

Pelvic Exenteration Surgery

Information for patients



Abdominal Medicine
and Surgery



This leaflet aims to help you and your family understand more about your pelvic exenteration surgery.

Pelvic exenteration is one of the most major operations performed in modern cancer surgery. This booklet is designed to help you and your family understand the process, know what to expect, and feel more prepared for the journey ahead. It complements the information you will receive from your surgeon and wider healthcare team.

This booklet will explain:

- Preparing for surgery
- Who will be involved in your care
- What happens immediately after surgery
- Recovery in hospital
- Going home
- Frequently asked questions
- Useful links and support services

Pre-Surgical Care

Before your operation, you will attend a pre assessment clinic. The purpose of this appointment is to ensure that you are fit enough to undergo a general anaesthetic and a major operation. During this visit, you may have further tests such as an ECHO to assess your heart function, or a CPX (cardio pulmonary exercise test) to assess your cardiovascular fitness.

You may also require updated imaging, such as an MRI or CT scan, so that your surgical team has the most accurate and up to date information to plan your operation. You will also meet your Colorectal Clinical Nurse Specialist (CNS).

Meet the Team

Pelvic exenteration is a major and complex procedure. Decisions about your care are made using shared decision making, which means that your views, priorities, and wishes are central to discussions about treatment. These discussions take place alongside clear and honest medical and surgical advice.

From early planning through surgery and into recovery, the multidisciplinary team (MDT) is involved at every stage. Their role is to help plan your care, support your body through major surgery, and work with you to ensure that treatment decisions are made together, with your safety always at the centre.

Consultant Surgeons:



Mr Aaron Quyn



Mr Jim Tiernan

Your consultant colorectal surgeons, Mr Aaron Quyn and Mr Jim Tiernan, specialise in the surgical treatment of complex bowel and pelvic cancers. For patients undergoing pelvic exenteration surgery, they lead the surgical team and are responsible for planning and performing your operation. This includes carefully assessing your scans and test results, discussing your case in an MDT meeting, and tailoring the surgery to your individual needs. You will meet your surgeon before the operation to discuss the surgery and the treatment required.

After your operation, the consultant surgeons remain closely involved in your care. They review your progress on the ward, monitor your recovery, and manage any surgical complications if they arise. They work closely with the wider healthcare team to make decisions about your ongoing treatment and recovery, including when you are ready to start eating, mobilising, and preparing for discharge. They also play an important role in communication and decision making, discussing the findings from your surgery, explaining results clearly and honestly, and talking through any further treatment that may be recommended.

Their aim is to ensure that you receive safe, high quality surgical care while supporting you and your family throughout your recovery. They are closely supported by the colorectal fellows and registrars.

Colorectal CNS:

Your Colorectal CNS will support you throughout your preparation for pelvic exenteration surgery. Acting as your main point of contact, they coordinate your care within the MDT to ensure that all aspects of treatment are carefully planned. They provide clear information about your surgery, explain what to expect before and after the operation, and answer any questions you may have.

Your CNS will coordinate your pre operative investigations and may request additional tests to optimise your preparation for surgery. They will also provide stoma counselling, stoma site marking, and education. During your hospital stay, they will support you with stoma care and will arrange referral to the community stoma care team for ongoing support after discharge.

You can speak to your CNS about emotional concerns, including worries about body image or changes to sexual function. They can arrange additional support or refer you to specialist services if needed. After surgery, once the histology has been reviewed at the MDT, your CNS will arrange ongoing surveillance or refer you to your local team to manage your surveillance programme. Their role is to ensure that you are informed, supported, and prepared for your surgery and recovery.

Anaesthetists:

Pelvic exenteration is one of the most major operations performed in modern surgery, and it places significant and complex demands on the body. Throughout your treatment, the anaesthetic team plays a central role in keeping you safe, stable, and comfortable.

Anaesthetists are specialist doctors responsible for supporting your body during surgery, maintaining your breathing, circulation, and vital organ function, and guiding your recovery afterwards. Much of their work happens before you meet them. They review your medical history, test results, scans, and specialist opinions, and take part in planning discussions with the surgical, oncology, and critical care teams. This helps identify potential risks early and allows careful planning of how best to support you during and after surgery. Anaesthetists are therefore involved not only on the day of your operation, but also in shaping the overall plan for your care. Because pelvic exenteration procedures are very specialised, we have a team of anaesthetists who have specific expertise in the peri-operative care of patients undergoing these procedures.

You will meet an anaesthetist as part of your pre operative assessment. During this appointment, they will review your health, medications, and any previous issues with anaesthesia. They will assess how your heart and lungs may cope with major surgery, discuss what the anaesthetic will involve, including essential invasive devices, and explain pain relief options. They will also discuss major risks and answer any questions or anxieties you may have.

