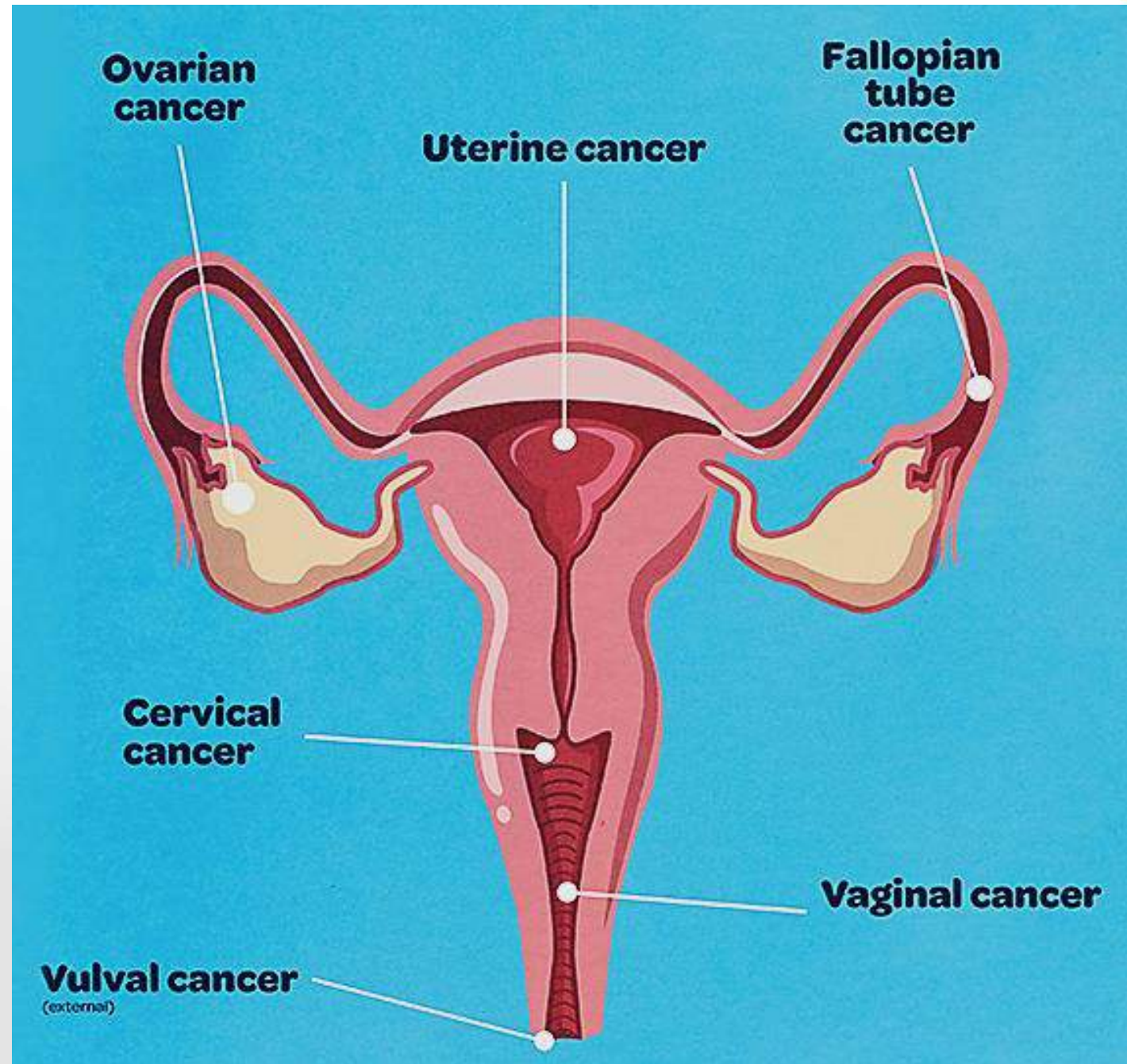


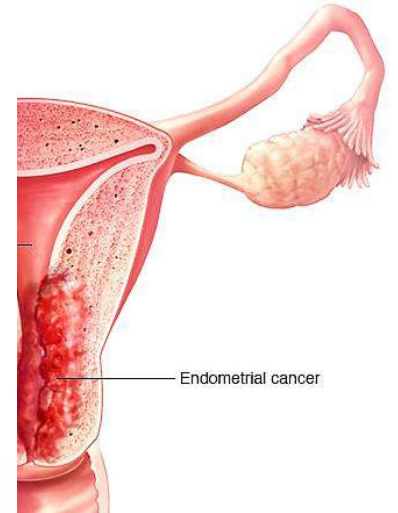
Gynaecological Cancers

Types of Gynaecological Cancers



Uterine Cancer

- Cancer that forms in tissues of the **uterus**.
- Two types of uterine cancer: **endometrial cancer-90%** & **uterine sarcoma-10%**.
- The exact cause of uterine cancer is **unknown**.
- Categories of endometrial cancer: **adenocarcinomas, Adenosquamous carcinoma & Uterine carcinosarcoma**
- Three categories of uterine sarcoma: **Endometrial stromal sarcoma-95%, Leiomyosarcoma-41% and Undifferentiated sarcoma-43%**.



