Liverpool Women's
NHS Foundation Trust

Laparotomy with or without Hysterectomy, Bilateral Salpingo-Oophorectomy and Omentectomy Information Leaflet

Laparotomy with or without Hysterectomy, Bilateral Salpingo-Oophorectomy

This leaflet has been written and produced to inform you, your partner and family in order to assist and support you if you are considering or have been recommended to have this surgery. **It is not intended to replace verbal information** with your surgeon and specialist nurse. You can access other information via websites available – see end of leaflet.

What is a Laparotomy?

A laparotomy means an operation to look inside the abdomen. Usually the **ovaries and fallopian tubes and the Uterus (womb) are removed**. Samples from other tissues such as the **lymph glands and the omentum (a fatty layer)** may also be taken. It may sometimes be necessary to remove a small piece of bowel and rejoin the ends or form a stoma (where a piece of bowel comes through the skin onto the abdomen). Occasionally if it is not possible to carry out the full operation, samples of tissue (**Biopsies**) will be taken and sent away for examination.

The incision (cut) in your abdomen (tummy) **will be vertical (up & down)**. This allows your consultant to assess thoroughly for any signs of the disease spreading. A sample of fluid (**peritoneal washings**) may also be taken from the area in the operation. Inpatient stay is approximately 3-4 days.

Benefits & Reasons for Having a Laparotomy

The aim of this surgery is to give the best possible outcome of your treatment management.

Your doctor will have explained that you may have or suspect that you have cancer of the ovaries. The operation can be performed for diagnosis and/or treatment. It may also be performed after you have had some chemotherapy treatment. See leaflet (Cancer of the Ovary).

Your partner and carer may also have concerns and questions about how they can help you, and how your condition and treatment will affect them.

Try to find out as much as you can about your treatment options and make a list of questions you may want to ask your doctor. (See information resources at back of leaflet).

What Happens Before The Operation?

You will attend Pre-operative Clinic either the same day or visit on another date before the operation. During this visit the staff will discuss the type of operation you will be having and what to expect before and after. You will have the opportunity to ask any questions that you may have.

The staff will ask you to complete a health questionnaire and written and verbal information about the Enhanced Recovery programme will also be given to you. It would also be helpful if you would make a list of all the medicines and drugs you are currently taking. The staff may seek advice from an anaesthetist or physician before your operation. A few tests may be performed such as blood pressure, urine test, blood tests and sometimes a chest x-ray or heart tracing. You may need to see an anaesthetist for assessment before your operation. The pre op staff will discuss with you blood thinning injections when you go home after your operation; there is a risk of blood clots after any surgery (and particularly after surgery for cancer), and the injections (for up to 4 weeks after the operation) will minimise this risk.

If you have any special requirements or needs (physical or practical) for your admission such as a special diet or religious/cultural needs please let the staff know during your visit so that all necessary arrangements can be made.

By attending the pre-operative clinic your future care can be jointly planned according to your individual needs, and all necessary steps taken to make your stay as comfortable as possible. If you feel you may need help following surgery please discuss this with your GP or the nurse at the pre-operative clinic.

In Hospital – Before your Operation

You will be admitted to the hospital on the day of your operation or the day before. As soon as you know you need an operation, try and get yourself into the best possible physical shape so that you can recover more quickly.

Stop smoking, eat a healthy diet and if able, take regular exercise. If possible make plans with your family for while you are in hospital and arrange for some extra help at home for your first couple of weeks at home.

You will be shown to your bed by a member of the team. The nurse will introduce herself and show you the ward layout.

Before you go into the operating theatre you will not be allowed to eat or drink for several hours before your operation. If you are in hospital the night before you will be asked to shower the morning of the operation, if coming in on the day please do this prior to admission.

There is usually an opportunity to meet the anaesthetist prior to surgery to discuss any concerns.

