Information Leaflet

Liverpool Women's NHS Foundation Trust

Robotic Surgery for Endometrial Cancer

PATIENT ID

DIAGNOSIS:

GRADE:

RADIOLOGICAL STAGE:

What is a Total Hysterectomy?

A total hysterectomy is an operation to remove the uterus (womb) and the neck of.womb (cervix). The fallopian tubes and ovaries are also usually removed (bilateral salpingo-oophrectomy). In younger women with a low grade, stage one endometrial cancer, your surgeon may recommend that you keep your ovaries. In some cases, the pelvic lymph nodes may also need to be removed. Pelvic lymph nodes are glands that run alongside the major blood vessels in the pelvis and abdomen.

Why should you have a Hysterectomy?

Definitive surgical management of womb cancer (uterine or endometrial cancer). In some people, removing the lymph nodes may help us understand If the cancer has spread. This will help plan extra treatment after surgery, including chemotherapy and radiotherapy.

How is a Hysterectomy performed?

A hysterectomy can be performed using various approaches, such as an open procedure (traditional) or minimal access surgery, also known as 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). The uterus, cervix, tubes and ovaries are usually removed through the vagina. If the uterus is large, sometimes one of the keyholes is extended to remove it through the tummy.

The minimal access procedure (key-hole) can be done using laparoscopic instruments or using a surgical robot. Surgeons perform laparoscopic surgery using long hand-held tools which viewing the magnified images on a video screen.

How are the lymph nodes removed?

Depending on the type and stage of the cancer, your surgeon may recommend removing some lymph nodes. A sentinel lymph node procedure is usually recommended, rather than removing all the lymph nodes. The sentinel lymph node is the first node to receive lymph fluid from the womb and the first node that cancer spread can be detected in.

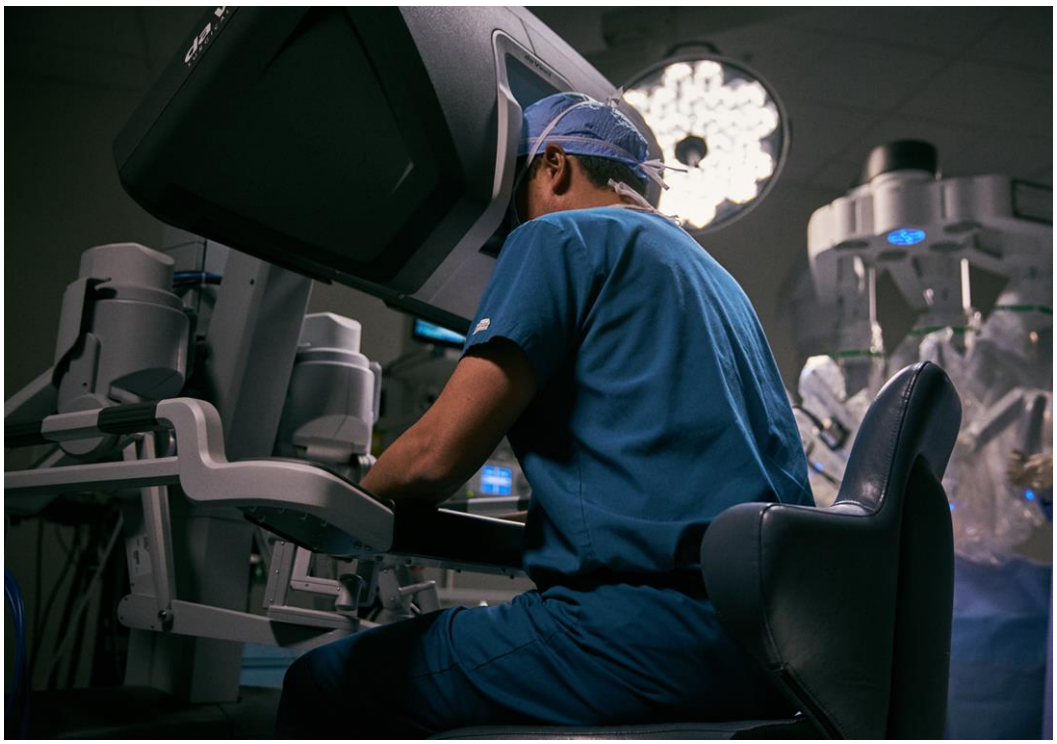
These nodes are identified by injecting a dye in the cervix at the start of the operation and using a special camera to look at the flow of the dye and find the sentinel lymph node. Once the sentinel lymph node is found, it is removed and sent to the laboratory. If the sentinel lymph node cannot be found, sometimes all the pelvic lymph nodes are removed. Removing all the pelvic lymph nodes carries a higher risk of side effects. Your surgeon will discuss the risks and benefits of these procedures with you in more detail.

What is robot-assisted surgery?

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

Robot-assisted surgery is a minimal access (key-hole) technique where the surgeon controls the robot arms using a console. This allows for more controlled and precise movements during the operation. The surgeon stays in the room with you and uses his or her hands to control the camera and surgical instruments held by the robot to perform 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 with a 10 times magnification to what the human eye sees. The other robotic arms hold various instruments, which your surgeon will use to carry out the operation. The instruments have wrists that move like a human hand but with an even greater range of motion.



