

Principles of surgical treatment in oncology

- Surgery was the first to deal with and often cure tumors.

Inoperability

- Surgical:
 - due to extent, location (grows, clings to large vessels, located in the trunk, generalized...);
 - for internal reasons - old age, comorbidities, GA cannot be administered.
- Oncological:
 - type is inappropriate to operate due to histological type (malignant lymphoma , erysipeloid variant ca breast);
 - tumor size is associated with a high probability of micrometastases;
 - generalized tumor process.

Prophylactic surgery

- It is rarely used.
- in some congenital abnormalities and disorders (eg prophylactic colectomy in polyposis, orchidopexy in cryptorchidism, bilateral ablation in BRCA positive...).

Diagnostic surgery

- basic procedure for making a diagnosis irreplaceable.

Curative surgery

- only in localized forms or in situ tumors;
- the prerequisite is perfect removal of the tumor, or lymphadenectomy;
- however, we often have to add other modalities, as many solid tumors have to be considered as systemic diseases;
- Some less invasive procedures have been used lately - for example, using the sentinel node method (we put a dye or radiopharmaceutical in the tumor area, the nodes stain within a few minutes, are removed and examined; if they are negative, radical lymphadenectomy does not have to be done...)

Palliative surgery

- an important part of comprehensive treatment;
- by removing the tumor, we reduce the mass of tumor cells in the body and improve the effect of other modalities (chemotherapy);
- therefore, there is no point in removing the tumor unless it improves the effect of the treatment;
- another indication is if there is a risk of local complications (obstruction of the GIT, bile ducts, spinal cord compression);
- in the GIT we solve this with various anastomoses, lumen-retaining endoprotheses, stents...;
- for superficially accessible tumors, we perform so-called remediation operations - removal of exulcerations (smells, bleeds, become infected).

Surgical treatment of metastases

- palliative performance, only in certain circumstances (the size of the resection does not affect organ function, acceptable performance morbidity...);
- most often in liver meta;
- unresectable meta up to 3 cm can be treated by injection installation of 98% ethanol, or use cryodestruction;
- other organs - lungs, brain, bones (excochleation and cement filling - fracture prevention);
- pain surgery - myelotomy, chordotomy....

Other methods

- LASER - esophagus, larynx, ca lungs;
- cryosurgery - treatment of superficial (skin) tumors;
- radiosurgery - gamma knife

Links

Source

- BENEŠ, Jiří. Study materials [online]. [feeling. 2010-03-31]. < <http://jirben.wz.cz> >.

Source

ws:Zobrazení zdroje stránky Zásady chirurgické léčby v onkologii