You may be given support stockings to wear during and after your surgery and you will also be prescribed an injection to reduce the risk of blood clots in the post-operative period. This is given as prescribed by the doctor. A member of the ward team will escort you to theatre and they will complete a checklist prior to you leaving the ward. The nurse will stay with you until the theatre reception staff takes over.

On arrival in theatre, you will meet the anaesthetist who will put you to sleep with an injection given via a small needle in the back of the hand. When you wake up the operation will have been completed and you will be in the recovery room which is alongside theatre. Here you will remain for a short while for observation, before being brought back to your bed on the ward.

After Your Operation

You will probably feel some discomfort when you wake, and you will be given painkillers as required (see leaflet). You may have a drip in your arm and a catheter or small tube to drain urine from your bladder.

Your surgeon will visit to explain exactly what happened during the operation and will be able to tell you when you can start to drink and get out of bed.

A slight discharge or slight bleeding from the vagina is normal but if this becomes heavy you should tell your nurse straight away. You may get griping wind pains caused by bowel and stomach gas, but there are medicines which can help. You will be given a laxative to aim to avoid constipation causing pain after the operation.

Your stitches are usually dissolvable so do not need removing. Occasionally the surgeons will use clips and these will be removed by either the ward nurse or the district nurse and you will be informed when this will happen.

You will normally stay in hospital for 3-4 days. Once home you will receive an enhanced recovery phone call from a nurse to check on your progress.
Any tissue taken at the time of your operation will be sent for examination and you will be informed of the result in clinic, this usually takes 3 weeks. Following investigation the tissue will be disposed of in accordance with health and safety. You may be asked if a fragment of any tissue removed to be kept as part of our ongoing commitment to research for future treatments into cancer. This would only be done with your agreement.

Possible Complications

Although we try to make sure that any problems are kept to a minimum, no surgical operation can be guaranteed free of complications. The operation itself or the general anaesthetic may occasionally give rise to difficulties, which will make your stay in hospital longer or your recovery slower.

The risk of developing complications after surgery is increased in some patients. If you smoke you are more at risk of a chest infection. If you are overweight or diabetic you are more at risk of developing wound infection.

Frequency and Pain in Passing Urine

Occasionally, after a hysterectomy you may feel the need to pass urine more frequently. This is a result of slight bruising and swelling of the bladder. Pain relief such as paracetamol is recommended. It is also beneficial to exclude a **urine infection** if this persists.

'Wind Pain' / Delayed Bowel Function

The operation can affect your bowel function and cause increased wind pain. This can cause pain in the abdomen, shoulder and back. Eating small quantities, especially of fruit and vegetables, and drinking plenty of fluid will help to re-establish your normal bowel movements. Painkillers and moving about will also ease the discomfort.

Occasionally the bowel can 'go on strike'. This is known as an **Ileus**. This can cause abdominal pain and distension, vomiting and constipation. If this happens you will have a drip and not be allowed to eat until your symptoms settle, usually within a couple of days.

Constipation

It usually takes time for your bowels to return to their normal pattern; you will be offered laxatives to take after the operation to minimise any potential problems with bowel function.

Vaginal Bleeding / Discharge

Some women have a small bloodstained vaginal discharge after the operation.

Occasionally you can bleed quite heavily. This may be a sign that **the wound inside your vagina is not healing, or that there is infection or a blood collection developing**. If you are concerned about your bleeding please tell the nurse looking after you and she will assess if it is normal.

If this becomes a heavy loss or an unpleasant smelling discharge when you go home, you are advised to contact your GP or the gynaecology ward.

Infection

With any invasive operation there is a risk of infection. Already mentioned are **urine and vaginal infection**. There is also a Risk of developing a **chest infection** particularly if you have breathing related illnesses or you smoke. It is important to do deep breathing exercises after your operation. If necessary you may be referred for physiotherapy, or need a course of antibiotics.

