Information Leaflet

Liverpool Women's NHS Foundation Trust

Surgical Treatment for Womb Cancer Patient Information Leaflet

This leaflet has been produced to provide you, your partner and family with information to assist and support you if you are considering, or have been recommended to have, surgery as part of your treatment for womb cancer. It is not intended to replace verbal information with your surgeon and clinical nurse specialist team. You can also access other information via websites available – see end of leaflet.

Reasons for having surgical treatment for womb cancer

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

Your doctor will have explained that you have, or they suspect that you may have, cancer of the lining of the womb (also known as uterine or endometrial cancer). You may have pre-cancerous cells known as Atypia Hyperplasia, and Complex Atypia Hyperplasia, which suggests a cancer may be developing.

What is a hysterectomy?

A hysterectomy is surgery to remove the womb.
The surgeon usually removes:

- The womb and cervix (called a total hysterectomy)
- The fallopian tubes and both ovaries (called a bilateral salpingo-oophorectomy or BSO)

The surgeon may also remove:

- Lymph nodes close to the womb (pelvic nodes)
- Lymph nodes higher up in the abdomen (para-aortic nodes)
- The omentum – a fatty apron hanging from the stomach and large bowel, and covering the organs inside the tummy.

Types of hysterectomy

A hysterectomy can be done in different ways. Your doctor will talk to you about the most suitable type of surgery for you.

- Total laparoscopic hysterectomy (also known as keyhole surgery) – the surgeon operates through small cuts in the abdomen. They use small surgical instruments and a thin telescope with a camera on the end. The womb is pushed down through the vagina and sutures are put at the top of the vagina using keyhole instruments.
- Laparoscopic assisted vaginal hysterectomy – similar to a total laparoscopic hysterectomy but the surgeon performs part of the surgery through the vagina and puts the sutures at the top of the vagina from down below.
- Abdominal hysterectomy (also known as open surgery) – the surgeon makes one larger cut in the abdomen, this may be up and down, or across your abdomen.
- Vaginal hysterectomy - the whole operation is performed through the vagina with no tummy cuts.
- Robotic assisted laparoscopic hysterectomy is similar to total laparoscopic hysterectomy but the surgeon uses a robotic arm to help perform complex manoeuvres during surgery. This is a new development at Liverpool Women's Hospital.

Laparoscopic hysterectomy

In this procedure, 3 or 4 small incisions (5 - 10 millimeters) are made in the abdomen. An instrument known as a laparoscope and other surgical instruments are inserted into the abdomen. The laparoscope is used to visualise the pelvic organs, the womb is then divided from the surrounding tissues and removed through the vagina (laparoscopic assisted vaginal hysterectomy) or through the keyhole incisions (total laparoscopic hysterectomy). For certain subtypes of cancer, a biopsy or removal of the omentum may be undertaken.

Laparoscopic surgery takes around 2 hours to complete.

Women who have laparoscopic surgery generally recover quicker and spend less time in hospital, compared to abdominal hysterectomy. Laparoscopic surgery results in very little scarring afterwards. There is likely to be less blood loss during the operation compared with open surgery, and recovery time is less. Inpatient stay is typically 24-36 hours. All risks related to your surgery will be discussed by your surgeon and your consent will be sought.

Occasionally, if difficulties are encountered during surgery, it may be necessary to complete the operation through a larger cut on the tummy (laparotomy). This leads to a longer hospital stay and a longer recovery.

Robotic assisted hysterectomy

Robot-assisted surgery is a laparoscopic (key-hole) technique that uses a robotic console to help your surgeon during the operation. Your surgeon is in the same room, but away from you, and controls the robotic arms to perform the operation. It is important 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 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 can hold various instruments, which your surgeon will use to carry out the operation. The instruments are smaller than those used for open surgery

What are the advantages of robotic surgery?

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

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Abdominal hysterectomy

The incision (cut) in your abdomen (tummy) is likely to be vertical (up and down). This allows the surgeon to have a clear view of your pelvic organs and they can assess for any signs of the disease spreading. An abdominal hysterectomy can be performed if there is scar tissue present or if the uterus is large.

Having an abdominal hysterectomy generally requires a longer period of recovery. Inpatient stay is typically 3-5 days. All risks related to your surgery will be discussed by your surgeon and your consent will be sought.

