PATIENT & CAREGIVER EDUCATION

About Your Total Pelvic Exenteration Surgery

This information will tell you how to prepare for your total pelvic exenteration surgery at Memorial Sloan Kettering (MSK), and help you understand what to expect during your recovery.

About Your Surgery

Total pelvic exenteration surgery is a surgery that removes organs from your urinary, gastrointestinal, and gynecologic systems. You may be having this surgery because you have cancer in your cervix or another organ in those systems.

About your urinary system

Your urinary system is made up of organs that make urine and get it out of your body. Your kidneys clean the toxins out of your blood and make urine. The urine then travels through tubes called ureters to your bladder (see Figure 1).

Your bladder stores urine until you feel the need to urinate. When you urinate, urine is released through your urethra. In women, the urethra is a very short tube located above the vagina. In men, the tube is longer and passes through the prostate gland and the penis.

During a total pelvic exenteration, your bladder and urethra will be removed.

Figure 1. Your urinary system
This means you will need a new place for urine to leave your body. Your kidneys and ureters will be reconnected to a new urinary collection system called a “urinary diversion.”

There are 2 types of urinary diversions, an ileal conduit and a urinary pouch. Each opens onto your abdomen (belly). The opening is called a stoma. With an ileal conduit, the urine drains into a bag that you place around the stoma. With a urinary pouch, you will place a drainage catheter in the stoma several times a day to drain the urine. Your doctor will discuss this with you. Your nurse will give you a resource describing the diversion you will have.

**About your gastrointestinal system**

Your gastrointestinal system includes your mouth, esophagus, stomach, small and large intestines, rectum, and anus (see Figure 2).

During the surgery, part of your large intestine (colon) will be removed. Your rectum and anus will also be taken out. This means you will need a new place for stool to leave your body.

The end of your remaining large intestine will be brought outside on your abdomen (belly). This creates a colostomy, which is a new place for stool to leave your body. The opening itself is called a stoma. A pouch will cover the stoma to collect stool. You will be taught how to care for the stoma as you recover. You will also get another resource that answers questions you may have about living with a colostomy.

**About your gynecologic system**

Your gynecologic system includes your ovaries, fallopian tubes, uterus, and vagina (see Figure 3).

During your surgery, your ovaries, fallopian tubes, and uterus will be removed.
This means that you will not be able to have children. All or part of your vagina may also be removed. Your doctor will discuss this with you if it is necessary.

For some people, the vagina can be reconstructed. Ask your doctor if this is an option for you. If this is an option, you will meet with a plastic surgeon to discuss this surgery. The reconstruction would be done at the end of your surgery. Your plastic surgeon will create a new vaginal canal from the muscles and skin of other areas of your body. Your nurse will tell you about the care of your new vagina. If you do not want reconstruction of your vagina, the area can be closed or covered with a flap of skin.

If your vagina is not removed, you should be able to have vaginal intercourse. If you have reconstruction, you should be able to resume intercourse when the area heals. If you do not have reconstruction, remember that sex can include other forms of intimacy. Ask if your clitoris will be removed and how much feeling you will still have in your vaginal area.

Your doctor and nurse will tell you what to expect. For example, sensations may not be the same as they were before your surgery. You will get a referral to our Female Sexual Medicine and Women’s Health Program so that you can meet with a therapist and discuss your concerns.

**Meeting with your healthcare team**

You will see many doctors and nurses before your surgery. Each one will describe their role in your care and answer your questions. You may see surgeons from other services who will work with your surgeon to complete the surgery. You may see a psychologist who works with women having this operation. You may also see the wound, ostomy, and continence nurse, also known as a CWOCN. Your CWOCN will talk to you about the stoma(s) you will have.
It may help for you to write down questions as you think of them. Take your list with you when you have appointments. You may also be able to speak with someone who has had the surgery. Your social worker may be able to arrange this.

**Before Your Surgery**

**Presurgical testing**

You will have an appointment for presurgical testing (PST). The date, time, and location of your PST appointment will be printed on the appointment reminder from your surgeon’s office.

You can eat and take your usual medications the day of your PST appointment. During your appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (specialized doctors and nurses who will give you medication to put you to sleep during your surgery).

Your nurse practitioner will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will discuss which medications you should take the morning of your surgery.

Please bring the following with you to your PST appointment:

- A list of all the medications you are taking, including patches and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram (echo), or carotid Doppler study.
- The name(s) and telephone number(s) of your doctor(s).

