

**FC-013****Post-operative morbidity following hemipelvectomy and sacrectomy in a hospital without ITU facilities****C. Thorne**, A. Freeman, A. Khajuria, R. Grimer, L. Jeys*Royal Orthopaedic Hospital NHS Foundation Trust, Birmingham, United Kingdom*

Introduction: Hemipelvectomy and sacrectomy are the most definitive treatment options for primary and secondary tumours in the pelvis. They are highly invasive operations, causing significant tissue damage, often with substantial blood loss and a prolonged period of hypotensive anaesthesia. Consequently patients undergoing such procedures experience a prolonged stay in hospital and have significant post-operative morbidity.^[1-3] There are a paucity of data regarding post-operative morbidity following such procedures.

Methods: The hospital oncology database was retrospectively searched for patients who had a hemipelvectomy or sacrectomy between 01/01/00 and 31/07/14. 174 Patients were identified and their notes reviewed. Demographic data and length of hospital admission were obtained. Complications were graded according to the Clavien-Dindo Classification of surgical complications.

Results: There were 62 excisions, 40 endoprosthetic reconstructions, 37 hindquarter amputations, 16 hemipelvectomies, 16 sacrectomies and 3 pelvic exenterations with hindquarter amputation. Median duration of HDU admission was 20 hours (IQR 11). Median duration of hospital admission was 19 days (IQR 17). Clavien-Dindo Complications were: None - 49.1%, Grade 1 - 8.1%, Grade 2 - 16.2%, Grade 3a - 1.2%, Grade 3b - 20.8%, Grade 4a - 1.7%, Grade 4b - 1.7%, Grade 5 - 1.7%. The most common groups of complication were: Infection - 25.4%, dislocation 5.8%, poor fitting prosthesis 4.6%, post-operative bleeding 3.4%, bladder/ureter damage 2.9%, complications of anaesthetic 2.3%, nerve damage 2.3%, urinary retention 1.7%, DVT 1.2%, other 9.8%. Death occurred in 2.9% (3/173). In terms of post-operative infections: 52.3% were superficial, 40.9% were deep infections requiring surgical intervention, 9.1% were hospital acquired/aspiration pneumonia and 2.2% were osteomyelitis.

Conclusion: Pelvic oncological surgery has a significant post-operative morbidity. Infection rates are higher than other types of surgery which may be attributable to the extent of the surgical incision required for such procedures. In spite of this, the infection rates at our centre were comparable with others reported in the literature.^[1-3] Mortality was also lower at our centre compared to others.^[1-3] The results of our study consolidate the safety of performing radical hemipelvectomy/sacrectomy surgery at a centre with only level two beds (High Dependency).

References:

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