Common Symptoms



abnormal
vaginal bleeding



watery/bloody
discharge



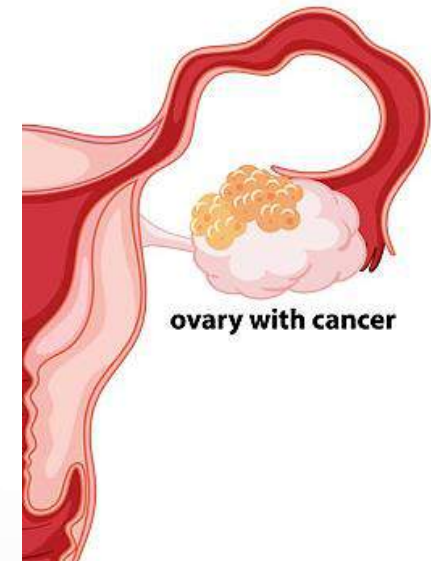
painful sex



pelvic pain/cramps

Ovarian Cancer

- Cancer that forms in tissues of the **ovary**.
- 5 to 15% are caused by an **inherited faulty gene**.
- Classified as **benign, borderline** or **malignant**.
- Types are: **epithelial ovarian carcinomas, germ cell tumors, and stromal cell tumors**.
- Most ovarian cancers are either **ovarian epithelial cancers** or **malignant germ cell tumors**.



Early Symptoms

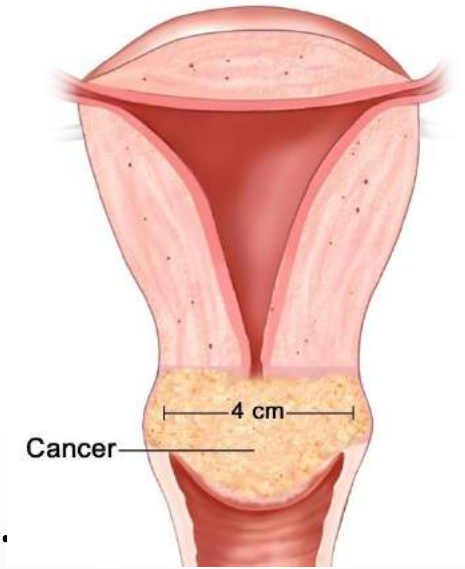


Advanced Symptoms

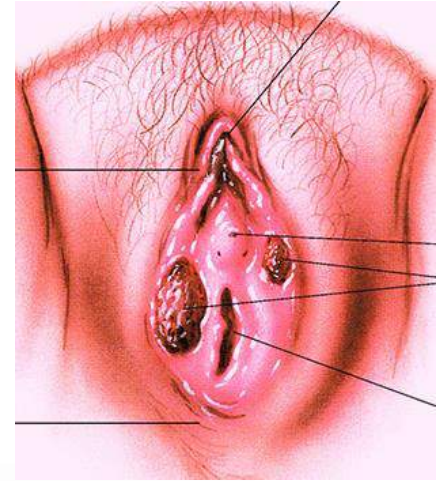


Cervical Cancer

- Cancer that forms in tissues of the **cervix**.
- Most cervical cancers are caused by the virus **HPV**.
- Types of cervical cancers are **squamous cell carcinoma** and **adenocarcinoma**.
- It is a slow-growing cancer that can be found with regular **Pap tests**.
- Four stages: **Early stage** cervical cancer includes 1A, 1B and 2A, **Locally advanced** includes stages 2B, 3 and 4A. and **Advanced stage** means stage 4B.



