

Pelvic Exenteration for the Female Patient

A pelvic exenteration is a type of surgery used to treat cancer that has spread to other areas. During surgery, several organs in the lower abdomen (pelvic area) are removed.

There are three types of pelvic exenteration surgery that may be done. These include:

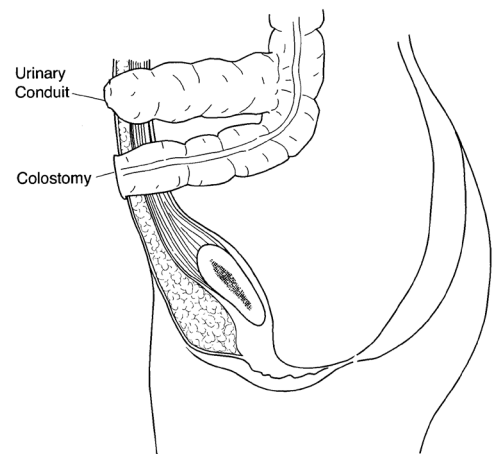
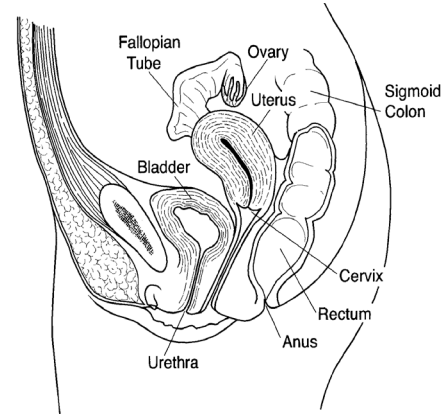
- A **total pelvic exenteration**
- A **posterior pelvic exenteration**, or
- An **anterior pelvic exenteration**

A **total pelvic exenteration** removes the bladder, urethra, anus, rectum, colon, reproductive organs and possibly the vagina. There will also be one or two stomas placed. A **stoma** is a small opening in the abdomen that lets your body get rid of stool and urine. A stoma may also be called an ostomy.

The stoma that drains stool is called a **colostomy**. This stoma is usually placed on the lower left side of your abdomen. The stoma that drains urine is called a **urostomy**. This is usually placed on the right side of your abdomen. Sometimes a stoma is made to drain both stool and urine.

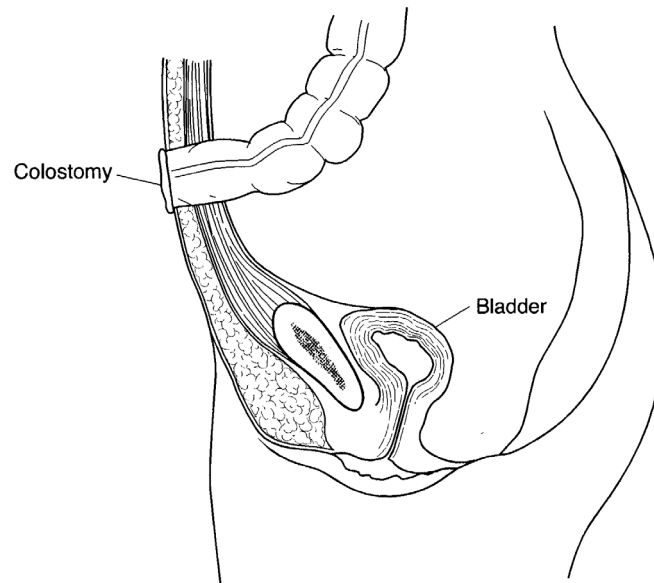
This is called a **wet colostomy** or **double barrel ostomy**.

A wet colostomy may be placed on either side of the abdomen.

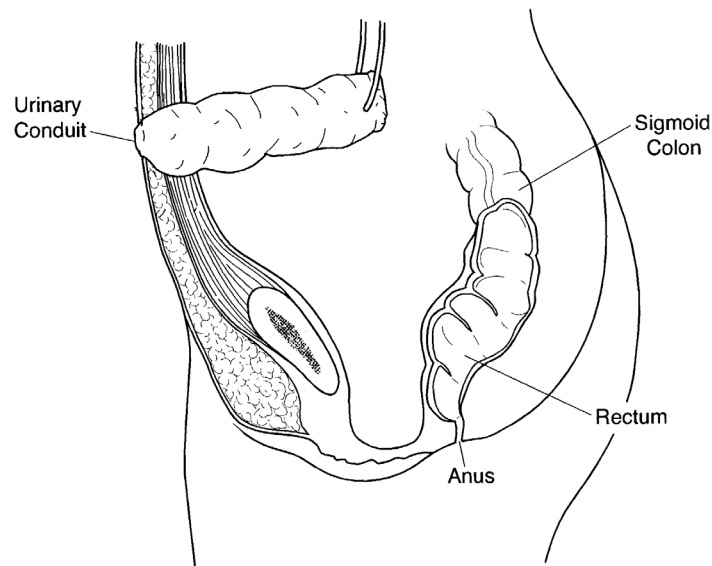


This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

A **posterior pelvic exenteration** removes the reproductive organs, the anus, rectum and sigmoid colon. You will only have a **colostomy stoma**.



