

Surgical Film

En bloc pelvic resection for ovarian carcinomatosis: Hudson procedure in 10 steps



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HIGHLIGHTS

- En bloc pelvic peritonectomy with total hysterectomy allows achieving complete cytoreduction of the pelvis.
- Hudson procedure allows avoiding rectosigmoid resection in patients with Douglas pouch carcinomatosis.
- En bloc pelvic peritonectomy and total hysterectomy without rectosigmoid resection decrease its related morbidity.
- Technique standardization in systematic steps enhances teaching and learning of surgical procedures.

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Abstract

Background: To obtain a complete cytoreduction (CC-0), patients with advanced ovarian cancer often undergo an en bloc rectosigmoid resection with total hysterectomy to completely debulk the pelvis. However, when associating bowel surgery, patients have a higher morbidity rate [1]. Hudson described a procedure which allowed the removal of the entire pouch of Douglas as a false capsule of the tumor, which could avoid rectosigmoid resection [2,3]. We aim to standardize this procedure in this surgical video.

Methods: This video shows an en bloc pelvic peritonectomy with total hysterectomy and bilateral adnexectomy in 10 consecutive steps. We performed a primary debulking surgery with CC-0 on a patient with extended ovarian carcinomatosis. The surgery also comprised other procedures, which are not included in this video. The surgery

was carried out in a French Comprehensive Cancer Center by a senior oncological surgeon.

Results: The surgical procedure was split in the 10 following steps:

Step 1: Retroperitoneal exposure

Step 2: Pararectal space development

Step 3: Ureterolysis

Step 4: Paravesical space development

Step 5: Presacral space development

Step 6: Uterine artery ligation

Step 7: Infundibulopelvic pedicle ligation

Step 8: Prevesical peritonectomy

Step 9: Colpectomy

Step 10: Retrograde rectovaginal septum dissection and rectal shaving

Conclusions: In selected cases with Douglas pouch carcinomatosis, in order to achieve CC-0, it is possible to perform an en bloc pelvic peritonectomy with total hysterectomy avoiding rectosigmoid resection, hence decreasing its related morbidity. As previously reported, standardization of complex procedures in multiple steps improves understanding and enhances learning curve of training surgeons [4].

Disclosures

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Contributions

Martina Aida Angeles: Conceptualization, video editing, writing-original draft.

Carlos Martínez-Gómez: Conceptualization, video editing, writing-original draft.

Alejandra Martínez: Conceptualization, project administration, supervision, writing-review.

Gwénaél Ferron: Conceptualization, project administration, surgery and video recording, supervision, writing-review.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ygyno.2018.12.006>.

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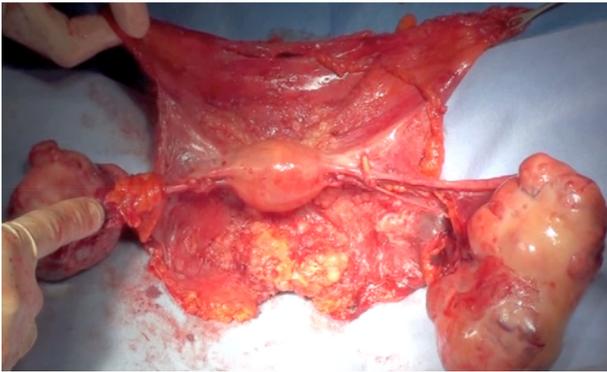


Figure 1.