

# Surgery

People with NETs often have surgery to remove the tumours. The goal of surgery depends on the type of NET cancer, its location in the body and size and whether it has spread from where it began.

Different surgeons may be involved with NETs depending on their expertise and training (e.g. endocrine, colorectal, hepatobiliary, pancreatic and cardiothoracic surgeons).

Surgery for NETs should be done in facilities which have NET specialist units where the surgeons work as part of a team including anaesthetists, oncologists, gastroenterologists, nurses, radiologists and other doctors with expertise in NET cancers.

## Curative surgery

This is surgery used when the cancer has not metastasised (spread outside the organ or area where it started). If the tumour can be removed whole and intact with a surrounding margin of clear, healthy tissue, then the surgery will potentially cure the cancer and no other treatment may be necessary.

A follow-up plan will be needed after surgery.

## Palliative surgery

When the tumour or tumours have spread or become too large to remove completely, then surgery may be considered to 'de-bulk' the tumour. This will relieve symptoms caused if the tumour is affecting other organs or producing excessive amounts of hormones.

## Cardiac and thoracic surgery

Thoracic surgery may be indicated for patients with pulmonary NETs and cardiac surgery for patients with carcinoid heart disease who may need cardiac valve replacement.

## Perioperative and anaesthetic management of NET patients

Patients with NET may be at risk of 'carcinoid crisis' in the perioperative period or during surgery. The NET specialist should discuss this with the anaesthetist before surgery.