Another potential area of infection is the **abdominal wound** (cut on your tummy). For example, redness around the wound or your temperature is raised. A member of the nursing staff will check your dressing each day. Please tell them if you are worried. It is also possible to develop a **blood collection behind the wound**; this would cause extreme bruising and tenderness.

Bleeding

It has already been mentioned that there can be bleeding from the vagina and the abdominal wound. Very occasionally patients bleed heavily during surgery and it is necessary to have a **blood transfusion**. If you have any concerns regarding this please speak with your Consultant or Specialist Nurse.

Damage to the Bowel or Bladder

Due to the nature of your surgery and the anatomy inside the pelvis there is a **small risk of damage to either the bladder, the ureters (tubes to the kidney) or the bowel**. The surgeon doing your operation would explain beforehand if you were at an increased risk. If there are any problems during the operation these would be dealt with appropriately and you would be informed after your surgery.

Adhesions / Hernia

Almost all patients undergoing surgery on their abdomen will develop some adhesions. This is scar tissue which sticks together. They usually cause no symptoms and you are not aware of them. Rarely can they cause persistent pain or problems with bowel function. A hernia is a defect in the scar that can develop, occasionally this requires corrective surgery.

Developing a Clot

It is well recognised that having major surgery can cause patients to develop **Deep Vein Thrombosis is (blood clot in your leg) or Pulmonary Embolism**, (blood clot in your lung) and this also is increased for gynaecological cancer surgery. As this is a known risk, all patients having major surgery are advised to wear anti embolism stockings until fully mobile, (fragmin) a blood thinning therapy is given each day depending on your risk score (see separate leaflet).

All the above are possible complication which will be discussed with you prior to signing your consent form. If you have any concerns please speak to a member of the nursing team.

Your Questions Answered

When Should I Stop Taking The Oral Contraceptive Pill?

You should stop taking it as soon as possible before your operation and use a barrier method instead. After the operation you will no longer be able to become pregnant.

How Does Having A Laparotomy Bring About The Menopause?

The menopause happens when your ovaries stop producing eggs and therefore the hormones oestrogen and progestogen which control your monthly menstrual cycle are reduced. You may already have experienced the menopause naturally. If your ovaries are removed during your laparotomy and you have not already gone through the menopause then you will have your menopause straight away.

What Are The Symptoms Of The Menopause?

Hot flushes and night sweats are the most common. These can be embarrassing, uncomfortable and can disturb your sleep. Dryness in the vagina can cause pain and discomfort when making love. Other problems are mood changes, tiredness, anxiety and loss of concentration. Hair and skin can become dry and joints may be painful. In time, low oestrogen levels can cause osteoporosis (thinning bones) and heart disease.

How Can Hormone Replacement Therapy Help?

Hormone replacement therapy (HRT) relieves menopausal symptoms and can prevent osteoporosis. As the name suggests, this treatment replaces the oestrogen your ovaries no longer produce. There are many different types and strengths of HRT available. HRT can be given either as tablets to be taken every day, as implants which are inserted under the skin every 6 months or so or as skin patches which you change twice a week. Your doctor should be able to find a form of HRT to suit you.

Can I Have HRT and When Should You Start HRT?

Your consultant will advise you based on your results if it is appropriate for you to consider HRT and if so when to start.

Returning To Work

Recovery time is variable for patients; a degree of tiredness is experienced for some time. Return to work depends on the nature of your job. You must feel comfortable at work and be able to cope. You will probably feel tired at first. You will need to refrain from work for at least 8-12 weeks but your GP will give you advice, or if you are attending for a gynaecology out-patient appointment you may discuss this with the doctor.

Driving

Your movement and strength must be able to cope with an emergency stop before you return to driving. You should feel comfortable behind the wheel, with a seat belt over your abdomen. Recommended guidelines suggest 4-6 week, or you could check with your insurance company.

Sex

It is advisable to refrain from intercourse for at least 6 weeks. This is to prevent infection and to reduce trauma. Resuming sexual intercourse will depend on the type and extent of surgery you have had and if you are worried about this then please speak to a member of staff before you are discharged.