An **anterior pelvic exenteration** removes the bladder, urethra and reproductive organs. You will only have a **urostomy stoma**.



A nurse that specializes in the care of patients with ostomies, is called a **Wound Ostomy and Continence (WOC)** nurse. You will meet with a WOC nurse before your surgery and they will mark your abdomen for the stoma(s) placement. During your hospital stay, the WOC nurse will teach you how to care for and manage the stoma(s) before you leave the hospital.

Pelvic Reconstruction

Depending on the extent of the cancer, your surgeon will discuss reconstruction options with you. This will depend on how much tissue will need to be removed. The area may be reconstructed by using tissue from another area of your body.

If your vagina will be removed, you may decide to have your vagina reconstructed surgically. This can be done at the time of your pelvic exenteration or later. Your doctor will talk with you about when reconstruction can be done.

What to Expect Before Surgery

- Your surgery team may schedule an appointment with the Preoperative Assessment Center (OPAC) for additional testing before surgery. During this appointment, you will talk to an anesthesiologist who will choose the safest anesthesia to be used during your surgery. At that appointment, they will also review your medicine list and advise you on what medicines to take before surgery.
- You will be given a special soap and carbohydrate drink to use prior to your surgery. You will be given more instructions on how and when to use these by your nurse.
- You will be given prescriptions for 2 antibiotics that you need to take the day **before** your surgery. Your nurse will tell you how and when to take these medicines.
- You may drink clear liquids for your evening meal the night before surgery. This includes: clear fruit juices, Jell-O, broth, tea, coffee or popsicles.
- You will be given a prescription for Golytely or Magnesium Citrate to clean out your bowels the day before surgery. Your nurse will explain how to take this medicine.

Day of Surgery

Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked in the pre-operative care area several times by different team members.

- You will be asked to not wear (or remove) these items the day of surgery:
 - ▶ Nail polish
 - ▶ Make-up
 - ▶ Jewelry
 - ▶ Hair clips
 - ▶ Dentures or partial plates
 - ▶ Contact lenses or eye glasses
 - ▶ Hearing aids
- You may have 1 or 2 family members visit you while in the pre-operative area.
- The nurse will answer any questions you or your family may have and tell them where to wait while you are in surgery.
- You will meet your anesthesia team before surgery.
- You will receive an intravenous (IV) catheter in the pre-operative area.
- You may receive an epidural for pain control after surgery. If this will be used, it will be discussed with you.

During Surgery

- Surgery will typically take 8 hours or more. Your doctor will tell you how long your surgery may take.
- If your surgery takes longer than you were told, it does not mean that anything is wrong. Your family will be updated on how you are doing. After your surgery is over, the surgeon will come to the waiting area to talk with your family in a private room.
- Your family members will be able to leave the surgery waiting area while you are in surgery.
- Your vital signs (blood pressure, temperature, pulse, and breathing rate) will be watched closely.
- You will be positioned on the operating room table after you are asleep.
- Special sleeves will be placed on your legs to help prevent blood clots.

What to Expect After Surgery

Once your surgery is over, you will be taken to the Post Anesthesia Care Unit (PACU) before going to your room. The following is a list of what to expect when you wake up after surgery:

- Your vital signs will be continually checked. You will be given oxygen through a small tube inside your nose.
- You may feel cold. This is normal after general anesthesia.
- Tell your nurse if you have pain, and medicine will be given to you to help make you more comfortable.
- You will be given IV fluids until you are able to drink enough fluids to meet your body's needs. You will start by sipping liquids and gradually advance to your normal diet.
- A **nasogastric (NG) tube** will be in your nose going to your stomach. This tube will keep your stomach empty, so you will not get sick.
- The stoma(s) will have a small pouch over it to collect any drainage.
- Each incision will be covered with a dressing.
- You may have one or two other small tubes that come out of your lower abdomen. These drains are used to drain fluid from the abdomen.
- You will be able to see your family when you arrive to your inpatient hospital room.

IV Fluids and Nutrition

If an NG tube is required, the NG tube may stay in your nose for several days to allow your bowels to rest and heal. Your doctor and nurse can tell when your bowels start to work by listening to your bowel sounds with a stethoscope. Another sign that your bowels are working is when you start to pass gas.

After the NG tube has been removed, you can start to sip clear liquids. You will slowly move to a regular diet. You will be taken off of IV fluids when you are able to eat and drink.

Care of Your Tubes and Drains

An odor-free pouch will be placed over the stoma(s) to collect urine and/or stool. A nurse will fit you for the ostomy pouches. This nurse will also teach you and your family how to manage and care for the ostomy before you leave the hospital.

