Short term outcomes following cytoreductive surgery and heated intraperitoneal chemotherapy in Waikato, New Zealand

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Introduction
Cyto reduce ric surgery with heated intraperitoneal chemotherapy (CRS with IPC) has been well established as a standard of care for the treatment of pseudomyxoma peritonei.1,2 Waikato is one of only two centers in New Zealand receiving nationwide referrals for CRS. The technique was first introduced at our institution in 2008 and the following study examines our early experience with CRS with IPC to the year 2014.

Method
Records for all patients presenting to surgery for CRS with IPC were retrospectively reviewed. CRS with IPC was performed in accordance with the techniques described by Sugarbaker.3,4 Data recorded included patient characteristics, characteristics of surgical treatment and post operative outcome.

Results
Sixty eight patients underwent 72 procedures with the intention of performing CRS with IPC. Fourteen patients were deemed to be incurable at the time of surgery. Fifty four patients were redo operations whereby further CRS with IPC was performed for 4 patients who developed recurrent disease.

Thirty patients experienced complications (42%), 3 of whom were one of the 14 incurable patients (1 medication side effect, 1 redo laparotomy for a wound complication and 1 death). Seventeen patients (24%) had a grade 3 or 4 Clavien-Dindo complication. One out of the 72 cases died within 30 days (incurable patient), giving an overall 30 day mortality rate of 1.4%. The median duration of hospital stay was 12 days (range 5 to 104 days), although was only 8.5 days (5 to 21 days) for those who had incurable disease. This did not take into account length of hospital stay for patients transferred to referring hospitals.

Conclusion
Short term outcomes following CRS with IPC at Waikato are comparable to those published in the literature.1,4 Further follow up is anticipated for the publication of our survival and recurrence data.

References