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Second-look Operation in Ovarian Malignancy

Furrukh Zaman
Depatment of Obstetrics and Gynaecology, Allama Iqbal Medical College, Lahore.

SUMMARY

The management of ovarian malignancy can be summarized as:

1. *Primary surgery*
2. *Chemotherapy*
3. *Second-look operation*
4. *If disease persist, then chemotherapy/radiotherapy*

The concept of a second-look operation was suggested by Wangesteen for cases of colonic carcinoma in 1951. The objectives were to assess any recurrence and its extent and resection if residual or recurrent growth.

Ten years later in 1961 the value of a second-look operation in cases of ovarian malignancy was reported by Santoro et al. By that time effective chemotherapy for ovarian malignancy had been introduced. The indications for second-look operation in these cases were the assessment of the results of primary surgery and the effectiveness of chemotherapy in addition to removal of residual or recurrent tumor mass.

Due to regular use of adjuvant chemotherapy for ovarian carcinoma two things were realized. First, that adequate chemotherapy for sufficiently long periods results in almost complete remission in many cases. Second that prolonged chemotherapy especially by alkyating agents caused a significant incidence of acute non lymphocytic leukemia.

With these realizations second-look operations became a means to monitor chemotherapy in addition to providing an opportunity for removal of residual or recurrent growth. In the light of this procedure it became possible to decide with greater degree of certainty whether to continue, modify or stop the chemotherapy.

Indications

The indications for second-look lapartomy are as follows:

1. Patients considered disease free.
2. After 10 or more courses of chemotherapy.
3. Regression of tumor to resectable size.
4. When change of chemotherapy is contemplated.
5. In cases of residual tumor.

Thus it may be concluded that the current status of the procedure is that it should be carried out in all patients who have received treatment for Ovarian cancer.

Benefits

A second-look lapartomy provides the benefits of:

1. A thorough assessment of the patient.
2. An opportunity to resect any residual or recurrent tumor, and a morale booster for the patient if she is reported to be disease free.

The timing of such an operation has become more or less standardized. It is performed after 10-12 courses of chemotherapy or roughly one year after the primary surgery.

Aims

The aims for a second-look operation are:

1. To confirm "Cure".
2. To confirm presence of residual tumor for resection.
3. To modify treatment.
4. To confirm the clinical findings by direct vision.

PROCEDURE

The second-look operation is not a simple lapartomy. It is always a well-planed and systematic operation. First of all the abdomen is explored and

evidence of persistence or recurrence of growth is sought. If residual lesions are present, they are removed. In case adhesions have formed, they should be separated.

Residual omentum is resected and multiple biopsies are taken. Biopsies are taked in the form of peritoneal washings and resection of residual omentum and from the diaphragm in addition to pelvic and paraaortic nodes. The biopsies from the nodes should be taken even if they are not palpably enlarged.

Laparoscopy

For the purpose of s second-look, laparoscopy has a definite though limited role. The advantages of laparoscopy are that it has lesser morbidity and mortality than laparotomy and that it may obviate the need for lapartomy in about one third of the patients.

On laparoscopy if no sign of residual tumor is seen, then full fledged lapartomy, as already described, is carried out under the same anesthesia. On the other hand if presence of residual tumor is confirmed the lapartomy is postponed and chemotherapy is continued.

One drawback in this approach is that it is not always possible and safe to do laparoscopy in a patient who previously has had a lapartomy for malignancy.