



Ultra-radical Surgery in Gynecologic Oncology

During last decades, the gynecologic oncology surgery has evolved in two opposite directions: first, a tendency to decrease the surgical morbidity, like the shift from laparotomy to minimally invasive surgery for many pathologies, the sentinel node concept or the avoidance of more aggressive surgery for some specific circumstances; second, a tendency to push forward the limits of surgical effort, based on development of new surgical techniques, improved skill or surgical devices, perioperative care, etc. The place of cytoreductive surgery in ovarian cancer is clearly demonstrated, but, for other ultra-radical procedures, their role and benefit for the oncologic patients have to be more investigated: pelvic exenteration together with non-continent or continent urinary diversions or vaginal and pelvic floor reconstructions, laterally extended parametrectomy (LEP) or laterally extended endopelvic resection (LEER), vascular or sacral resection, etc. The goal of EJGO Special Issue "**Ultra-radical surgery in gynecologic oncology**" is to share your experience and to find the proper balance between an aggressive surgery and its complications, perioperative care, disease-free and overall survival and quality of life for the oncologic patients.

Guest Editor(s):



Prof. Mihai Emil Căpîlna

mcapilna@gmail.com

First Obstetrics and Gynecology Clinic, "G.E Palade" University of Medicine, Pharmacy, Science and Technology, Târgu Mureș, Romania