

PALLIATIVE SURGERY

A consideration for disease related complications that compromise vital functions and generates symptoms that interfere with function and quality of life.

Definition: relieve problems directly related to tumor or a wider definition?

Pre-op intent vs. post-op evaluation vs. patient prognosis

Major roles:

1. Initial evaluation of the disease.
2. Local control of the disease.
3. Control of discharge or hemorrhage.
4. Control of pain.
5. Reconstruction and rehabilitation.

Most common primaries: Lung, colorectal, breast, prostate.

Magnitude: 20-30% of cases.

Overall morbidity: 21% (versus 3-5.5% in general surgical procedures).

Mortality rate: 12%.

Surgeons' estimates of patient survival time:

1. Estimated survival time > 1 year w/o operation - 85% of patients alive at 1 year.
2. Estimated survival time < 1 year w/o operation - 43% of patients alive at 1 year.
3. Estimated survival time > 1 year w operation - 61% of patients alive at 1 year.
4. Estimated survival time < 1 year w operation - 42% of patients alive at 1 year.

Symptom outcome:

79% rate of symptom resolution, but 24% recurrence at median f/u of 5 months.

Good palliation was not achieved in patients with very poor prognosis (median survival less than 3 months).

Bypass intestinal surgery in common clinical situations:

1. Colorectal malignancies:
Median survival of 6.1 months (9 days if > 100cc malignant ascites).
2. Ovarian cancer:
71% success rate at 60 days, 22% morbidity, 6% mortality, median survival 11.6 months
3. Gastric cancer:
Case reports
Stenting?

References:

- Krouse RS et al. Surgical palliation at a cancer center. Incidence and outcomes. *Arch Surg* 2001 July 136: 773-778.
- McCahill LE et al. A prospective evaluation of palliative outcomes for surgery of advanced malignancies. *Ann Surg Oncol* 2003 June 10(6): 654-663.
- Wagman LD. Palliative surgery: a modern perspective. *J Surg Oncol* 2002; 80: 1-3.
- McCahill LE et al: Indications and use of palliative surgery – results of Society of Surgical Oncology survey. *Ann Surg Oncol* 2002 September 9(1): 104-112.
- Higoshi H et al. Factors affecting successful palliative surgery for malignant bowel obstruction due to peritoneal disease from colorectal metastasis. *Jpn J Clin Oncol* 2003 Jul; 33(7): 357-359.
- Pothuri B et al. Palliative surgery for bowel obstruction in recurrent ovarian cancer: an updated series. *Gyn Oncol* 2003 May; 89(2): 306-313.

Chen Rubinstein, MD
November 13, 2003