Ultra-radical (extensive) surgery for advanced ovarian cancer

Information for the public
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What has NICE said?

There is not much good evidence about how well this procedure works or how safe it is. It should not be used unless extra care is taken to explain the risks and extra steps are put in place to record and review what happens to women who have this procedure.

Healthcare professionals doing this procedure should publish what happens to all women having this procedure.

More research on ultra-radical surgery for advanced ovarian cancer is needed.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your symptoms and possible side effects. Your health professional should tell you about other treatment options and how their benefits and risks compare with ultra-radical surgery. You should also be told how to find more information about the procedure. You should only be asked if you want to agree to this procedure after having this discussion.

Your health professional may ask you if details of your procedure can be collected.
Other comments from NICE

NICE said that removing all visible cancerous tissue gives the best chance of improving survival. But this is a risky procedure, which could make women more ill, so the possible survival benefits need to be weighed up against the risks to quality of life.

Your healthcare team

A healthcare team specialising in gynaecological cancer should decide who should be offered this procedure.

The surgery should be done by:

- experts in gastrointestinal and hepatobiliary surgery and/or
- specialists in gynaecological cancer surgery with training in such extensive surgery.

It should only be done in specialised units where this type of surgery is regularly done.

The condition

Ovarian cancer is the fifth most common cancer in women in England and Wales. The symptoms can be vague and similar to those associated with other conditions. The stage of the cancer is the most important factor in terms of how treatable it is. Most women are diagnosed at a late stage in the disease, which means that for most women it is not possible to cure it.

Most women with ovarian cancer are treated with a combination of surgery and chemotherapy.

'Standard' surgery (sometimes called 'radical' surgery) for advanced ovarian cancer usually involves removing the ovaries and both fallopian tubes, the womb, some or all of the omentum, and the lymph nodes.

NHS Choices (www.nhs.uk) may be a good place to find out more.

NICE has looked at using ultra-radical surgery as another treatment option. Click on to the next page to find out more.
The procedure

The aim of ultra-radical surgery for advanced ovarian cancer is to remove all visible cancerous tissue. The idea is that this will improve survival compared with standard surgery.

Ultra-radical surgery means that more tissue is taken out than with standard surgery. So as well as removing the ovaries and both fallopian tubes, the womb, and some or all of the omentum, the surgeon will also remove cancerous tissue from other organs such as the spleen, liver, diaphragm and peritoneum.

Benefits and risks

When NICE looked at the evidence, it decided that there wasn't much good evidence about how well it worked or how safe it was. The 8 studies that NICE looked at involved a total of 2168 women.

Generally, they showed some evidence of slightly better survival rates, including cancer-free survival, than standard surgery.

The studies showed that the risks of ultra-radical surgery for ovarian cancer included:

- significantly more serious complications than for standard surgery
- bleeding, which needed another operation
- high temperature (over 38°C) for more than 3 days
- a build-up of fluid around the lungs, which had to be drained
- fluid leaking from the pancreas, which had to be drained.

Sixteen women died within 2 months of the procedure in the studies – 7 of these after ultra-radical surgery.

NICE was also told that there was a possible risk of pneumothorax and damage to large blood vessels, the bowel, the urinary tract and nerves. It was also told that women having the procedure might have to have their chemotherapy delayed because they are not well enough.

If you want to know more about the studies see the guidance. Ask your health professional to explain anything you don't understand.
Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

Medical terms explained

Chemotherapy
Drugs that treat cancer

Fallopian tubes
A pair of tubes that take the egg from the ovary to the womb

Gastrointestinal
To do with the digestive system

Gynaecological
To do with women's reproductive organs

Hepatobiliary
To do with the liver and bile ducts

Lymph nodes
Small, infection-fighting organs mainly found around the neck, armpits and groin
Omentum
A membrane that covers the internal organs

Ovaries
A pair of reproductive organs that make eggs in women

Peritoneum
The membrane covering the abdominal organs

Pneumothorax
Air in the chest cavity, which makes the lung collapse

Urinary tract
The organs that make and get rid of urine

About this information

NICE interventional procedures guidance advises the NHS on the safety of a procedure and how well it works. This information applies to people who use the NHS in England, Wales, Scotland and Northern Ireland.

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Accreditation