It involves removal of localized tumors that have not metastasized. However, cures have been obtained even after the cancers have been present for a long time. The management plan for each cancer is chalked out once the cancer is identified and staged. Treatment plan may include surgery, radiation and chemotherapy. Each of the treatment has a well-established role and can cure some types of cancer when used as monotherapy. As a single modality, surgery is the primary treatment for almost all solid tumors.

Surgery is suitable for local and regional control of disease and may result in cures in early stages of cancer. In patients with locally advanced tumors, surgery has significant role in addition to other modalities for improving the quality of life and overall survival.

Multi-disciplinary management is more effective than sequential mono-therapies and results in more cures and improved organ and function preservation in treatment for breast cancer, laryngeal cancer, and bone sarcomas.

Surgery plays an important role in diagnosis, staging and treatment of cancer. It also contributes to cancer prevention, structural and functional reconstruction & rehabilitation, and palliation. Even in highly radio or chemo sensitive tumors, surgery can contribute through removal of tumor masses for palliation and treatment of complications.

**WHAT IS CURATIVE SURGERY?**

It involves removal of localized tumors that have not metastasized. This may entail removal of part of an organ or a whole organ or sometimes adjacent organs as well with clear margins. The lymphatic basin to which the tumor drains is also addressed in curative surgery. The patient may require chemotherapy and radiation as an adjunct.

**WHAT IS MINIMALLY INVASIVE/LAPAROSCOPIC ONCOLOGY SURGERY?**

Laparoscopic oncology surgery is a well-established field. It is now possible to achieve what open surgery can achieve, through key hole surgery in select situations. Laparoscopic surgery for gastric, rectal cancers, urinary bladder and prostate cancer, gynecological cancers have shown equal results as compared to open surgery. Due to advantages of laparoscopic surgery, it is opted by more and more patients now. Advances in computer imaging and robotics have benefited both - the surgeons and the patients in equal measures.

**WHAT IS SUPPORTIVE SURGERY?**

It is performed to ease the administration of other therapies. A port insertion (device connected to central venous system) or Hickmann catheter aids in the ease of chemotherapy administration especially when prolonged treatment is required.

**WHAT IS PALLIATIVE SURGERY?**

It is performed to ease symptoms associated with advanced cancer. The idea is to aid the nutrition of the patient, keep him/her pain free and improve overall quality of life in the terminal stages of illness.

**WHAT IS DIAGNOSTIC SURGERY?**

It is performed to obtain tissue for pathologic diagnosis of cancer

- **Trucut biopsy:** When fine needle aspiration cytology (FNAC) does not give requisite information on the nature of cancer, then it is necessary to resort to Trucut biopsy (core-needle biopsy) to obtain cores of tissue for a diagnosis
- **Incisional or excisional biopsy:** Performed under local anaesthesia to remove a small piece of a tumor (incisional) or the entire mass (excisional) to arrive at a pathologic diagnosis or to characterize the tumor better
- **Diagnostic Laparoscopy/Thorascopy:** If the tumor is within the abdomen or the chest, then biopsy may be resorted to under general anaesthesia through laparoscopy or thorascopy respectively

**WHAT IS ONCOPLASTIC SURGERY?**

This type of the surgery returns the body to normal or near-normal appearance following surgical resection. The most common restorative surgery is reconstruction of a breast after a mastectomy, flap reconstruction of facial defects after head and neck cancer surgery.
WHAT IS PREVENTIVE SURGERY?

It is performed to ease symptoms associated with advanced cancer. The idea is to aid the nutrition of the patient, keep him/her pain free and improve overall quality of life in the terminal stages of illness.

WHAT IS PROPHYLACTIC SURGERY?

It is undertaken to reduce the risk of cancer in high risk patients. This applies to patients with a strong family history of breast or ovarian cancer or BRCA I or II carriers where bilateral prophylactic mastectomies and oophorectomies are offered to these patients and in polyposis coli a prophylactic colectomy or a prophylactic thyroidectomy in MEN syndromes.

WHAT ARE THE MULTI-SPECIALTY CANCER CLINICS?

Multi-specialty Clinics at International Oncology Centre bring together different specialties in search of optimal treatment of cancer. With its multi-disciplinary representation, no group other than the multi-specialty clinic is better prepared to treat the patient who may feel fragmented by the treatment approaches offered by the different medical specialties.

• Head and Neck Cancer Clinic deals with oral/oropharyngeal cancer, tongue cancer, laryngeal cancer, base of skull cancer, thyroid cancer, tumors of salivary gland and reconstruction surgery
• Gynaecology Cancer Clinic deals with cancer of the cervix, ovarian cancer, endometrial cancer, cancers of external genitals, screening of cervical cancer, laparoscopic cancer surgery for gynecological cancers
• Breast Cancer Clinic deals with breast conservation surgery, mastectomy, oncoplasty reconstructions and breast cancer screening
• Lung Cancer Clinic deals with comprehensive management of lung cancer
• Gastro-Intestinal Cancer Clinic deals with esophageal cancer, gastric cancer, hepatobiliary cancer, pancreatic cancer, colo-rectal cancer, laparoscopic surgery for gastric and colo-rectal cancers
• Genitourinary cancer (Radical Nephrectomy, Cystectomy, Prostatectomy)
• Thoracic cancer (Lung resections, Three field Esophagectomies and Transhiatal Esophagectomy)
• Gynae Oncology (Radical Hysterectomy, Ovarian Laparotomy, Pelvic exenteration)
• Skin cancer
• Limb preservation surgeries for sarcomas
• Thyroid, Parathyroid, Adrenal, Thymus & other Endocrine cancer
• Metastasectomy in select group of patients

WHAT IS THE TUMOR BOARD?

Each and every cancer patient is evaluated by a Tumor Board which consists of experts from Surgical Oncology, Radiation Oncology, Medical Oncology, Pathology and other related specialists to chart out a tailor made treatment plan. The team ensures the best surgical outcomes by practicing evidence based medicine in accordance with international treatment pathways.

WHAT ARE THE COMMON SURGICAL PROCEDURES?

• Head and neck cancer (Oral cancer, Laryngeal conservation surgeries and microvascular reconstructions)
• Breast cancer (Breast conserving and reconstructive procedures)
• Oncoplastic surgery
• Gastro-intestinal cancer (Radical gastrectomy, Sphincter preserving surgeries for rectal cancers, Minimally Invasive/Laparoscopic Colectomy, Anterior Resection for rectal cancer)
• Hepatobiliary and Pancreatic cancer (Hepatic Lobectomy, Radical Cholecystectomy, Whipple’s resection)