

Editorial

Teamwork is needed for better care

In a recent issue of the *Taiwanese Journal of Obstetrics and Gynecology*, an interesting article by Hsu et al entitled *A surgeon's help with the management of bowel problems related to gynecology is truly needed—comparison of two periods of 24 years*, concluded that gynecological problems frequently involve the colon or rectum, and that cervical cancer-related problems are still the most common type requiring a colorectal surgeon [1].

There is no doubt that with advanced techniques, anesthesia, antibiotics, and medical care, especially postoperative care, many extensive and radical surgeries can be completed in the treatment of many kinds of surgical illnesses, especially for cancer patients [2,3].

For example, in the management of epithelial ovarian cancer, much more extensive and active surgery might be a crucial step for partial improvement of survival in epithelial ovarian cancer patients, since optimal debulking surgery, including diaphragmatic surgery, and possible bowel resection and systematic lymphadenectomy, might improve overall survival in advanced-stage patients [4,5]. However, it is unclear whether there are any differences in progression-free survival, quality of life, and morbidity between the standard surgery and ultra-radical/extensive surgery in the management of advanced-stage epithelial ovarian cancer; and, importantly, the cost-effectiveness has not been investigated [6]. In addition, surgery for bowel obstruction in relapse epithelial ovarian cancer is associated with high morbidity and mortality rates, especially in emergency cases, compared with other gynecological oncological procedures and, most crucially, optimal debulking did not predict survival or successful palliation from surgery for bowel obstruction [7]. In addition, patients with epithelial ovarian cancer who received aggressive care did not have improvement in survival, because short disease remissions and increasing hospitalizations with significant clinical events were found in these patients [8]. These conflicted data question the old concept of some surgeons that much more radical surgery, especially through traditional exploratory laparotomy, is the cornerstone of successful treatment [9].

Based on the above, we completely agree with Dr Hsu's comment that "a surgeon's help with the management of bowel problems related to gynecology is truly needed." However, we should emphasize that the patients will obtain the best benefits and best-quality patient care from a well-trained and cooperative team of specialists, including medical care, anesthesia, rehabilitation, and nutritional and psychological support. As

Dr. Hsu emphasized, gynecologists, even specialist gynecological oncologists, or surgeons, are only one member of the team, not the entire team.

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