information

Greater Manchester and Cheshire NHS
Cancer Network

Laparoscopic Hysterectomy for Endometrial Cancer

Information for patients and carers

Contents

This booklet has been written to help answer some of the questions you may have about surgery for endometrial cancer.

If you have recently been diagnosed with endometrial cancer (cancer of the lining of the womb), it is normal to experience a wide range of emotions. For some women, it can be a frightening and unsettling time. Whatever you may be feeling at present, try talking about it with someone who specialises in dealing with this condition such as your consultant or the gynaecology cancer nurse specialist. They will listen, answer any questions you may have about your surgery for endometrial cancer and can put you in touch with other professionals or support agencies if you wish. Some useful contact numbers are also listed at the back of this booklet.

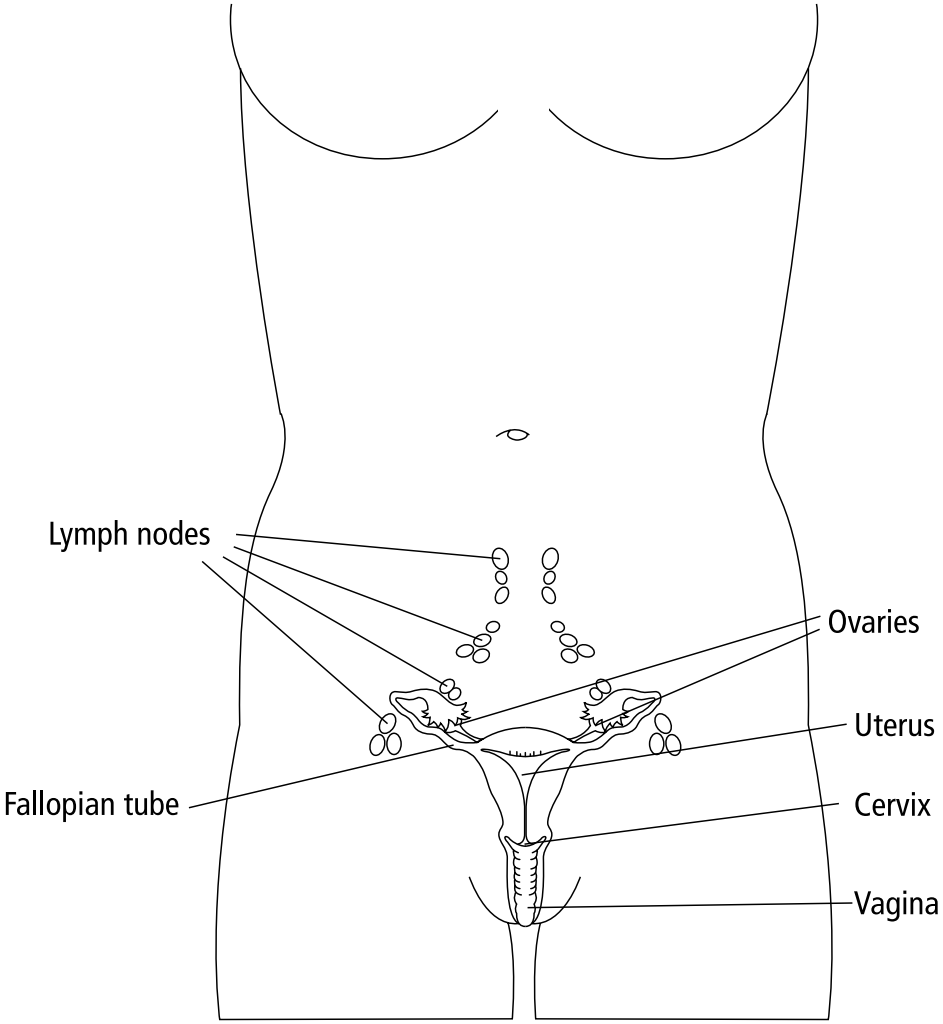
What is a laparoscopic hysterectomy and why is it necessary?

Women with cancer of the lining of the womb (uterus) need an operation to remove their womb, fallopian tubes and ovaries. This operation may be carried out using key-hole surgery. A laparoscope "telescope" is inserted through a small cut under the umbilicus (tummy button). The surgeon makes several other small cuts in the abdomen (tummy) through which the surgical instruments are inserted.

The womb (uterus) along with the cervix (neck of womb), fallopian tubes and ovaries are removed (bilateral salpingo-oophorectomy). Sometimes it is necessary to remove some lymph nodes in the pelvis. Your surgeon will discuss this with you before your operation.

The aim of the operation is to remove all of the cancer. If there is any evidence that the cancer has spread, or if the results of the operation suggest that you may be at increased risk of recurrence of the cancer (your cancer returning), you may be offered further treatment such as radiotherapy and/or chemotherapy. This will be discussed with you when all of your results are available.

Pelvic Organs



Agreeing to treatment

Consent to treatment

The doctors and nurses will discuss the treatment that has been recommended for you and will explain how it will affect you. Once you have had all your questions and concerns answered to your satisfaction, we will then ask you to sign a consent form giving your permission for the operation to proceed.

What are the benefits of this operation?

The aim of the operation is to remove all the cancer so that we can assess the extent of the disease. This is known as staging. This will enable the team to know whether further treatment is recommended. Having a hysterectomy using laparoscopic surgery instead of through a large cut on your abdomen (tummy) should result in a shorter hospital stay, less scarring on your tummy and a quicker recovery.