Vulval Cancer



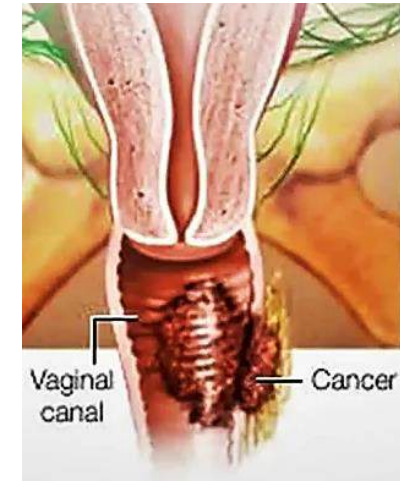
- cancer that occurs on the **vulva**.
- most often affects the **inner edges** of the labia majora or the labia minora.
- Several types: **Squamous cell carcinoma**, **Vulvar melanoma**, **Adenocarcinoma**, **Sarcoma** & **Verrucous carcinoma**.
- Risk factors are: **Age**, **HPV**, **VIN**, **LSA**, **Melanoma**, **STIs**, **Smoking**, **Kidney transplant** & **HIV**.

Common Symptoms

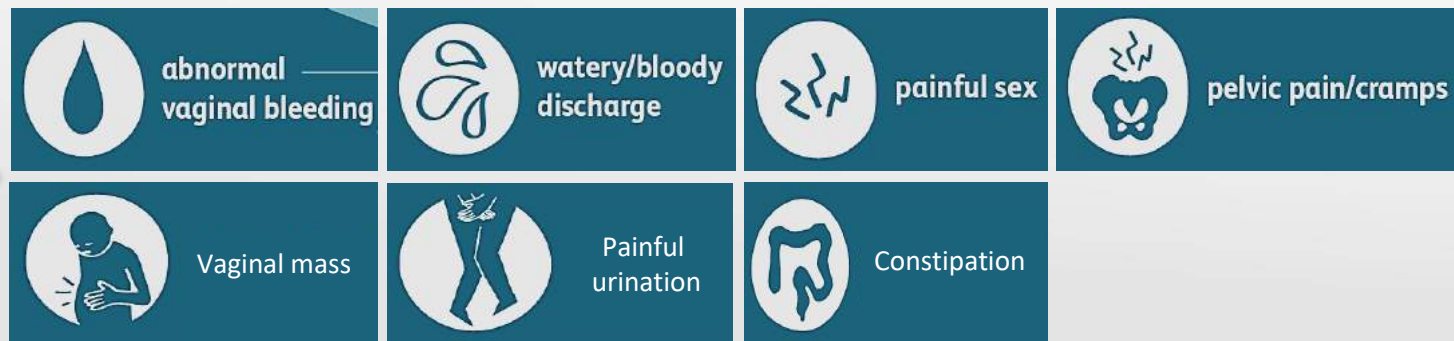


Vaginal Cancer

- Cancer that forms in the tissues of the **vagina**.
- more common in women age **60 and older**.
- Types are: **Squamous cell carcinoma, Adenocarcinoma, Melanoma & Sarcoma**.
- The most common type of vaginal cancer is **squamous cell carcinoma**.

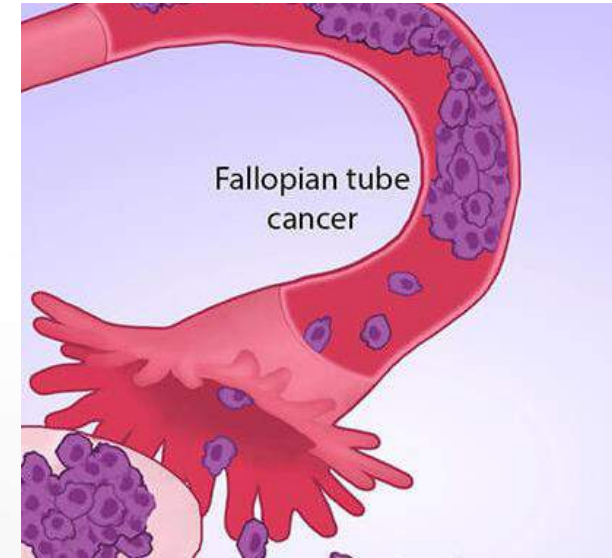


Common Symptoms



Fallopian tube Cancer

- Cancer that forms in the tissue lining the **fallopian tube**.
- Caused by **age, mutations & Early or late menstruation**.
- About **2,000** cases have been reported worldwide.
- It can spread to the following: **peritoneum, ovary & uterus**.