You will also get resources called *Getting Ready for Surgery*, *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)*, and *Herbal Remedies and Cancer Treatment*. These resources have more instructions about how to prepare for your surgery.
Do breathing and coughing exercises
Practice taking deep breaths and coughing before your surgery. You will be given an incentive spirometer to help expand your lungs. For more information, read *How to Use Your Incentive Spirometer*. If you have any questions, ask your nurse or respiratory therapist.

Purchase your supplies
Hibiclens® is a skin cleanser that kills germs for 24 hours after using it. Showering with Hibiclens before surgery will help reduce your risk of infection after surgery. You can buy Hibiclens at your local pharmacy without a prescription.

Your surgeon may instruct you to clean out your bowels before your surgery. Your nurse will tell you how. You will need to purchase the following supplies for your bowel preparation at your local pharmacy. You do not need a prescription.

- 1 (238-gram) bottle of polyethylene glycol (MiraLAX®)
- 1 (64-ounce) bottle of a clear liquid (see the clear liquid diet menu in this section)

This is also a good time to stock up on clear liquids to drink the day before your surgery, if you need to.

1 day before your surgery
Start a bowel preparation
You will need to start your bowel preparation 1 day before your surgery. You will need to follow a clear liquid diet. Examples of clear liquids are listed in the table below. During your bowel preparation:

- Do not eat any solid foods.
- Make sure to drink plenty of liquids other than water, black coffee, and tea. Try to drink at least 1 (8-ounce) glass every hour while you’re awake.

<table>
<thead>
<tr>
<th>Food/Beverage</th>
<th>Drink</th>
<th>Do Not Drink</th>
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<tbody>
<tr>
<td>Soups</td>
<td>• Clear broth or bouillon</td>
<td>Any products with any particles of dried food or seasoning</td>
</tr>
<tr>
<td></td>
<td>• Clear consommé</td>
<td></td>
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<tr>
<td></td>
<td>• Packaged vegetable, chicken, or beef broth</td>
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On the morning before your surgery, mix all 238 grams of MiraLAX with the 64 ounces of clear liquid until the MiraLAX powder dissolves. Once the MiraLAX is dissolved, you can put the mixture in the refrigerator, if you prefer.

The MiraLAX will cause frequent bowel movements, so be sure to be near a bathroom the evening before your surgery or procedure.

**At 5:00 PM on the day before your surgery**, start drinking the MiraLAX bowel preparation. Drink 1 (8-ounce) glass of the mixture every 15 minutes until the container is empty. When you’re finished drinking the MiraLAX, drink 4 to 6 glasses of clear liquids. You can continue to drink clear liquids until midnight, but it is not required.

Apply zinc oxide ointment or Desitin® to the skin around your anus after every bowel movement. This helps prevent irritation.

**Note the time of your surgery**

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. The clerk will tell you what time you should arrive for your surgery. If you are scheduled for surgery on a Monday, you will be called on the Friday before. If you do not receive a call by 7:00 PM, please call 212-639-5014.

On the day of your surgery, go to:

MSK Presurgical Center (PSC)
1275 York Avenue (between East 67th and East 68th Streets) New York, NY
B elevator to 6th floor
Shower with Hibiclens
The night before your surgery, shower using Hibiclens. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Move away from the shower stream to avoid rinsing off the Hibiclens too soon. Rub it gently over your body from your neck to your waist and rinse.

Don’t let the solution get into your eyes, ears, mouth, or genital area. Don’t use any other soap. Dry yourself off with a clean towel after your shower.

Instructions for eating and drinking before your surgery

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Surgery

Shower with Hibiclens
Shower using Hibiclens just before you leave. Use the Hibiclens the same way you did the night before. Don’t use any other soap. Don’t put on any lotion, cream, powder, deodorant, makeup, or perfume after your shower.

Things to remember

- Take only the medications your doctor told you to take the morning of your procedure. Take them with a few sips of water.
- Don’t put on any lotion, cream, deodorant, powder, makeup, or perfume.
- Don’t wear any metal objects. Remove all jewelry, including body piercings.
• Leave all valuables, such as credit cards and jewelry, at home.
• If you wear contacts, wear your glasses instead.

What to bring with you

• A list of the medications you take at home.
• Your rescue inhaler (such as albuterol for asthma), if you have one.
• A case for your personal items, such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles, if you have it.
• Your Health Care Proxy form, if you have completed one.