During surgery, you will be fully asleep under a general anaesthetic. A consultant anaesthetist will be with you throughout the entire procedure. While the surgeons perform the operation, the anaesthetic team focuses entirely on keeping you alive and physiologically stable, carefully monitoring and supporting your breathing, heart function, blood pressure, fluids, and temperature throughout this lengthy procedure.

After surgery, you will usually recover in a high dependency or intensive care area. This is a planned part of care following such major surgery. The anaesthetic team continues to be involved, working closely with critical care staff to provide pain relief, support your recovery, and identify and treat any problems early.

Colorectal Advanced Clinical Practitioners (ACP):

The Colorectal ACP team are highly experienced nurse practitioners who play a key role in your care after pelvic exenteration surgery. They work closely with the surgical team and other healthcare professionals to coordinate your recovery and ensure that you receive consistent, expert support throughout your hospital stay.

After your operation, the ACP will regularly review you on the ward, monitoring your recovery and helping to identify and manage any complications early. They support pain control, wound healing, bowel function, stoma care if required, and your overall physical recovery. They are also a key point of contact for discussing test results, progress, and next steps in your treatment plan, helping to explain medical information in a clear and understandable way.

In addition to physical care, ACPs provide emotional support and practical advice during what can be a challenging time. They can answer questions, address concerns, and help you and your family prepare for discharge home, including arranging follow up, community nursing support, and referrals to other services if needed. Their aim is to help you feel supported, informed, and confident as you recover from surgery and move forward with your care.

Ward staff:

Ward nurses and healthcare staff provide your day to day care while you are in hospital. They are present around the clock to monitor your recovery, manage pain relief, give medications, and support you with washing, dressing, eating, and moving as you regain your strength after surgery. They also play an important role in observing for any changes in your condition and will promptly escalate concerns to the medical team if needed. Ward staff can answer practical questions, provide reassurance, and help you feel safe and supported during your hospital stay, working closely with the rest of the team to ensure your care is coordinated and personalised.

Post-Surgical Care

Immediately after surgery

Once your operation is complete, you will be taken to the high dependency unit (HDU) or intensive care unit (ICU), where nursing staff will monitor you closely for usually two to three days. You will be reviewed regularly by the nursing team, the surgical team, and the HDU/ICU consultant team.

Post-surgery monitoring

When you wake up after your surgery, you may be aware of several tubes coming out of or into your body. Some provide fluid, nutrition, or medication, while others drain away fluids. Some tubes may be attached to monitors, which help staff check your progress. Pumps and monitors may alarm at regular intervals, but this does not necessarily mean something is wrong. As your recovery progresses, certain tubes will be removed, guided by the surgical team.

Pain management post-surgery

Immediately after surgery, pain relief is usually provided through an epidural, a patient controlled analgesia system (PCAS), or both, depending on your individual needs. These options will have been discussed with you and the anaesthetist before the operation. After a few days, the surgical team will aim to wean you off these stronger medications and transition you to oral pain relief. This pain relief will continue as needed throughout your hospital stay, and you will also be discharged with pain medication for home if required.

Physiotherapy

After your surgery, you will be encouraged to start moving as soon as possible, if your surgery allows. Early movement is an important part of your recovery and helps reduce the risk of complications. The physiotherapist will encourage regular leg exercises and deep breathing. Depending on the extent of your surgery, you may need to be nursed on your side while in bed for up to ten days to encourage wound healing.

Eating and drinking

Your surgical team will advise you on when you can start eating and drinking. You will usually be allowed to start sipping water within one to two days, gradually building up to an established diet. If your bowel habits are sluggish, you may be commenced on Total Parenteral Nutrition (TPN). TPN provides all the nutrients your body needs directly into your bloodstream through a vein, usually when you are unable to eat or absorb food normally. It involves a specially prepared liquid containing proteins, carbohydrates, fats, vitamins, and minerals, given through a drip, often via a central line placed in a large vein. TPN is carefully monitored to ensure you receive the right balance of nutrients and to reduce the risk of complications such as infection or imbalances. If TPN is commenced, it will be continued until you are established on an oral diet.

Urinary function

If you have a urostomy, you will notice urine in your stoma bag soon after your operation. You will also notice two stents (thin tubes) sticking out of the end of your urostomy. These remain in place for 12–14 days after surgery. You will then have a conduitogram (an x-ray dye test) to determine whether the stents can be removed. You will be taught how to change the bag and manage your new urostomy before you go home.

Going home

Before you leave hospital, you will be given contact numbers and the name of your colorectal CNS, so you can continue to receive information and support. You should call them if you have any problems once you are at home. District nurses or community support will be arranged by the ward nurses before you go home.

