ASPECTS OF SURGICAL ONCOLOGY

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The oncological surgery is one of the oldest surgery divisions and thus has well defined rules. Recent training for surgical residents has a serious part in this, so it is more than wise follow these rules as much as possible.

Besides many, there are few, that you cannot break:

• TALK to your clients- explain them using “their language” what is the possible/definitive diagnosis, options of treatment, possible complications and above others- the PROGNOSIS
• ALWAYS know your „enemy“- the knowledge of the nature of the mass you are about to cut must be well recognized prior the surgery
• PLAN your surgery in the mean of:
  o TYPE of procedure (curative surgery vs. cytoreduction vs. palliative procedure!)
  o EXTENT of surgery needed to achieve the goals mentioned above
  o CLOSURE (simple vs. advanced closure techniques)
• PLAN B- always have it, if something goes wrong either during resection or closure
• Always SUBMIT samples from the final resection for histopathology

The oncological surgery is not a sole surgical act. It has to be always a team work. From the diagnostic part (biopsy, staging.....) thru surgery to adjuvant follow-up.

Oncological surgery is not an act of heroism. If you don’t feel comfortable with either diagnosis or surgical removal or closure, refer the patient to the colleague, who has more experience. You will remain on lower complication level and your client will be satisfied. Instead of hazarding with your patient- work on building local network of clinics, which cooperate either in diagnostics, surgery treatment and following adjuvant therapy as well.

Although one of the oldest, the oncological surgery is still dynamically growing field of general surgery. Only the interdisciplinary approach is the most beneficial for our patient and we are obliged to be continuously educate our self.