Common Symptoms



Symptoms Comparison

SYMPTOMS	Cervical Cancer	Ovarian Cancer	Uterine Cancer	Vaginal Cancer	Vulvar Cancer
Abnormal vaginal bleeding or discharge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Feeling full too quickly or difficulty eating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic pain or pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More frequent or urgent need to urinate and/or constipation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bloating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal or back pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Itching, burning, pain, or tenderness of the vulva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Changes in vulva color or skin, such as a rash, sores, or warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Types of wound Infection

Type of wound	Definition	Management
Superficial incisional	Involves skin or subcutaneous tissue of the incision and rarely leads to systemic toxicity	Oral antibiotics in the case of uncomplicated superficial (eg , cellulitis) ; incision and drainage for complicated infections
Deep incisional	Includes tissues down to and including fascia and muscle	Anatomic source control plus appropriate antibiotics
Organ space	Involves any body cavity that was opened or manipulated during surgery	Anatomic source control plus appropriate antibiotics

Investigation

- WOUND SWAB MCS
- WOUND BIOPSY
- CBC - leukocytosis , or leukopenia
- U/Ecr - hyponatremia in necrotizing fasciitis
- USG - intra abdominal Ultrasound
- CTSCAN

Surgical Site Infection



Factors implicated in a higher risk of surgical site infection

Factors	
Patient factors	<ul style="list-style-type: none"> • age sex obesity smoking • immunosuppression • steroids , cancer , anticancer therapy (chemo and radio therapy) , HIV • nutritional indices • metabolic factors diabetes mellitus , hepatoOrenal failure , serum albumin, haemoglobin
Preoperative factors	<ul style="list-style-type: none"> • nasal decontamination • mechanical bowel preparation • skin preparation (surgical teams ' hands patients ' skin)
Operative factors	<ul style="list-style-type: none"> • previous surgery • antiseptic - impregnated incise drapes • length and complexity of operation • operating surgeon • blood loss • antimicrobial sutures • diathermy
Postoperative factors	<ul style="list-style-type: none"> • antiseptic lavage of wounds and cavities • antimicrobial dressings • supplemental oxygen in recovery
Other factors observed but with varying levels of evidence	<ul style="list-style-type: none"> • theatre environment • preoperative showering • theatre wear • minimising movement in the OR • banning of jewellery and nail polish • drapes and gowns • wound drainage

Micro-organism

Depends on the type of surgical procedure

- Clean : staph aureus (commonest)
 - Exogenous source
 - Skin flora
- Clean - contaminated , contaminated and dirty wound : polymicrobial - anaerobes and aerobes
 - E.coli
 - Protes
 - Padomonas
 - Bacterocides

PRE - OPERATIVE Measurements

- Short pre - operative hospital stay
- Pre - op antiseptic shower
- Pre - op hair removal
- Pre - op bowel preparation
- Pre - op antibiotics
- Tight glucose control
- Optimize nutrition
- Stop smoking

Pre-existing interventions

PRE

- Glucose monitoring in presurgical testing
- Oral antibiotics +/- mechanical bowel prep
- Skin preparation w / 4 % chlorhexidine gluconate
- PRE Procedure based patient education

INTRA

- IV antibiotics + re - dosing prn *
- Glycemic control *
- Closing trays w / re - gloving

POST

- Removal of incision dressing POD2
- Daily showering w / 4 % chlorhexidine gluconate
- Emphasis on hand hygiene
- Discharge home with hand sanitizer and 4 % CHG wash

POST – OPERATIVE Measurements

- Protect wound for 48hrs then inspect , however if dressing is soaked , change dressing .
- Early enteral nutrition.
- Tight glucose control.
- Surveillance program.

Recommended parenteral antibiotic therapies for wound and pelvic infections

Skin and Soft Tissue Infections	Suggested Antimicrobial Therapies
Superficial SSI (Wound Infection)	Cefazolin , 1-2 g IV q 6h Ceftriaxone , 1-2 g IV q 24h Cefoxitin , 2 g IV q 6h Ampicillin / sulbactam , 3 g IV q 6h Piperacillin / tazobactam , 3.375 g IV q 6h
Deep / Organ SSI (Cuff Cellulitis , Vaginal Cuff Abscess , TOA , and / or Pelvic Abscess)	Clindamycin , 900 mg IV q 8h ; and gentamicin , 5 mg / kg IV q 24h or 1.5-2 mg / kg IV q 8h Ceftriaxone , 2 g IV q 24h ; and clindamycin , 900 mg IV q 8h Ampicillin , 2 g IV q 4h ; and gentamicin , 5 mg / kg IV q 24h or 1.5-2 mg / kg IV q 8h ; and metronidazole , 500 mg IV q 8h or clindamycin , 900 mg IV q 8h Ciprofloxacin , 400 mg IV q 12h ; and metronidazole , 500 mg IV q 8h Piperacillin / tazobactam, 3.375 g IV q 6h Doripenem, 500 mg IV q 8h In cases of MRSA infection , add vancomycin , 20 mg / kg IV q 12h

Abbreviation : IV , intravenous . Data from Larsen JW , Hager WD , Livengood CH , et al . Guidelines for the diagnosis , treatment . and prevention of postoperative infections . Infect Dis Obstet Gynecol 2003 ; 11 (1) : 65-70



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Thank You!