

Robotic Surgery for Endometrial Cancer Information Leaflet

PATIENT ID

DIAGNOSIS:

GRADE:

RADIOLOGICAL STAGE:

What is a Hysterectomy?

A hysterectomy is an operation to remove the uterus (womb). The type of hysterectomy you will have will depend on your individual circumstances. Your surgeon will talk to you about which hysterectomy is best for you.

What type of Hysterectomy has been offered to you?

Total hysterectomy with bilateral salpingo-oophorectomy

What is removed?

The uterus, cervix, ovaries and the fallopian tubes are removed.

What is left behind?

The vagina is left behind.

Why should you have a Hysterectomy?

Definitive surgical management of womb cancer (uterine or endometrial cancer). Your doctor will discuss with you the reasons why you need the operation.

How is a Hysterectomy performed?

A hysterectomy can be performed using various approaches, such as an open procedure (traditional) or minimal access surgery, or key-hole surgery (laparoscopic or robotic assisted). Which procedure is best for you will be decided in consultation with you and your surgeon. Your surgeon will explain to you their opinion on which method is most appropriate for you.

The minimal access surgery (key-hole) hysterectomy procedure is carried out using four or five small incisions (key-holes) rather than one large incision (as in traditional surgery). These incisions are about 1cm in length, (compared to a single 15cm long incision used in traditional open surgery) with the uterus being removed via the vagina. This minimal access (key-hole) procedure is now offered via either the traditional manner using laparoscopic instruments or by the surgeon with the help of a robot (robotic assisted).

What is robot-assisted surgery?

Firstly, it is important for you to understand that the robot is not performing the surgery.

The surgeon still carries out the procedure, but the robotic console allows more controlled and precise movements during the operation, the robot is only assisting the surgeon. Robot-assisted surgery is a laparoscopic (key-hole) technique that the surgeon performs by using a robotic console during the operation. Your surgeon is in the same room, but away from you, and controls the robot's arms during the operation.

The robot has four arms. One holds a high-magnification 3D camera, which is inserted into your abdomen through one of the keyholes. This allows your surgeon to see inside. The other robotic arms hold various instruments, which your surgeon will use to carry out the operation. The instruments are smaller than those used for conventional open surgery.



What are the advantages of robotic surgery?

- Shorter hospital stay
- Less pain
- Reduced risk of wound infection
- Less blood loss meaning a reduced need for a blood transfusion
- Reduced scarring
- Faster recovery after leaving the hospital
- Quicker return to normal activities, such as driving

What are the 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 may 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 chest infections. If you are overweight or diabetic you are more at risk of developing a wound infection.

Possible post-operative complications include:

- **Frequency and pain 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 symptoms persist.
- **'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 be put on a drip and not be allowed to eat until your symptoms settle, usually within a couple of days. The risk of an ileus is higher if you have had an abdominal hysterectomy.
- **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 blood stained 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 infections. 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 kidneys) 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 (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 and to have a blood thinning injection (Fragmin) each day.

Is there anything I should do to prepare for my operation?

Before your operation, an appointment will be made for you to come to the hospital for a pre-assessment meeting. This is performed for all types of operation. If you have not already signed your consent form, you will see a doctor who will fully explain the operation to you and answer any questions you may have. At this appointment, you will have some tests and a nurse will discuss your operation again with you, to ensure that you fully understand why you need the operation and what is going to happen to you. If you have any questions, then please write them down and bring them to the appointment with you. Make sure that all of your questions have been answered to your satisfaction and that you fully understand what is going to happen to you.

If you are a smoker, you should stop smoking or reduce the number of cigarettes you smoke in the days leading up to the date of your operation. This could reduce the risk of chest problems as smoking makes your lungs sensitive to the anaesthetic used.

If you need further information about stopping smoking please contact your GP or Smokefree NHS on 0800 022 4332.

You should also eat a healthy diet. If you feel well enough, take some gentle exercise before the operation as this will also help speed your recovery afterwards.

Before you come into hospital for your operation, try to organise things ready for when you come home. If you have a freezer, stock it with easy-to-prepare food. Arrange for relatives and friends to do your heavy work (such as changing your bedding, vacuuming and gardening) and to look after your children, if necessary.