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
- Lower risk of converting to an open procedure
- 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 or heart/ lung problems due to the anaesthetic.

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 asked not to eat until your symptoms settle, usually within a couple of days. The risk of an ileus is higher if you have had an open 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 amount of blood stained vaginal discharge after the operation. Occasionally you can bleed quite heavily. This may be a sign that the incision 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 emergency department.
- **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 key-hole incisions (cuts on your tummy). 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 wounds. 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, adhesions 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). This risk is increasedafter 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 (low-molecular weight heparin) each day.

- **Lymphocyst.** This is a fluid collection at the bed where the lymph nodes have been removed. The fluid is usually absorbed naturally, but in a small number of cases, drainage is needed because the lymphocyst is large, or causing you discomfort
- **Lymphoedema.** This is swelling in the legs and lower body, which can range from mild ankle swelling to obvious size difference in the whole leg. The risk of lymphoedema is much lower in the sentinel lymph node procedure. Lymphoedema is not reversible but you will receive advice on how to manage the symptoms.
- **Nerve injury:** You may experience numbness or altered sensation at the top of your legs, your pubic area or inside your thighs. This usually improves but in a small number of people, the symptoms are permanent.

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 low molecular weight 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.

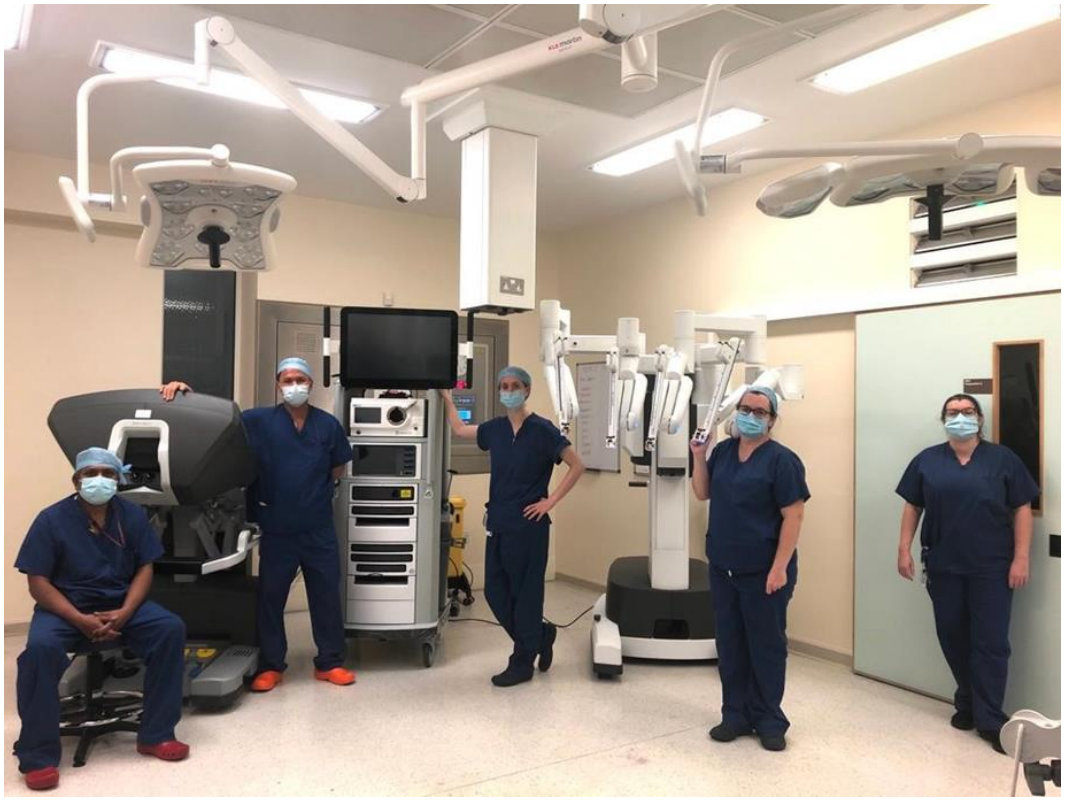
When should I seek medical advice?

- If the area around the wound becomes hot, red, painful or has discharge. 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.

If you have any post-operative issues, please either contact your GP, your specialist nurse or the Gynaecology Emergency Department 0151 7024140

What happens on the day of my operation?

You will meet the surgical 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 will see 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 –) 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 administer 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 robotic (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.
- 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. Some women feel fit for full time work by week four to six. If you no longer have pain or vaginal bleeding, you can start to have sexual intercourse and use tampons 12 weeks after surgery. If you have pain or bleeding after starting sex again, please contact the ward or your GP for advice.

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 4 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 changed into different languages and formats using the tools on the website. Please note when translating information into different languages via the website, some information may need clarifying for accuracy with a member of staff. This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, 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

Tel: 0151 708 9988
Issue Date: 17/05/2021
Reference: Gyn_2024-319-v3
Review Date: 06/09/2027