

**Figure 1**

An illustration of the types of pelvic resection.

Table 3: Types of resection and Methods of reconstruction

	T1	T1/2	T2	T2/H1	T2/3	T3	T4	T1/4
Limb Sparing Surgery (41)	7	3	0	3	9	3	7	7
Amputation (8)					8			
Reconstruction (19)	1 FVFG 1 pelvic reconstruction with bone cement	3 ischiofemoral pseudoarthrodesis		2 pelvic allograft with hip arthroplasty 1 saddle prosthesis with reconstruction plate	8 saddle prosthesis 1 pelvic allograft with hip arthroplasty			1 FVFG 1 ischiofemoral pseudoarthrodesis

terms like excellent, good, fair or poor are assigned to a specific numerical range. (26–30 Excellent, 21–25 Good, 16–20 Satisfactory, 11–15 Fair, and 10 or less Poor)

Results

Duration of surgery

The mean operative time was 5.2 (1.5 – 10) hours.

Blood loss

The mean number of packed cell units for intra-operative transfusion was 10 (2 – 26) units.

Length of stay

The mean length of in – hospital stay was 23 (2 – 110) days.

Oncologic Outcome

Of the 5 patients who underwent surgery for metastatic carcinoma, marginal margins were achieved in 3 patients, and wide margins were achieved in the other 2 patients.

Of the 38 patients who underwent surgery for sarcoma, intralesional margin was achieved in 1 patient, marginal margins were achieved in 10 patients, wide margins were achieved in 24 patients and radical margins were achieved in 3 patients.

The oncologic outcomes in relation to tumour type, previous biopsy and surgical margin are shown in Table 4. 7

patients had local recurrence. 19 patients developed metastasis. 19 patients died of disease. The mean survival of these patients was 14.2 (1 – 51) months.

Complications

22 of the 49 patients had complications.

There was one intraoperative death.

3 patients had common peroneal nerve palsy and 1 patient had sciatic nerve palsy. 2 patients had urinary incontinence and 1 patient had erectile dysfunction after Type 4 pelvic resection.

14 patients had wound infections: 2 of these were superficial infections and 12 were deep infections.

1 patient had a wound hematoma.

3 patients had dislocation/disarticulation of the saddle prosthesis.

3 patients after external hemipelvectomy had phantom limb pain.

13 patients required additional surgeries. 6 of these patients required open drainage or debridement of infected wound. 1 patient required removal of prosthesis due to infection. 2 patients required subsequent split-skin