Vaginal hysterectomy

This type of surgery is usually recommended to patients that are at high anaesthetic risk and cannot tolerated abdominal or laparoscopic surgery. Inpatient stay is typically 24-48 hours depending on your medical needs. All risks related to your surgery will be discussed by your surgeon and your consent will be sought.

Before your surgery

You will have an appointment with the pre-operative assessment team, where your fitness for the operation will be assessed. You will be seen by a member of the nursing staff who will ask questions about your previous medical history and will arrange for some tests i.e. blood test. You may also have a chest x-ray and ECG.

Before your operation we would advise you:

- Stop smoking, if you smoke, we can direct you to services which will help you with this.
- Eat a healthy diet and if able, take regular exercise
- As a part of the Enhanced Recovery programme, the hospital team may ask you to take a carbohydrate drink the night before, and the morning of, your operation.
- If possible make plans with your family for while in your hospital and arrange for some extra help at home for a couple of weeks, if you will need it.

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

In hospital – before your operation

You will be admitted to hospital on the day of your operation, or the evening before. On arrival you will be shown to your bed by a member of the team, the nurse will introduce herself and show you the ward layout, or alternatively you will wait in the admissions lounge until you are taken to theatre. Before your operation you will not be allowed to eat or drink for several hours, you will be informed of the exact times required. You may also be advised to omit some of your medications on the day of your surgery.

If you are in hospital the night before you will be asked to shower on the morning of the operation, if you are coming in on the day please do this prior to admission. Please leave any jewellery at home, however if you are unable to, or prefer not to, remove your wedding band a protective tape will be placed over it. Nail varnish and acrylic nails must be removed. You will also need to remove make-up, contact lenses, glasses and false teeth. Please bring into hospital any tablets or medicines you usually take.

There is usually an opportunity to meet the anaesthetist and surgical team again, please ask if you have any questions.

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. 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 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 your hand. When you wake up the operation will have been completed and you will be in the recovery room which is alongside theatre. You will remain here for a period of observation before being brought back to your bed on the ward.

In hospital – after your operation

After the operation you will be taken to the recovery room. Once you are awake and your observations are satisfactory, you will be taken back to the ward.

Eating and Drinking: You will likely be able to eat and drink straight away. You will be offered a drink of water initially, then a cup of tea and something light to eat. If you are not hungry initially, you should drink fluid, your appetite will gradually return.
Drips and catheter: On return from the operating room you may have an intravenous drip with fluids to keep you hydrated. You will have a catheter (tube) in your bladder to allow drainage of your urine. Usually, these are all removed later that day or the following morning.
Abdominal and shoulder pain: You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. If you have laparoscopic surgery you may have some pain in your shoulder. When leaving hospital, you will be provided with painkillers, take them when needed if you have discomfort, don't wait for pain and do not exceed the stated dose.
Trapped wind: Following your operation your bowel may temporarily slow down causing air or 'wind' to be trapped. This can cause some pain or discomfort until it is passed. Getting out of bed and walking around will help. Peppermint water may also ease your discomfort. Once your bowels start to move, the trapped wind will ease.
Scars, stitches and dressings: Wounds will be closed either with glue or stitches that dissolve. You may also have a scar at the top of your vagina, closed with stitches that dissolve.
Washing: The day after your operation, you should be able to have a shower. If the skin is closed with glue instead of sutures you should not have a bath for the first three days.

Don’t worry about getting your scars wet – just ensure that you pat them dry or let them dry in the air. Keeping scars clean and dry helps healing and reduces the risk of infection.
Vaginal bleeding: You may have some vaginal bleeding for 1 to 2 weeks after your operation. This is similar to a light period and is red or brown in colour. Some women have little or no bleeding initially and have a sudden gush of old blood or fluid about 7-10 days later. This usually stops quickly. You should only use sanitary towels, not tampons, as using tampons could increase the risk of infection
Anaesthetic: The operation is performed under a general anaesthetic i.e. you will be put to sleep. During the first 24 hours you may feel more tired and sleepy than usual. Vaginal hysterectomy may be performed with a spinal anaesthetic in some cases.

Recovering from your operation

There is very good evidence that encouraging patients to return to normal as soon as possible reduces problems and complications. This is called enhanced recovery. Your recovery will depend on many things which makes it difficult to give an exact timeframe. You should try to do a little more each day and use common sense to determine what is right for you. If you had laparoscopic (keyhole) surgery your recovery should be rapid and the majority of ladies are able to do most things after a few weeks (with the exception of sexual intercourse). If you had a traditional, larger incision (abdominal hysterectomy) recovery can be a little longer. It is usual for it to take several months for you to feel fully recovered.

