

**AMANIKA  
KUMAR:**

Hi, my name is Amanika Kumar. And I'm one of the gynecologic oncologists here at Mayo Clinic. Today, I want to talk to you about pelvic exenteration. Pelvic exenteration is a procedure in which we remove most, or all, of the pelvic organs. And it is a procedure we usually reserve for recurrent vulvar endometrial or cervical cancer.

It is a complex procedure, but one that can be successful in curing recurrence when a patient is the appropriate candidate. The procedures can be an anterior exenteration removing the gynecologic organs and the bladder. In which case, we create a urostomy. The urostomy is a portion of bowel that acts as a repository to collect urine from the ureters, and drains out through the skin into a bag. Patients may need a posterior exenteration, removing the gynecologic organs and the rectum. Then, patients will need a permanent colostomy.

And sometimes a total exenteration is needed, where the entirety of pelvic organs are removed. And the patient will have two permanent bags, one for urine, and one for stool. exenteration can be entirely abdominal and deal only with internal anatomy. But when a cancer involves the vagina or the vulva, we also remove the skin and the structures of the external genitalia. Then using a muscular continuous flap to cover the defect, or our plastic surgeons can help us and help create a neo vagina.

Obviously, this type of surgery is a challenge for patients both physically and emotionally. We at Mayo Clinic, have developed a process that streamlines this complex patient care, trying to ease the physical, financial, and emotional burden on patients. We have a multidisciplinary team that creates a plan. It includes many different surgical specialties and oncologic specialties, but also includes social work, psychology, and physical therapy.

Hospitalizations after the procedure can range from one week to three weeks, depending on the patient. But I always tell the patient that this kind of surgery can take six months to feel like you've fully recovered from. When cure isn't possible, many patients are eager to proceed with such a surgery. And we support them through their complicated recovery. Teaming with our supportive care teams here and locally. At Mayo Clinic, we hope that with this unique care for a recurrent cancer, we can offer patients and improve survival in an improved quality of life.