Formation of blood clots - how to reduce the risk

You can reduce the risk of clots by:

- Being as mobile as you can as early as you can after your operation
- Doing exercises when you are resting, for example:
 - Pump each foot up and down briskly for 30 seconds by moving your ankle
 - Move each foot in a circular motion for 30 seconds
 - Bend and straighten your legs - one leg at a time, three times for each leg.
- Daily heparin injections (a blood thinning agent) - you may need to continue having these injections daily when you go home; your doctor will advise you on the length of time you should have these for
- Graduated compression stockings, which should be worn day and night until your movement has improved and your mobility is no longer significantly reduced.

When should I seek medical advice?

- If there is red and painful skin around your scars: This may be caused by a wound infection. Treatment is with a course of antibiotics.
- If you experience burning and stinging when you pass urine or need to pass urine more frequently. This may be due to a urine infection. Take a urine sample and contact your GP.
- If you experience heavy or smelly vaginal bleeding: This may be because of an infection or a small collection of blood at the top of the vagina. Treatment is usually with a course of antibiotics.
- If you notice one or both of your legs are swollen, or you have shortness of breath or chest pain. There is a small risk of blood clots forming in the veins in your legs and pelvis (deep vein thrombosis) after any operation. Rarely, these clots can travel to the lungs (pulmonary embolism).
- Increasing abdominal pain. If you have increasing pain along with a temperature (fever), loss of appetite or vomiting, this may be because of damage to your bowel or bladder, in which case you need to come to the hospital.

Surgical Care during the Coronavirus (COVID-19) Pandemic

Your assessment and care may be disrupted, delayed or performed differently during the pandemic.

Coming into the hospital might increase your chances of contracting COVID-19 virus, or you may be already carrying it when you come for your operation.

If COVID-19 infection occurs when you have surgery or whilst in hospital, this could make your recovery more difficult, or increase your risk of serious illness, or death.

We will do everything we can to perform your operation, keep you safe, and to provide you with information at all stages. We will listen to your concerns and discuss them.

You may wish to delay your operation, and we would understand your reasons for this. However, future dates for surgery may take much longer than normal to be scheduled.

Special preparation in relation the COVID-19 pandemic

The pre-op team will advise you to self-isolate prior to your procedure and the hospital will undertake a swab test to rule out any evidence of current COVID -19 infections. Please kindly declare if you have any symptoms of COVID-19 or have had any close contact with someone who has been diagnosed with COVID-19. Please kindly inform the pre-op assessment team.

What happens on the day of my operation?

You will meet the team



You will be admitted to the ward on the day of your operation. You will meet the nurses and doctors involved in your care. The anaesthetist may visit you to discuss the anaesthetic. Any further questions you have can also be discussed at this time.

Sometimes you may have to wait on the ward for a few hours. The length of that wait depends on when your operation is scheduled on the operating list. This can change at short notice.

You will not be allowed to have anything to eat (including chewing gum or sweets) for 6 hours prior to the operation; or anything to drink for 2 hours before the operation. The ward staff will tell you more about this. You will be asked to change into a theatre gown. All makeup, nail varnish, jewellery (except your wedding ring), dentures and contact lenses must be removed.

What happens after the procedure?

The following information is a guide as to what may happen after your operation.

Everyone recovers at a different pace and if you have any concerns please talk to any of the doctors or nurses responsible for your care.

When you wake up you will have:

- an oxygen mask on your face to help you breathe after the general anaesthetic
- a drip in your arm to give you fluids
- a small clip on your finger to check your oxygen levels
- a temporary bladder catheter (a fine tube) inserted into your bladder to help you pass urine

Usually people are independently up and about the next day and go home after lunch time if all remains well.

You will feel very tired and it is important that you do not have too many visitors on the first day after your operation.

The first day after your operation:

To help you recover from your operation and reduce the chance of problems, the ward team will encourage you to:

- Sit upright, especially out of bed. This lets your lungs open up fully, making it easier to cough, and helps to prevent you from getting a chest infection.
- Start moving around. They will do that as soon as possible because it is good for your blood circulation and along with your surgical stockings can help prevent blood clots. Please do not get out of bed until your nurse has told you it is safe to do so.

You will be given a daily injection of a medication (Low Molecular Weight Heparin – ‘Fragmin’) to reduce the risk of blood clots. You may be discharged with a months’ supply of these injections depending on your particular risk factors. Your nurse will teach you how to give yourself these.

Once you are able to drink normally your drip will be taken away. Drinking plenty of fluids and walking around will also help your bowels to start working again. Your catheter will be removed the next day at 6am if all is well, unless you are instructed otherwise by your surgeon.

