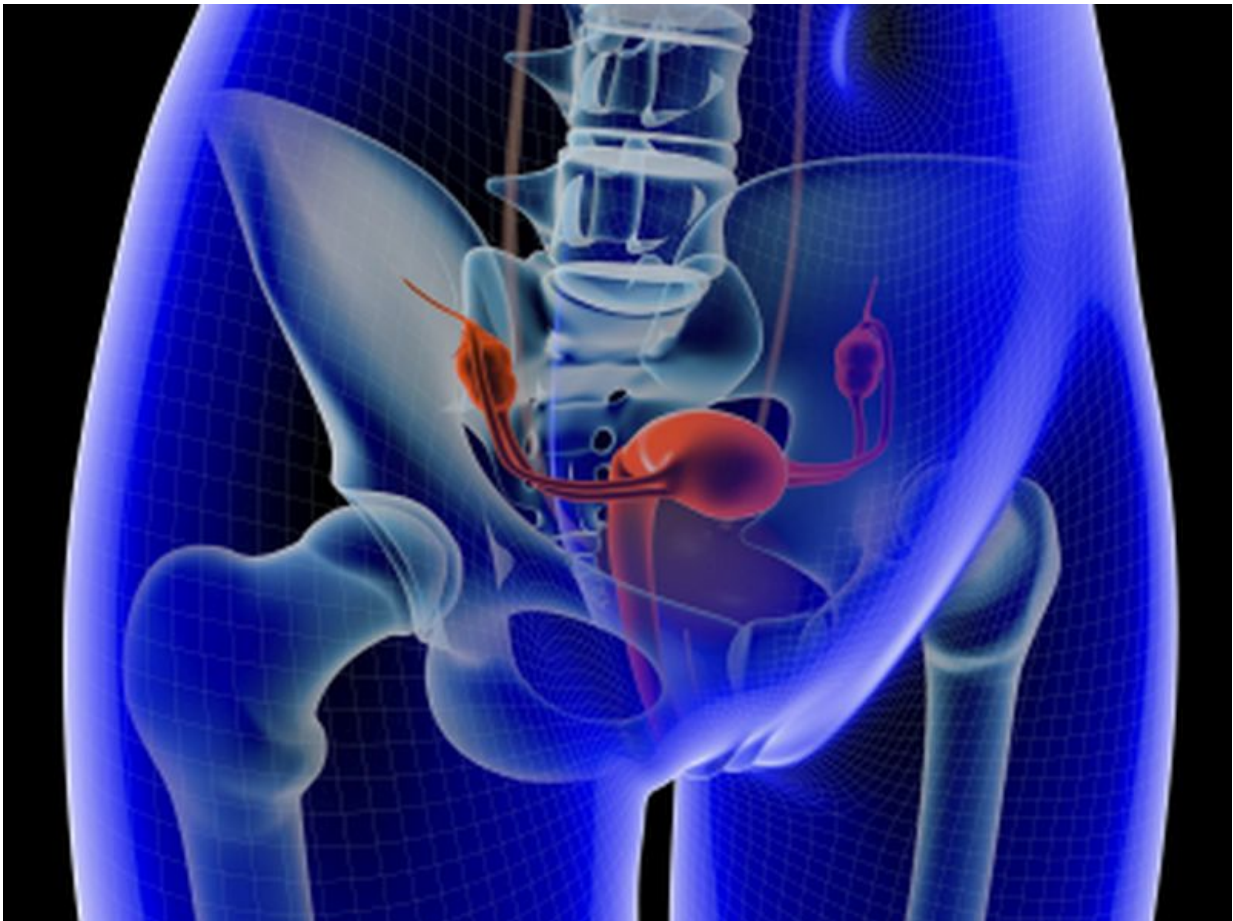


Survival similar with debulking by laparotomy, laparoscopy

April 10 2017



(HealthDay)—For women with epithelial ovarian cancer, three-year

survival rates are similar for women undergoing debulking by laparotomy or laparoscopy, according to a study published in the May issue of *Obstetrics & Gynecology*.

Alexander Melamed, M.D., M.P.H., from Massachusetts General Hospital in Boston, and colleagues identified a cohort of patients diagnosed with stage IIIC and IV [epithelial ovarian cancer](#) who underwent [neoadjuvant chemotherapy](#) and interval debulking surgery. The authors compared outcomes for women who underwent debulking by [laparoscopy](#) and by laparotomy.

The researchers identified 3,071 women meeting inclusion criteria, 15 percent of whom underwent surgery initiated laparoscopically. Three-year survival was not significantly different for patients undergoing laparoscopy and laparotomy (47.5 versus 52.6 percent, respectively; $P = 0.12$). No difference was seen in survival after adjustment for [demographic characteristics](#), facility type, presence of comorbidities, and stage (adjusted hazard ratio, 1.09; 95 percent confidence interval, 0.93 to 1.28; $P = 0.26$). The laparoscopy group had slightly shorter postoperative hospitalization (median, four versus five days; P

"Laparoscopy is associated with a modestly shorter postoperative hospitalization, whereas readmission rates and risk of perioperative death are similar for the surgeries," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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Citation: Survival similar with debulking by laparotomy, laparoscopy (2017, April 10) retrieved 24 April 2024 from

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