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Surgical Outcome of Internal and External Hemipelvectomy in Patients above the Age of 65 years

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Background: Hemipelvectomy is a common treatment for primary malignant tumors of the pelvis. Due to a close proximity to internal organs and major vessels intraoperative complications can be severe. In the post surgical interval complications like infection, vascular occlusion or secondary hemorrhage can occur. Little is known of the surgical outcome in elderly patients who often have comorbidities as an aggravating factor.

Methods: We did a retrospective analysis of the surgical outcome of 37 performed hemipelvectomies in 34 patients of 65 years or older (ranging from 65 - 83 years, mean 70,6 years) at the time of surgery between 1999 and 2012. Data on tumor grading, primary versus recurrent disease, indication for and type of surgical procedure, duration of surgery, perioperative complications, resection margins, duration of stay, stage of disease at the time of surgery, primary and follow-up starting after hemipelvectomy were evaluated.

Results: Of 37 hemipelvectomies an internal hemipelvectomy was performed as primary surgery in 13 patients. 24 patients underwent external hemipelvectomy (as primary surgery in 9, in locally recurrent tumor in 9, in not manageable infection after internal hemipelvectomy in 3 and after intralesional surgery in 3 patients). Mean duration of surgery was 190 minutes (internal 313 min, external 197 min). Mean hospital stay was 54 days for external, 76 days for internal and 116 days for conversion of internal to external hemipelvectomy. Blood-loss differed greatly in between surgeries with a mean transfusion of 10 erythrocyte and 8 fresh frozen plasma banked blood products per surgery. Intraoperative complications were injury of the urethra in 3 patients and one epidural bleeding occurred. Of 21 patients with wound healing complications, 18 patients needed additional surgical approaches (mean of 2,5 surgical revisions/patient). 2 patients died during hospital stay. The mean follow-up was 47 months.

Conclusion: Internal and external hemipelvectomies in patients above the age of 65 years are surgically possible. But depending on a curative or palliative regimen, indications for major surgery have to be strictly evaluated.

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