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. This includes removing the reproductive organs of the uterus, cervix, fallopian tubes, and ovaries. After this surgery, you will no longer have menstrual periods and will not be able to have children.

There are three types of pelvic exenteration surgery that may be done. These include a total, a posterior or an anterior.

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. A wet colostomy may be placed on either side of the abdomen.
A **posterior pelvic exenteration** removes the reproductive organs, the anus, rectum and sigmoid colon. You will only have a **colostomy stoma**.

An **anterior 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 **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 Exenteration for the Female Patient**
What to Expect Before Surgery

- To reduce the chance of getting an infection, you need to wash your skin with a special soap, called 4% chlorhexidine gluconate (CHG), before your surgery. This soap is sold in most pharmacies under the brand name of Hibiclens. Your nurse will tell you how and when to use this soap.

- 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.

- Do not eat or drink anything after midnight the evening before your surgery.

- Do not take any medicines the morning of your surgery unless directed to do so by your doctor.

What to Expect After Surgery

When you wake up after your surgery you can expect the following:

- You may spend 2 to 4 days in the intensive care unit (ICU). Your family will be given information about visiting hours in the ICU.

- You may have oxygen through a small tube inside your nose.

- You will get fluids through an intravenous (IV) line.

- You will have a catheter (Foley) in your bladder if you have had a posterior pelvic exenteration. This catheter is used to keep your bladder drained of urine.

- A nasogastric (NG) tube will be in your nose going to your stomach. This tube will keep your stomach drained of fluids, 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.

Pelvic Exenteration for the Female Patient
• You may have one or two other small tubes that come out of your lower abdomen. These tubes called **hemovacs** are used to drain fluid from the abdomen.

• Small rubber (silicone) drains will be placed into the lower part of your abdomen to drain away fluid that may collect.

During your hospital stay, your nurse will check your vital signs, dressing and incision areas often. The nurse will also listen to your lungs and check your abdomen for sounds that your bowels are working after surgery. It is normal to have blood drawn everyday or several times a day to check blood counts.

**IV Fluids and Nutrition**

The NG tube may stay in your nose until your bowels start to work again. This may take several days. Your doctor and nurse can tell when your bowels start to work by listening to your bowel sounds. Another sign that your bowels are working is when you start to pass gas.

You will not be given anything to eat or drink until your bowels start to work. After the NG tube has been removed, you can start to sip clear liquids. You will slowly move to a regular diet. The IV will come out 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 WOC 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 hemovacs and other drains will stay in place until there is only a small amount of drainage. This time can be different for each person. You may go home with a drain in place.

**Incision Care**

Your doctor will remove the dressing after surgery. The incisions may have staples in place. These are usually removed about 7 to 14 days after surgery. Thin, white strips of tape called steri strips will be placed over the incision. When you get home, you may shower and clean your incision gently with soap and water.
Activity After Surgery

• After your surgery, your nurse will help you turn in bed every 2 hours. You will also need to exercise your legs while you are in bed.

• To help your lungs stay clear, you will be taught how to use an incentive spirometer, also called a breathing exerciser. This helps you take deep breaths to open the air sacs in your lungs to reduce the chance of developing breathing problems like pneumonia.

• When your doctor tells you that you can get out of bed, your nurse 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.

• 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 Sequential Compression Devices (SCD) on your legs to help prevent blood clots. The SCD is a soft plastic sleeve that is placed around each leg. The sleeve is connected to a pump. The pump pushes air into different parts of the sleeve to create pressure around your legs. This air pressure pushes blood through the blood vessels in your legs to help prevent blood clots. You will wear the SCD’s during the night while resting, and throughout the day, except when you are out of bed or walking.

Pain Control

Pain medicines may be given as a pill or a liquid to swallow, a shot or through an IV line or an epidural catheter in the back. 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 get pain medicine through an IV called a Patient Controlled Analgesia (PCA). A PCA is a pain pump used to help control pain. The pain medicine is ordered by your doctor. The pump is connected to your IV line and is set so you can push a button when you have pain. This will give a small amount of the pain medicine into your blood stream. You should be the only person to push the button. Your nurse will give you more instructions about this pump.
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. If your vagina was 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.
- Ask your doctor when you may start having sex again. If you have had your vagina reconstructed, you may need to avoid sex for 4 to 6 weeks after you go home. You will be taught how to keep this area clean and dry. The area may be swollen, but this will go down over time.
- Ask your nurse for a copy of the booklet from the American Cancer Society called, *Sexuality for the Woman With Cancer*.

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.

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:
  - Do not drive for 2 weeks or while taking narcotic pain medicine. You may ride in a car for short trips.
  - Do not lift more than 10 pounds.
  - No strenuous activities or exercises.
  - Take the stairs slowly. Go one step at a time.
  - Do not push the vacuum.
• 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. 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.
• You may do light housework:
  ▶ Wash dishes.
  ▶ Help with cooking.
• You may get tired more quickly than before your surgery. Try to increase your activity level a little more each day.
• Call the WOC nurse if you have 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