During your recovery you should try to:

- Relax and rest as much as you need to for the first few days but it is important not to remain in bed and to stay mobile, as this reduces your risk of developing blood clots in the legs and lungs. You should be able to do light activities around the house within a few days. It is safe for you to climb stairs the day you go home. Establish a daily routine gradually and keep it up.
- Eat a healthy balanced diet. This will ensure your body has all the nutrients it needs to aid recovery. A healthy, high fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to 2 litres a day of fluid intake, mainly water, is recommended.
- Keep your bowels working. Your bowels may take time to return to normal after your operation. Your stool should be soft and easy to pass. You will be given laxatives, which keeps the bowel motion soft, so that there should be less need to strain to open your bowels. You will also be given these to take home.
- Stop smoking (if you do) as smoking increase the risk of wound infections and breakdown as well as chest infections.
- Be mobile and wear compression stockings if advised, you may also be prescribed blood thinning injections to take home.

You will not be able to:

- do heavy housework, such as vacuuming
- carry heavy bags of shopping or washing
- drive
- have sexual intercourse (for 12 weeks)

This is because all these activities put pressure on your abdominal muscles and skin. These need time to heal. It will take longer to get over your operation if you put too much strain on the area. You will gradually be able to increase the amount you can do. How long this takes varies depending on the type of operation you had. Women who have keyhole surgery generally recover quicker than those having open surgery. A short walk every day

is a good idea. You will get a bit of fresh air and you can gradually go further as you regain your strength. Do take it easy at first though.

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 weeks, or you could check with your insurance company.

Returning to work - Recovery time is variable for every patients, a degree of tiredness is experienced for some time. Return to work also 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 after open surgery, and 4-8 weeks after a laparoscopic operation, 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. If required a sick note will be provided from the ward doctor.

It can take longer to recover if there were any complications during your operation, if you are overweight or if you had any health problems before your operation, such as diabetes. Below is a guide for your recovery:

Time after operation	**How might I feel?**	**What is safe to do?**
1 - 5 days	You are likely to be in hospital during this time • You will have some pain and discomfort in abdomen • You may feel sore moving in and out of bed • You may have some bleeding like a light period • You may feel tired and perhaps feel like a sleep in the afternoon	Get up and move about • Go to the toilet • Get yourself dressed • Start eating and drinking as usual • Wash and shower as normal
4 - 7 days	You should be at home by now • Your pains will slowly be reducing in intensity and you will be able to move about more comfortably • You will still tire easily • You may feel more emotional than usual	• Go for short walks • Continue with exercises that have been recommended to you • Have a sleep or rest in the afternoon if you need to
1 - 2 weeks	There will be less pain as you move about and you will find your energy levels slowly returning	Build up your activity slowly and steadily • You are encouraged to go for longer and

	• Bleeding should have settled or be very little	more frequent walks
2 - 4 weeks	There will be even less pain now as you move more and more • You will find your energy levels returning to normal • You should feel stronger every day	Continue to build up the amount of activity you are doing towards your normal levels, but continue to avoid heavy lifting and exercise
6 weeks +	• You may still feel tired and need to rest more than usual	All daily activities including lifting • Usual exercise, building up slowly • Driving • If you had keyhole surgery, you can go back to work when you feel able. If you had open surgery, you may need up to three months off work, depending on your job.

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 of 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 have 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 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 and to have a blood thinning injection (fragmin) each day.

There are additional risks for women who have lymph nodes removed during surgery:

- Lymphocele (Collection of lymph fluid in a cavity) in 1 - 4 in 100
- Lymphedema (Swelling of tissues due to obstruction of lymph channels) in 5-15 in 100
- Lymphangitis (Inflammation or infection of lymphatic channels) in 2 in 100 women
- Lymphorrhea (Draining of Lymphatic fluid) in 10 -15 in 100 women
- Nerve injury in the pelvis in 1 in 100 cases.

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 it 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.

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 have 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.

Follow up appointment

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 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 yourself/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
0151 702 4186

The Wirral Holistic Care Services
Tel: 0151 652 9313
www.wirralholistic.org.uk

Maggies Centre Clatterbridge
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

Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS

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