Surgery for Retroperitoneal Sarcoma

What is Sarcoma?

Sarcomas are tumours that arise from connect tissue cells such as bone, cartilage, blood vessels, muscle, fat and nerves.
They can develop anywhere in the body and there are many different types.

Sarcomas are rare - they represent only about 1% of all cancers.
The causes are mostly unknown but are very occasionally hereditary.

They can be broadly grouped into - soft tissue and bone sarcomas.

Retroperitoneal Sarcoma

Retroperitoneal sarcomas occur in the back of the abdomen and account for approximately 10% - 15% of all soft-tissue sarcomas.

The most common two types of retroperitoneal sarcomas are:

- Liposarcoma – cancer of fatty tissue
- Leiomyosarcoma – cancer of smooth muscle

There are many other less common types of retroperitoneal sarcoma including solitary fibrous tumours, synovial sarcoma and PEComa.

Diagnosis and Investigation

It is likely that you will require a biopsy of the tumour to define the type of sarcoma and exclude other conditions. This is usually performed by a radiologist who will administer local anaesthetic to numb your skin and will then insert a needle into the tumour to obtain a sample. Usually, ultrasound or CT scanning is performed at the time of the biopsy to help guide the biopsy needle.

In some cases, it may be easier to obtain an endoscopic biopsy. This procedure, called endoscopic ultrasound, involves passage of a camera through your mouth and into your stomach in order to obtain the biopsy. You will be sedated during this procedure.

Biopsies are associated with a small risk of bleeding, infection and bowel injury. Serious complications from biopsies are very rare.

You will also require a staging CT scan and/or a PET scan to ensure the sarcoma has not spread to any other sites.

The results of your scans and biopsy will be discussed by the expert sarcoma team in their Multi-disciplinary Team (MDT) meeting and you will be seen as soon as possible in our outpatient clinic

to discuss our consensus opinion on how best to treat you.

Treatment

Retroperitoneal Sarcomas can be difficult to treat as they often present late and are found in close proximity to many important organs.

- For most sarcomas, surgery is the first treatment used, provided there has not been spread of the sarcoma to multiple sites.
- Chemotherapy may be used in addition to surgery if the type of sarcoma is known to be responsive to this.
- There are circumstances when radiotherapy and other less common interventions may also offer benefits.

On the Day of Surgery

You will be asked to come into hospital on the morning of your surgery or sometimes 24-48 hours before. You will not be able to eat or drink anything from midnight on the night prior to your operation.

In the morning of your surgery you will be seen by your Anaesthetist and Surgeon and will be taken down to theatre. You will be given a General Anaesthetic to put you to sleep for the surgery. Once you are asleep the Anaesthetist will insert a central line (a cannula in your neck which is used to administer fluids), an arterial line in your wrist to monitor your blood pressure and an epidural in your back for pain relief (sometimes this is put in before you go to sleep – the Anaesthetist will discuss this with you on the day of surgery).

Once the Anaesthetist is happy that you are asleep and comfortable your surgery will start.

Surgery for Retroperitoneal Sarcoma

When operating to remove your tumour the surgeon will aim to take out an area of normal tissue around it if possible to ensure that no cancer cells are left behind.

Surgery for retroperitoneal sarcoma usually involves a long incision through the middle of your abdomen. If you have a liposarcoma your surgeon will usually need to remove your kidney, adrenal gland and part of your bowel that is adjacent to the tumour. It may also be necessary to remove your spleen and part of your pancreas and diaphragm. Your bowel will be re-joined at the end of the procedure. Rarely some patients may require a stoma (a bag for faeces). If this is expected to be the case your surgeon will have discussed this with you in advance.

Your surgeon will only remove these organs in order to try to ensure that your tumour is completely removed with the aim of curing you. Unless there is an unexpected complication you will be able to live an entirely normal life after this kind of surgery.

If you have a leomyosarcoma your surgeon may need to remove one of your kidneys and part of a main blood vessel. If necessary the blood vessel will be reconstructed using donor vessels and/or a prosthetic graft. In this case it may be necessary for you to take long-term blood thinners after the surgery.

Surgery for other retroperitoneal sarcomas may involve removal of organs such as your bladder, uterus or prostate depending on the size and location of the tumour.

The length of the operation will vary from person to person depending on the site and size of the tumour and the complexity of the surgery.

Post-Surgery Recovery Period

When you wake up from the surgery you will be taken to the high dependency unit. Most patients stay on the high dependency unit for 1-2 days before being moved to a normal ward. During your recovery (or whilst you are asleep) you may need to be given a blood transfusion.

It is likely that you will have a drain in your tummy, a urinary catheter, an epidural, a central line in your neck and possible a nasogastric tube in your stomach. Most of these will be removed within the first 3-4 days.

You will not be able to eat straight away but you will be provided with fluids via your cannula and will usually be allowed sips of water or ice chips for comfort. After the first 2-3 days usually you will be able to start to eat some light food.

The recovery period after surgery will differ depending on your general health and fitness levels. However, most patients can be expected to leave hospital after 2 weeks.

Support

There is support available from your medical and surgical team including clinical nurse specialists (CNSs) who you can contact at any time during your treatment. The ward nurses will also be there as your first port of call whilst you are an inpatient.

For more information visit:

https://archive.uhb.nhs.uk/Sarcoma/what-is-sarcoma.htm
https://sarcoma.org.uk/
https://www.cancerresearchuk.org/about-cancer/soft-tissue-sarcoma
https://www.royalmarsden.nhs.uk/your-care/cancer-types/soft-tissue-sarcoma
https://www.macmillan.org.uk/

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