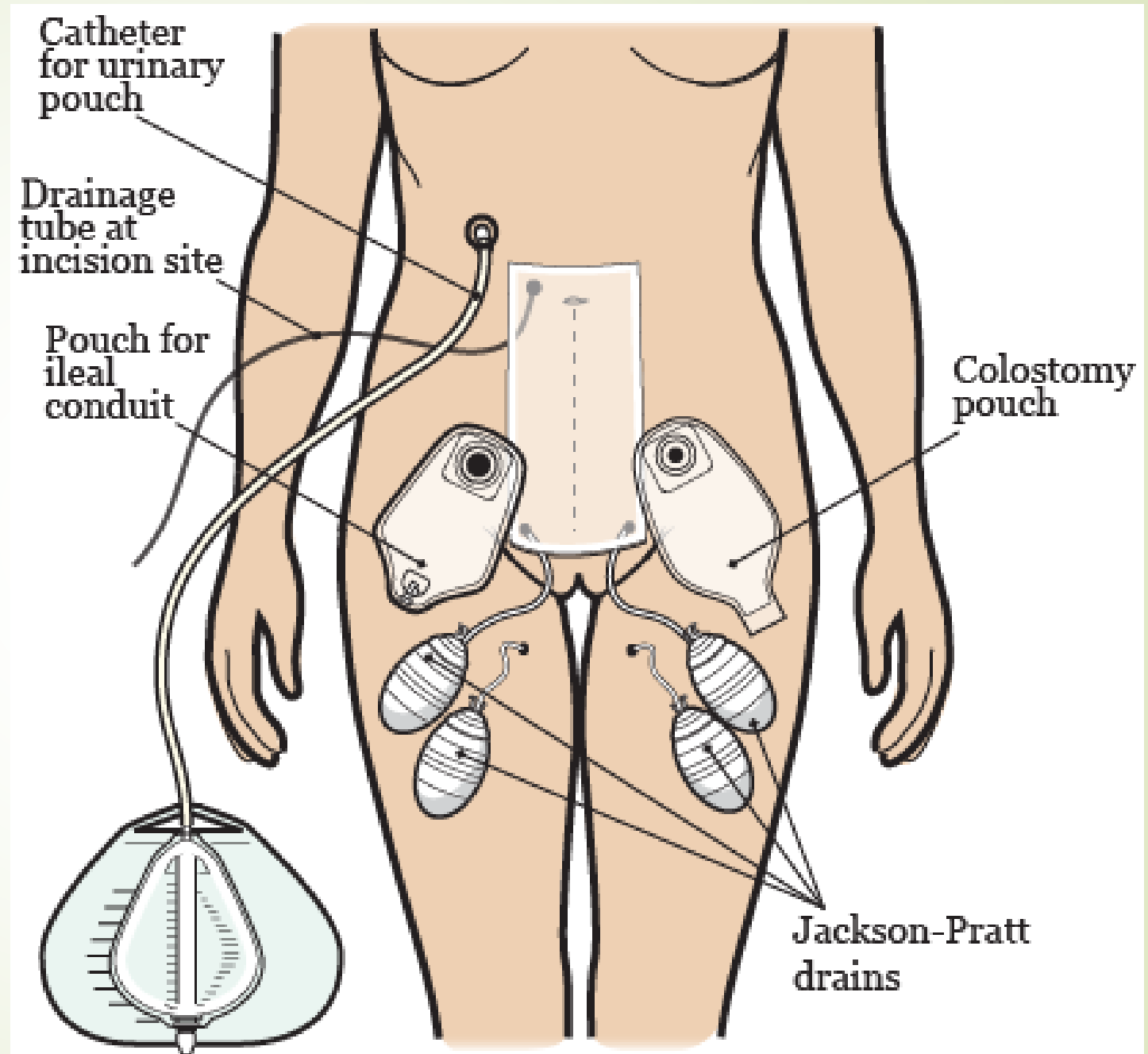
- Length of ITU stay depends on complexity of surgery
- Ave is 3 days
- 2% risk of death in first 90 days
- Most acute complications are managed well by experienced teams
- 1/3rd will have a major complication during their recovery