Where to park
Parking at MSK is available in the garage on East 66th Street between York and First Avenues. To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital. If you have questions about prices, call 212-639-2338.

There are also garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

What to expect
You will be asked to state and spell your name and date of birth many times. This is for your safety. People with the same or similar name may be having surgery on the same day.

A nurse will meet with you before your surgery. Tell your nurse the dose of any medications (including patches and creams) you took after midnight and the time you took them.

Once your nurse has seen you, 1 or 2 visitors can keep you company as you wait for your surgery to begin. When it is time for your surgery, your visitor(s) will be shown to the waiting area.

You will walk into the operating room or you can be taken in on a stretcher. A
member of the operating room team will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help circulation in your legs.

Your anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia (medication to make you sleep) during your surgery. Once you are fully asleep, a breathing tube will be placed through your mouth and into your windpipe to help you breathe.

After Your Surgery

In the hospital

When you wake up, you will be in the Post-Anesthesia Care Unit (PACU). Most people stay in the PACU overnight for observation.

You will have tubes, drains, pouches, and bandages on your abdomen (see Figure 4). They may include:

- A Jackson-Pratt drain to drain the fluid from around your incisions (surgical cuts). The drain is taken out when the incisions stop draining.
- A catheter or drainage tube to drain urine from your urinary diversion.
- A second drainage tube at the site of the incision. This serves as a safety catheter. It is placed in case the urinary diversion catheter gets blocked or comes out. It is clamped shut and usually has a “Do Not Touch” sign.

Figure 4. Drains, pouches, and bandages after your surgery
• If you have an ileal conduit, you will have a pouch around your stoma to collect the urine. Your CWOCN and nursing staff will teach you how to care for your stoma as you recover.

• A pouch on your stoma to collect stool.

• Bandages and drains on your upper inside thighs if you had reconstruction of your vagina.

• An IV line to give you fluids.

• A pain pump called a patient-controlled analgesia (PCA) device. For more information, read Patient-Controlled Analgesia (PCA).

• Compression boots on your calves to help blood circulate. These will stay on whenever you are in bed until you are discharged.

Your abdomen and colostomy stoma will become more swollen over the next few days and then the swelling will go down.

Most of the drains and tubes will be removed over the next days to weeks. In about 3 to 6 weeks, most women will have either a stoma for a urinary pouch or a pouch for the ileal conduit. Your colostomy stoma will also be covered with a pouch to collect the stool (see Figure 5). Your CWOCN and other nursing staff will teach you how to care for your stomas as you recover.

After your stay in the PACU, you will be taken to your hospital room in the inpatient unit. There, your nurse will tell you how to recover from your surgery. Below are examples of ways you can help yourself recover safely.

• It is important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.
nursing staff will help you until you are able to walk on your own. You will be taught how to get out of bed without causing pain to your incisions.

- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. For more information, read *How to Use Your Incentive Spirometer*.

If you had vaginal reconstruction, you will not be able to sit for 6 to 8 weeks. You can lie on your back or side or you can stand. Your nurse will help you with this.

Your surgeon will tell you when you can shower.

Most people are in the hospital for 7 to 10 days after this surgery.

**Managing your pain**

You may have pain at your incision sites and your abdomen. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain is not relieved, tell your doctor or nurse. It is important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

**Eating and drinking**

You will not be allowed to eat for the first day or two following the surgery. You will then be on a clear liquid diet. After that, your diet will progress to a regular diet as tolerated.

Eating a balanced diet high in protein will help you heal after surgery. Your diet should include a healthy protein source at each meal, as well as fruits, vegetables, and whole grains. For more tips on increasing the amount of calories and protein in your diet, ask your nurse for the resource *Eating Well During and After Your Cancer Treatment*. If you have questions about your diet, ask to see a dietitian.

**Your drains and incisions**

You will probably have bleeding from most of your incisions or around your drains. You may also have some discharge and tenderness for a few days. Your nurses will show and tell you what is normal and expected as they care for you. You will also begin to learn how to care for your stoma(s) and incisions.

Some of the tubes and drains may be removed before you are discharged from the
hospital. If you have an incision that was closed with staples, the staples are usually taken out before you leave the hospital. Some women will have them removed at their first follow-up visit. If you go home with the drains, your nurses will teach you how to care for them.