You will be given tablets or suppositories to control any pain.

When can I go home?

You will usually stay in hospital for one day and go home the next day after your operation if all remains well.

What happens after I go home?

It is important that you follow all the advice you are given when you leave the ward. You should continue to do the pelvic floor exercises you were shown in hospital to help prevent problems with urinary incontinence (the involuntary passing of urine).

About 10 to 14 days after your operation, you may notice that the amount of pinkish/brown fluid (discharge) coming from your vagina increases. This will last for a few days and is a normal part of the healing process.

What can and can't I do when I am at home?

The following guidelines will give you an idea as to how much you can do at home after your operation.

Post-operative weeks one and two

- Do have baths or showers, but avoid using perfumed/scented gels or soap on your wound area – they can irritate the area and delay healing. Gently pat your wound dry.
- Do take short walks and do gentle physical exercises.
- Do not lift anything which is heavier than a kettle full of water.
- Do not do any strenuous physical activity (activity that makes you feel out of breath).
- Do not have sexual intercourse.
- Do not put anything inside your vagina. Use sanitary towels (instead of tampons) for any vaginal bleeding.
- Do not use vaginal lubricants, creams or gels.
- Do not drive.

Post-operative weeks' three to five

- Do continue to gently increase the amount of physical activity you are doing – walking is good.
- Do allow yourself resting time in your daily routine.
- Do not have sexual intercourse.
- Do not put anything inside your vagina.
- If you have had a Laparoscopic (key-hole) operation, you can start driving again provided you do not have pain when moving and you feel comfortable performing an emergency stop. Consult your insurance company before driving. If you are not sure about when to resume driving, please visit your GP to check your progress.
- Do not drive if you have had an open operation.

Post-operative week six

- You can start back with your normal activities.
- You can start driving again if you had an open operation, provided you do not have pain when moving and you feel comfortable performing an emergency stop. Consult your insurance company before driving. If you are not sure about when to resume driving, please visit your GP to check your progress.
- If you no longer have pain or vaginal bleeding you can start to have sexual intercourse and use tampons. If you have pain or bleeding after starting sex again, please contact the ward or your GP for advice.
- Continue to increase your physical activity and rest when you feel tired.

Some women tell us that it can take four to six months before they feel fully recovered after their hysterectomy. But often it is sooner.

Will my life be different after a Hysterectomy?

Feeling tired

At first, you will feel more tired and some women take time to adjust to losing their womb.

Menopause

Most women who are diagnosed with womb cancer will already have gone through the menopause. Surgery for womb cancer can include removing the ovaries, which would then cause pre-menopausal women to go through the menopause. If you are pre-menopausal, further advice will be given by your doctor and clinical nurse specialist team on how to manage menopausal symptoms.

Emotional Health

After your operation, as after any major operation, you may feel depressed and tearful. This is a normal reaction. 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.

Will I have a follow-up appointment?

You will be given a follow-up appointment before you are discharged from the ward, 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 radiotherapy (X-ray treatment) and/or chemotherapy (drugs). If this is recommended, your doctor will discuss the treatment individually with you. This consultation may be over the telephone, or face to face in clinic.

How to contact the Gynaecology Oncology Clinical Nurse Specialist team:

Monday to Friday 8am-4pm telephone 0151 702 4186.

If you get the answerphone please leave your name, date of birth, telephone number and a brief message. Your call will be answered within 24 hours or on the next working day if it is a weekend or bank holiday.

Support Networks Available Locally

Further information, advice and support are available for you/partner and family from:

- Lyndale Cancer Support Centre - Knowsley
Tel: 0151 489 3538
- Sefton Cancer Support Group
Tel: 01704 879352
www.seftoncancersupport.org.uk
- St Helens Cancer Support Group
Tel: 01744 21831
- Warrington & District Cancer Self-Help Group
Tel: 01925 453139
- Widnes & Runcorn Cancer Support Group
Tel: 0151 423 5730
- Isle of Man
Manx Cancer Help Association
Tel: 01624 679554
www.manxcancerhelp.org
- Liverpool Sunflowers
Liverpool Cancer Support
Tel: 0151 726 8934
- E.V.O.C
Gynaecological Support Group
Tel: 0151 702 4186
- The Wirral Holistic Care Services
Tel: 0151 652 9313
www.wirralholistic.org.uk
- Maggie's Centre
Clatterbridge
Tel: 0151 334 4301

This leaflet can be made available in different 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

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