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Gynecol Obstet (Sunnyvale) 2017, 7:9 (Suppl)
DOI: 10.4172/2161-0932-C1-019

2nd International Congress on

Contemporary Issues in Women Cancers & Gynecologic Oncology

August 29-30, 2017 | London, UK

River flow incision: A modified incision technique for decreasing morbidity of ilioinguinal node dissection in gynecologic and genitourinary malignancies

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Introduction: Ilioinguinal lymph node dissection is an important component of surgical treatment for a variety of below umbilical malignancies ranging from carcinoma of penis, vulva, primary cutaneous cancer, soft tissue sarcoma, melanoma, etc. Skin flap necrosis is one of the most common complications after Ilioinguinal lymph node dissection (ILND). Established surgical principles of preserving Great Saphenous Vein (GSV) have decreased lymphedema associated with ILND. However, with reported frequency up to 65% in published literature, skin flap necrosis is a major contributor to postoperative morbidity after ILND. Our initial experience with a modified surgical approach of River flow incision, with no learning curve, has been most successful in eliminating flap necrosis.

Material & Methods: A modified skin incision was used to perform ILND in 74 prospective patients. Irrespective of primary histology or timing of inguinal dissection, same technique was used in all cases. Two curvilinear parallel skin incisions (5-7 cm long) were made; each sited about 4 cm above and below inguinal ligament. Flaps were carefully raised below Scarpa's fascia. Lymph node dissection was performed in both inguinal and iliac basin with a standard technique. All Patients were followed up prospectively for 30 days after surgery and complications if any, were recorded according to the Clavein-Dindo System of reporting surgical complications.

Result: A total of 74 patients underwent 104 ILND from July 2012 till Dec 2016. Unilateral dissection was performed in 44 patients and 30 underwent bilateral ILND. Majority of patients had genital or lower limb malignancies as Carcinoma Penis (18), Vulvar Cancer (09), Inguinal metastasis of CUP (05), Primary cutaneous malignancy (Melanoma lower limb - 11; SCC lower limb - 19), SCC Scrotum (02), Soft tissue sarcoma lower limb (08) & Relapsed Anorectal cancer (02). There was only one instance of flap necrosis/loss. Complications recorded were seroma (14.4%), lymphedema (4.8%), surgical site infection (4.8%), deep vein thrombosis (2.7%), partial wound dehiscence (7.9%), partial skin flap loss (2%) all corresponding to Clavein - Dindo Grade 1 & 2. Surgical intervention corresponding to Clavein - Dindo grade 3A (Intervention not requiring GA) were required in 8.6%.

Conclusion: 'River Flow' Incision, a modified incision technique is a simple but effective surgical modification, which has enabled us to perform therapeutic ILND safely. Avoidance of flap necrosis, significantly decreased morbidity and almost no learning curve are highlights of this modification of surgical technique.

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