Gynaecological Oncology News

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Prophylaxis of venous thrombosis after gynaecological cancer surgery

A high proportion of blood clots develop after discharge from hospital

A study from the Mayo Clinic in Rochester (USA) suggested that in patients who required surgery for gynaecological cancer, a much higher proportion of venous thromboembolic events (VTE) occurred after discharge from hospital than anticipated.

Within a 10 years study period more than 4000 patients had surgery for gynaecological cancer. Overall, 95% of all patients treated at Mayo were given stockings to prevent VTE and 64% had VTE prophylaxis (Heparin, LMW Heparin). Despite this of the 4000 patients examined, 126 developed a VTE (3%).

In contrast to common belief, only 24% of those VTEs occurred within a week from surgery. 40% of VTEs developed within one month from surgery and another 34% were diagnosed within 3 months from surgery.

Risk factors for VTE include long duration of surgery (≥4 hrs), complex surgery, blood loss > 500 ml at surgery, hospital stay > 3 days or postoperative fever.

For late onset VTE, surgery for advanced ovarian cancer was the single most important risk factor.

My recommendations:

All patients having a laparoscopy or laparotomy will have intermittent pneumatic compression during surgery.

Low risk: Patients who had a laparoscopic procedure for a benign condition without any risk factors for VTE (e.g, total laparoscopic hysterectomy) do not require VTE prophylaxis. I am very keen to mobilise those patients early, so that they can be discharged one or two days after surgery.

Moderate risk: Patients who require a laparotomy for a benign condition are at moderate risk to develop VTE. Unless contraindicated, all patients will require Heparin 5000 U sc, b.d. or Clexane 40 mg sc daily until discharge.

High risk: Patients requiring surgery for cancer are at high risk. These patients will have Heparin 5000 U sc, b.d. or Clexane 40 mg sc daily commencing 10 hours post surgery till discharge. In addition these patients will have intermittent pneumatic compression stockings until mobilisation.

Patients at very high risk (Long and difficult/complex surgery for ovarian cancer) will have prolonged Clexane prophylaxis. I recommend either 20mg or 40 mg Clexane sc daily *for 28 days* as per current literature. During hospitalisation our nurses will teach patients and family how to administer the injections. At discharge a supply for 28 days will be given to those patients.

Cartia, Plavix, and other blood-thinning medication need to be stopped 10 days prior to surgery. I also ask patients to stop fish oil products, glucosamine, garlic and all other herbs known to cause blood thinning in order to prevent secondary (unnecessary) bleeding from surgery.

Laparoscopic Hysterectomy for Endometrial Cancer

Amazing results presented at American Conference

At the annual scientific conference of the American *Society of Gynecologic Oncology*, which was held in San Francisco in March this year, we were able to present the first data on surgical recovery comparing laparoscopic with open surgery for women with endometrial cancer (LACE Trial).

Our study has attracted major interest in the USA because our rate of conversion from laparoscopy to laparotomy was only 2.4%, which compares very favourably to a previous American study where they had to convert 25.8% of all their patients to laparotomy. Two thirds of LACE trial patients have had surgery by Queensland Gynaecological Oncologists. This indicates that Queensland surgeons are very well trained in laparoscopic surgery and provide excellent care to patients.

Our Quality of Life data suggest a significantly better recovery from laparoscopic surgery, than from open surgery through laparotomy, which is entirely expected. Our study is still ongoing and will enrol patients till the end of May 2010. The main aim of the study is to compare recurrences and survival in both treatment arms. Only if laparoscopic surgery can demonstrate comparable survival outcomes to open surgery, we will request that laparoscopic hysterectomy should be offered to all patients with uterine cancer.

Updates on current clinical research sponsored by the Queensland Centre for Gynaecological Cancer can be obtained through our website ***www.gyncan.org***.

Please do not hesitate to give me a call if you wish to discuss an aspect of the above or a specific patient with me.

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