Emotional Health

What will I feel like?

After your operation, as after any big operation, you may feel depressed and tearful. This is a normal reaction, which the doctors and nurses understand. You may find it helps to talk with the staff caring for you so don't bottle up your feelings.

As time passes, you will begin to feel better but you may still have 'up' days and 'down' days. It may take 6-12 months before you feel you have really adjusted physically and emotionally to what has happened. This is also normal. Some women find it helps to talk to their doctor, a specialist nurse or to one of the organisations listed at the back of this booklet. Please feel free to discuss your concerns.

Follow up appointment

Yes, you will be given a follow up appointment for approximately 3 weeks after your operation. At this appointment your doctor will have the report from the laboratory about the tissue from the operation. Depending on these results, you may need further treatment with chemotherapy (drugs). If this is recommended, your surgeon will discuss the treatment individually with you.

Will I come back for check-ups?

Usually, after your hysterectomy the doctors will ask you to attend hospital at regular intervals. You will be given an appointment for the outpatient clinic and as time passes the appointments will probably become less frequent. The follow up appointments will involve regular clinical assessment and vaginal examinations. (See - What to expect during your follow up care leaflet).

Your family doctor will have received details of your operation, so if you feel that things are not gradually returning to normal when you are at home, you might like to discuss this with him/her. Well-meaning friends, relatives and even other patients can give inaccurate and sometimes alarming information. Although many women are sometimes embarrassed to talk about themselves after this operation, it may be helpful for you to share your concerns with your family doctor or practice nurse. If you are still worried you may wish to contact the hospital.

Equal Opportunities

The hospital is committed to promoting an environment, which provides equal opportunities for all patients, visitors and staff. If you have any special requirements such as dietary needs, interpreter services, disability needs or a preference for a female doctor do not hesitate to discuss this with a member of staff who will try to help you.

Where can I get help?

If you have queries or problems regarding your illness or operation, or experience any unexpected problems, please contact:

- Your hospital doctor (Consultant)
- one of their team
- specialist nurse
- your family doctor/ practice nurse / community nurse

Both National and local leaflets/information are available on all aspects of your recovery. Please ask your nurse specialist for further links to this information.

Further Help

The staffs on the ward are always available to discuss these and any other issues with you fully, please do not hesitate to ask.

A cancer information service is also provided by these organisations:

The Daisy Network
PO Box 183
Rossendale
Lancs
BB4 6WZ
www.daisynetwork.org.uk

Ovacome
Po Box 6294
London
W1A 7WJ
Ovacome Support Line: 0845 371 0554
Email: ovacome@ovacome.org.uk
http://www.ovacome.org.uk

Gynae C
Tel: 01793 302005
www.communigate.co.uk/wilts/gynae

Menopause Matters
www.menopausematters.co.uk

Macmillan Cancer Support
Cancer Support Line: 0808 808 0000
www.macmillan.org.uk

Eve Appeal
www.eveappeal.org.uk

References

Gynaecology
Shaw, Southler & Stanton
Published by Churchill Livingstone

Hysterectomy –
The emotional aspects,
published by

Dennerstein, Wood & Burrows

Natural Alternatives to HRT
Marilyn Glenville
Published by Kyle Cathie Ltd
ISBN -1 -8 5626- 254- 5

Our bodies Ourselves
Jill Rakusen & Angela Phillips
Published by Penguin

The Menopause
Rosetta Reitta
Published by Penguin

A Woman's Guide to Hysterectomy – Expectations & Options
A Hass & S Puretz
Published by Celestial Arts
ISBN 1-58761 - 105 - 8

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This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

Liverpool Women's NHS Foundation Trust
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Tel: 0151 708 9988
Ref: Mac_2018-160
Issue Date: 11/09/2018
Review Date: 10/09/2021