Going home checklist

1. Discharge advice note (eDAN)
2. Medications for discharge
3. Contact numbers for my colorectal CNS
4. Fitness to work advice note if required
5. Can I change and empty my own stoma appliances?
6. Do I have plenty of stoma appliance equipment for discharge?
7. Have I been signed off from the physio as safe to go home?
8. Have travel arrangements been made for home?
9. Do I have any specific dietary requirements?

Frequently Asked Questions:

How long does the surgery take?

The surgery can vary between 8 - 18 hours, depending on the type of exenteration required to fully remove the cancer.

How long will I be in hospital for?

Length of stay in hospital can vary between patients, depending on their recovery but it is usually around 21 days.

When will I be able to start doing normal daily activities?

Although you may feel well enough to go home, it will be a few months before you fully recover. It is normal to feel tired for several months after your operation, and you may feel particularly lethargic and lose weight in the first few weeks after discharge. You should gradually increase your activity every two to three days if possible, alternating gentle activity such as walking and climbing stairs with periods of rest. Listen to your body and increase activity gradually. For the first six weeks, avoid pushing, pulling, stretching, or twisting activities. You should not lift anything heavier than one kilogram (equivalent to a bag of sugar). Activities such as carrying shopping, lifting children, lifting wet washing, ironing, vacuuming, or moving furniture should be avoided for the first six weeks. After this time, you can introduce these activities gradually and slowly build up the amount you do.

When can I return to work?

This will depend on your job and how quickly you recover from your operation. Your doctor and specialist nurse will be able to advise you.

When can I drive again?

You may resume driving from about six weeks, but only once you are able to move freely and quickly, concentrate sufficiently and tolerate the pressure of the seat belt on your wounds. You should be able to react and move fast enough should you need to make an emergency stop. Also check that your insurance is valid after major surgery.

Do I need to follow a specific diet post-surgery?

Initially after surgery, your diet will be very much dictated by the surgical team as they will build you up slowly as you progress through your surgery. Once home there are no changes that you should make to what you eat and drink. You should eat a healthy balanced diet. If you are to follow a specific diet your surgeon or colorectal CNS will advise you on this.

If my rectum/anus is removed during surgery what will this mean for me?

You will now have a colostomy (stoma) where your faeces will come out of. If your rectum/anus are completely removed during the surgery this will be closed with sutures, which are usually non-dissolvable and removed 14-20 days post-surgery. Depending on the extent of the tissue removed, you may need plastic surgery to reconstruct the buttock area at the end of the operation. This will be discussed with you pre-surgery.

How will I be supported post-surgery?

Psychological issues – having an operation can be very stressful and some days you may feel tearful, sluggish, and low in mood. This is perfectly normal, and you should start to feel better as your fitness returns to normal. If you are finding it difficult to cope or would just like someone to talk too, please inform any member of your team while in hospital. While at home support can be gained through your colorectal CNS, surgical team, or GP.

When will I find out if my surgery has successfully removed my cancer?

Once you have been discharged from hospital you will be followed up with your surgical team around 4- 6 weeks post-surgery to discuss the outcome of surgery and the next steps in your future care. Here your progress will be monitored, and the pathology results discussed with you.

Links to Sexual Wellbeing and Fertility Services



Macmillan Cancer Support

www.macmillan.org.uk

Pelvic Exenteration for Women and people assigned female at birth or Pelvic Exenteration for Men and people assigned male at birth.



Bowel Cancer UK

www.bowelcanceruk.org.uk/

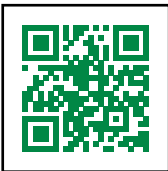
Pelvic Exenteration



Maggie's Yorkshire

www.maggies.org/our-centres/maggies-yorkshire/

Whatever kind of cancer, and whatever stage you're at – we're here for you.



COSRT - College of Sexual and Relationship Therapists

www.cosrt.org.uk/

Finding a local sex therapist.



Fertility Network UK

fertilitynetworkuk.org

support for patients undergoing fertility issues.



OUTPatients

outpatients.org.uk/

Support for LGBTIQ+ people affected by cancer.

Support Services and Contact Numbers

Mr Tiernan's secretary	0113 206 7219
Mr Quyn's secretary	0113 206 7219
Ward J44 / 45	0113 206 9144 / 45
High Dependency Unit J81	0113 206 9181
Intensive care unit J54	0113 206 9154
Colorectal CNS	0113 206 5535
Colorectal Dieticians	0113 206 6383
Maggie's	0113 457 8364

*(support for patients
undergoing cancer treatment)*



What did you think of your care?

Visit: [www.leedsth.nhs.uk/patients/support/
feedback-complaints/friends-family-test/](http://www.leedsth.nhs.uk/patients/support/feedback-complaints/friends-family-test/)

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