**At home**

- Before you go home, you will get the supplies that you need to care for yourself for the first month. After the first month, you will order your supplies from an outside source. Your discharge nurse case manager will arrange to have a visiting nurse see you at home. The visiting nurse will help you care for your drains and stoma(s).
- You may still have drains in when you go home. Ask your nurse or doctor when they will be removed. Your visiting nurse will help you while you are learning to care for your incisions, urinary diversion, and colostomy.
- You will get a prescription for pain medication. Take your medication as directed and as needed. Do not drive or drink alcohol while you are taking prescription pain medication. Your doctor will tell you when you can resume driving.
- Do not do any strenuous activity (e.g., running, aerobics) until your first appointment after your surgery.
- Do not lift anything heavier than 10 pounds (4.5 kilograms) for at least 6 weeks after your surgery. Speak with your doctor before you begin doing strenuous exercise or lifting heavy objects.
- If you have a vagina or a reconstructed vagina, do not place anything inside your vagina or have vaginal intercourse until your first appointment after surgery. At this appointment, your doctor will tell you when you can resume having vaginal intercourse.
- If you are having persistent pain, call your nurse or doctor. They can give you a referral to physical therapy for an evaluation.

**Emotional Support**

This surgery will change your body, and it will probably take time for you to adjust to these changes. You may feel frightened, angry, or worried. You may have questions or fears about how this surgery will impact your sexuality. These
feelings are normal and occur in most people.

Each person adjusts in their own way. For some people, it will take a few months to adjust to a changed body image. For other people, it may take longer. As time goes on, you will get stronger. You will be more confident in caring for your incisions and pouch. Your appetite and energy will improve. Before too long, you will be able to resume most of your normal activities.

We have many resources to help you. Your doctors and nurses will answer your questions. We also have social workers, psychologists, psychiatrists, and CWOCNs who have helped many women through this change. You can have one-on-one counseling or you can join one of our online or in-person support groups. We also have clergy available for spiritual support.

You may be able to meet with another woman who has had this surgery, and who can talk with you and answer your questions. Speak with your nurse if you are interested in doing this.

To address issues with sexual health and intimacy, you may like to see someone from our Female Sexual Medicine & Women’s Health Program. To reach the program, call 646-888-5076.

Every new situation requires time to adjust. We are here to help you through this transition.

Call your doctor or nurse if you have:

- A temperature of 100.4° F (38° C) or higher
- Pain that does not get better with pain medication
- Redness, drainage, swelling, or odor from your incisions
- Vaginal bleeding or foul-smelling discharge
- Burning when passing urine or can’t pass it into your stoma or pouch
- Unable to pass stool from your colostomy.
- Any questions or concerns
After 5:00 PM, during the weekend, and on holidays, call 212-639-2000. Ask to speak to the doctor on call for your surgeon.

**MSK Resources**

**MSK Female Sexual Medicine & Women’s Health Program**
646-888-5076

- Rockefeller Outpatient Pavilion: 160 East 53rd Street, between Lexington and Third Avenues
- Evelyn H. Lauder Breast Center: 300 East 66th Street, between Second and First Avenues

Our Female Sexual Medicine and Women’s Health Program helps female patients who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues.

**Sillerman Center for Rehabilitation**
646-888-1900
515 Madison Avenue, 4th Floor
(Entrance on 53rd Street, between Park and Madison Avenues)

Our rehabilitation specialists help people regain their strength, mobility, and functional independence.

**Counseling Center**
646-888-0200

Many people find counseling helpful. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.

**Social Work**
212-639-7020

Social workers help patients, family, and friends deal with issues that are common for cancer patients. They provide individual counseling and support groups throughout the course of treatment, and can help you communicate with children and other family members. Our social workers can also help referring you to community agencies and programs, as well as financial resources if you’re eligible.
External Resources

Women’s Cancer Network: Gynecological Cancer Foundation (GCF)
312-578-1439
www.wcn.org
Nonprofit organization that provides education and supports research on gynecologic cancers.

United Ostomy Associations of America, Inc (UOAA)
800-826-0826
www.ostomy.org
Volunteer group that supports people who have or will have intestinal or urinary diversions or ostomies.

Wound, Ostomy, Continence Nurses Society
888-224-WOCN (9626)
www.wocn.org
This is a professional nursing society. Nursing members have special training in the care of people with wounds, ostomies, and incontinence.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at _______________________. After 5:00 PM, during the weekend, and on holidays, please call______________________. If there’s no number listed, or you’re not sure, call 212-639-2000.

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