

# First figures help set the standard for gynaecological cancer surgery

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(Medical Xpress)—The first UK multicentre figures showing that one in five women having major gynaecological cancer surgery have some sort of complication will help set standards in the NHS, according to research presented at the NCRI Cancer Conference today.

The initial findings of the UK Gynaecological Oncology Surgical Outcomes and Complications (UKGOSOC) audit also reveal that one in 30 women experience a serious complication, which may need another operation or procedure.

The detailed and verified figures come from an interim analysis of more than 1,600 operations carried out across 10 centres in the UK between April 2010 and July 2011. The final results from the full audit, covering the outcomes of around 3,000 operations, will be released later this year.

Surgeons entered details about each patient's [general health](#), the complexity of their operation and any complications encountered into online computer records. This meant that information about complications could be entered directly from the operating theatre or from the wards if they occurred after surgery. The UKGOSOC audit also sent [patients](#) a follow up card 6-8 weeks after surgery.

Understanding the complication rates will help set [NHS](#) benchmarking standards, allowing nationwide performance in this area of [cancer treatment](#) to be better understood. It will also help doctors to better advise patients on the full risks involved in their [treatment decisions](#).

Professor Usha [Menon](#), head of the Gynaecological Cancer Research Centre at UCL and lead author of the audit, said: "In contrast to the wealth of data regarding complication rates following chemotherapy and radiotherapy, there have been no multicentre figures on complication rates following surgery for gynaecological cancers. This has meant that we have been unable to properly counsel our patients in preparation for surgery.

"It's hugely satisfying that we now have robust figures and, while complication rates of one in five may seem high, it's similar to the only other comparable figure available from an Australian study. These numbers also need to be evaluated alongside the survival rates, which should be available in the near future."

Dr Andy Nordin, a consultant gynaecological oncologist and co-author of the audit, said: "This work is giving us a complete picture of each patient's treatment, from the operating theatre to eight weeks after they've been discharged. In addition to the complication rates, it provides other key information, including details of patients' medical history along with the complexity of their operation.

"We hope to see this electronic data collection process brought into routine practice to improve the information collected by the NHS and to help us to continue to improve [surgical outcomes](#) in the UK. The findings, along with the hard work involved in data collection, may well prove useful in other countries too."

Dr Jane Cope, director of the NCRI, said: "All surgery carries risks and it's important that patients know that there may be complications during and after their operations. Setting nationwide benchmarks will be an important step in helping doctors and patients better understand the effectiveness of current treatment. Doctors and surgeons can then go on to develop improvements, which will give better outcomes for the patients of the future."

**More information:** [www.ncri.org.uk/ncriconference ...s/abstracts/A26.html](http://www.ncri.org.uk/ncriconference...s/abstracts/A26.html)

Provided by Cancer Research UK

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