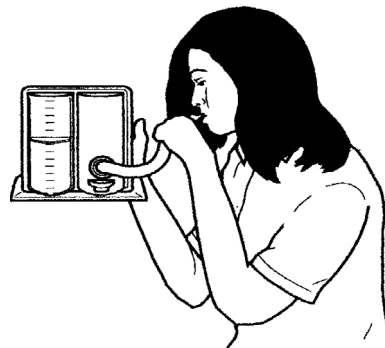
The drains will stay in place until there is only a small amount of daily drainage. This time can be different for each person. You may go home with a drain in place. Your doctor will let you know when any drains will be removed based on your drainage.

Incision Care

Your doctor will remove the dressing(s) after surgery. The incisions may have staples in place. These are usually removed about 7 to 14 days after surgery. When you get home, you should shower daily and wash your incision(s) gently with soap and water. You may face the shower and allow water to run over the incisions. Gently pat dry with a clean towel. Wear loose-fitting clothing until your incisions are healed.

Activity After Surgery

- After your surgery, it is important to continually adjust your position in bed to keep your skin healthy. You may need help from the nursing staff to change positions.
- If you needed a pelvic reconstruction, you may require bed rest restrictions immediately after surgery. Other restrictions may include avoiding being in a seated position for 4 to 6 weeks. Your specific activity recommendations will be discussed with you before and after surgery.
- When your doctor tells you that you can get out of bed, your care team will help you get up to sit in a chair. Your activity will slowly increase until you walk in the halls several times a day.
- To help your lungs stay clear, you will be taught how to use a piece of equipment called an **incentive spirometer**. This helps you take deep breaths to open the air sacs in your lungs to reduce the chance of developing breathing problems like pneumonia.



- You will be given a medicine that thins your blood (anticoagulant). This medicine will be given by injection into your thighs. This will help prevent blood clots.
- You will have special sleeves placed on your legs called **Sequential Compression Devices (SCD)** to help prevent blood clots.

Pain Control

Pain medicines may be given as a pill, a shot, or through your IV line or an epidural catheter in your back. These pain medicines may not get rid of all your pain. They should keep your pain at a level that allows you to move around, eat, and breathe easily. Pain should be treated early. Do not wait until your pain gets bad or out of control. Tell your nurse if the pain does not get better or if the pain comes back. Your nurse can talk with your doctor to see if your pain medicines can be adjusted.

Some patients will be given an epidural for pain management after surgery. An epidural catheter is a very thin plastic tube placed into your back just before surgery by anesthesia. The epidural catheter is then attached to a small pump. This pump gives you a small amount of pain medicine continuously through the catheter in your back at a set rate. The catheter is taped to your back and you will be able to move around in bed or walk. You may also be given a button to press to deliver additional medicine if needed. You should be the only person to push the button. Your nurse will give you more instructions about this pump. The epidural can remain in place until your pain is better controlled by pain pills.

Activity at Home

- Start moving as soon as your doctor says it is okay. Activity such as walking, helps your breathing and digestion, and helps you heal faster. Moving and being active can help reduce pain over time.
- Your ability to have sex may change. Ask your doctor when you may start having sex again.

Emotional Support

- Your body will change and will not look the same after surgery. You may feel uncomfortable, anxious and worried about the changes to your body.
- It may take several months to adjust to these changes. Each person copes in their own way.

- Reach out and share your feelings with those you trust. Spiritual or professional counseling may help you to understand your feelings and how to manage them.
- Talk to your doctor or nurse if you need support in coping with the changes caused by your cancer and treatment. Social workers, psychologists and wound care nurses are available to help.
- You may ask your nurse for a copy of the booklet from the American Cancer Society called, **Sexuality for the Woman with Cancer**.

Care at Home

You will be given instructions on how to care for yourself at home. Here are some guidelines for you to follow when you go home:

- Limit your activities for 4 to 6 weeks:
 - ▶ Your nurse or doctor will tell you when it is okay to drive. This is usually when you are able to comfortably wear a seatbelt, press the gas/brake pedals, and drive defensively. You may not drive while taking narcotic pain medicines.
 - ▶ Do not lift, carry, push or pull more than 10 pounds.
 - ▶ No strenuous activities or exercises.
 - ▶ Take the stairs slowly. Go one step at a time.
 - ▶ You will get tired more quickly than before your surgery. Try to increase your activity level a little more each day. Go for short walks. Start with short distances and gradually increase how long and how fast you walk.
- Do not wear tight fitting clothes such as girdles or knee high stockings.
- Do not put anything in your vagina until your doctor tells you that it is okay.
 - ▶ No douching.
 - ▶ No intercourse (sex).
 - ▶ No tampons.
- You may take a shower. Gently pat the incision dry.
- No tub baths, swimming pools, hot tubs or whirlpools. Your doctor will tell you when it is okay to do these activities.
- Call the WOC (Wound, Ostomy, and Continence) nurse if you have any problems with your stomas.

When should I call the doctor?

Call your doctor right away if you have any of the following:

- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- Pain that gets worse and is not relieved by pain medicine
- Redness, swelling or odor from your incision
- Unable to pass stool or urine from your ostomy
- Nausea or vomiting
- Drainage from the incision site has increased or changed