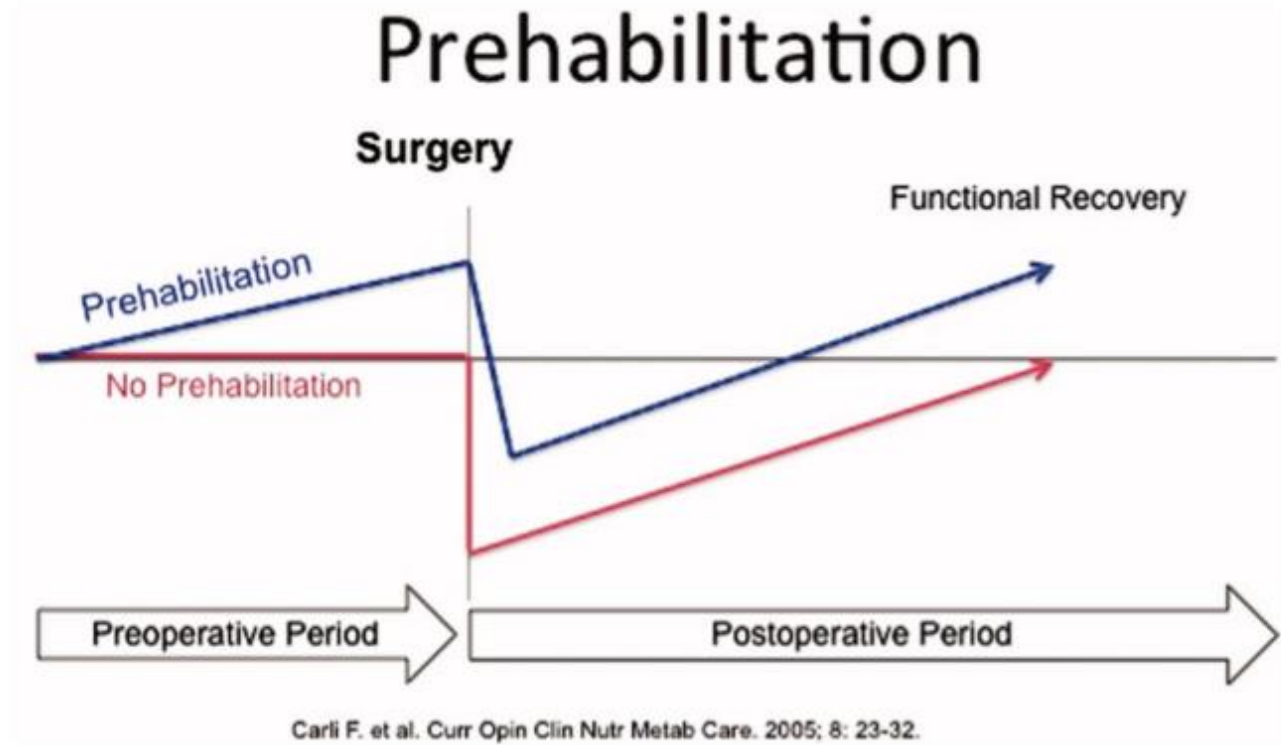
Ward care

Bags
Drains
Drips
Scars

Body function
Body image



Moving



Feeling



Discharge home



Stable
physiology eg
blood tests



Pain should be
controlled with
PO meds



Be able to eat
and drink
sufficiently



Walk >50m,
Stairs as
needed



Self-caring with
stoma



Referrals in
place



Patient
prepared

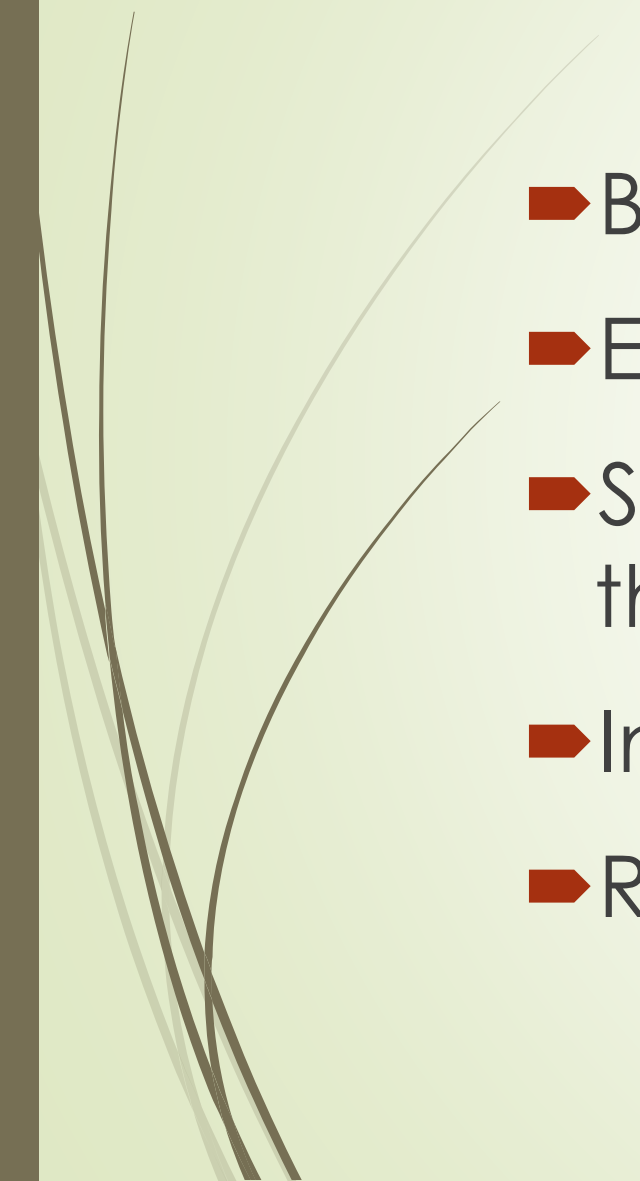
Life at home

- Sitting often compromised
- Fatigue can be severe
- Life dictated by nursing needs
- Many appointments/scans
- Home can become mini hospital
- Frustration huge





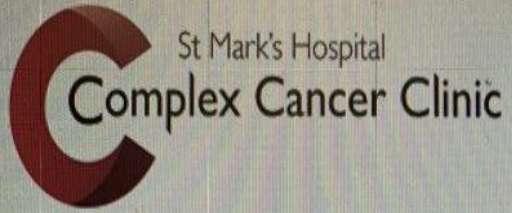
The future

- Better patient selection
 - Enhanced optimisation
 - Selective increased use of multimodal therapy
 - Intraoperative RT
 - Robotic exenterations
- 

Strive for
perfection

➔ Catch
excellence





St Mark's Hospital

Complex Cancer Clinic



STMARK'S
HOSPITAL

Pelvic exenteration nursing care

One-day study day for nurses

Tuesday 25th February 2020



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Any questions?