Are there any alternatives to this operation?

Yes, but these vary from patient to patient. The treatment options will depend on the stage of your disease. The medical team will discuss this with you. For some women radiotherapy may be recommended. This tends to be offered to women who are not felt to be medically fit enough to have major surgery. Chemotherapy can be given in combination with the radiotherapy.

What happens if I have no treatment?

Your wish to have or not to have treatment for your cancer will be respected at all times by your medical team. If you choose not to have treatment, your cancer will progress and your health is likely to deteriorate.

At this time you may wish for us to transfer your care to the Palliative Care Team, who will discuss with you what will happen next and help you to manage your symptoms and support you either in hospital, at home or in the local hospice.

Are there any risks?

As with any operation there are risks but it is important to realise that the majority of women do not have complications.

There can be risks associated with having a general anaesthetic and major abdominal surgery. The risks include:

- Bruising in the wound. Internal (inside your tummy) bruising may occur. A blood transfusion is occasionally needed to replace blood lost during the operation. Very occasionally, there may be internal bleeding after the operation, making a second operation necessary.
- Infection of the wound or internal infection may occur, needing treatment with antibiotics. Occasionally a second operation may be necessary.
- Blood clots in the leg or pelvis (deep vein thrombosis or DVT). This can lead to a clot in the lungs (pulmonary embolus). Moving around as soon as possible after your operation can help to prevent this. We will give you special surgical stockings (known as 'TEDS') to wear whilst you are in hospital and injections to thin the blood. You may continue to have blood thinning injections for four weeks following discharge from hospital. The physiotherapist will visit you and show you some leg exercises to help prevent blood clots.

- Your bladder and bowels may take some time to begin working properly after your operation. Occasionally, a hole may develop in the bladder or in the tube bringing urine to the bladder (ureter). If this happens it is generally identified at the time of surgery. If not, it results in leakage of urine into the vagina. The hole may close without surgery, but another operation may be necessary to repair this.
- Occasionally it is not possible to carry out your operation via key-hole surgery, this may be due to many factors. Your surgeon will complete your operation through an abdominal incision (cut).

Are there any long-term complications?

The skin around the wound is usually numb for several months until the small nerves damaged by the incision grow back. Sometimes the numbness may affect the tops of the legs or the inside of the thighs. This should get better in 6-12 months.

If you have lymph glands removed, the flow of the lymphatic fluid around the body may be disrupted. If this happens the fluid may collect in one or both legs and/or the genital area. The body usually adapts to the removal of these glands, but sometimes swelling results, called lymphoedema. You will be given information and advice to reduce the risk of lymphoedema developing if you have your lymph glands removed. Most patients can experience swelling after surgery. However, if your lymph glands have been removed and the swelling has not resolved after 6 weeks, or you have any new swelling or pain, please inform your gynaecology cancer nurse specialist. The condition can be managed, and if necessary we can refer you to a specialist lymphoedema clinic.

Occasionally you may develop a lump pr cyst in your abdomen (lymphocyst) which contains lymphatic fluid. Often it will be left to settle on its own.

Will this operation affect my fertility?

At any age, having to have your womb and ovaries removed can affect the way you feel about yourself. A hysterectomy will prevent you carrying a pregnancy in the future, and removing both ovaries will bring on an early menopause immediately. The loss of fertility can have a huge impact if you have not started or completed your family and you have an operation that takes that choice away. If you have concerns about the effects of this operation on your fertility you should discuss them with the gynaecology cancer nurse specialist at the earliest opportunity. She will continue to offer you support when you are recovering from the operation. You may want to make sure that you have explored all your options and advice is also available from the specialist fertility team.

Will I need Hormone Replacement Therapy (HRT)?

No, as it is usually best to avoid HRT in women who have had endometrial cancer. Your cancer team will discuss this with you further. If you have not already experienced the menopause you will have a premature menopause by having both of your ovaries removed. You may have menopausal symptoms such as hot flushes or night sweats. If you have already experienced the menopause then by having your ovaries removed you should not have any menopausal symptoms.

There are other ways of managing any symptoms you may have. Please discuss the options available to you either with the gynaecological oncology team before you are discharged from hospital, or with your GP. You can also contact the gynaecology cancer nurse specialist for further information or advice.

The operation

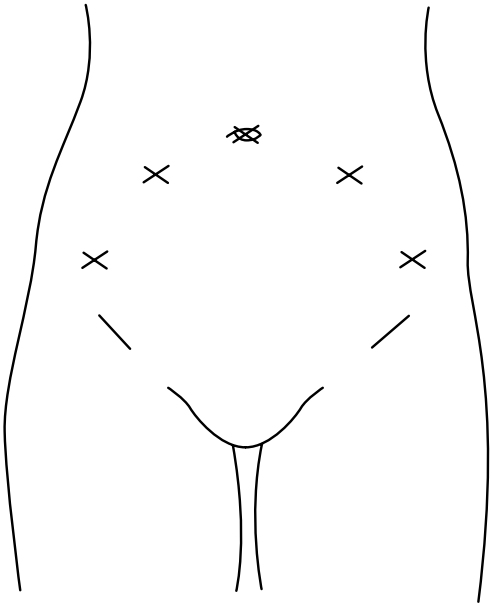
What is removed during my operation?

- Cervix (neck of the womb)
- Uterus (womb)
- Fallopian tubes
- Both ovaries
- Pelvic lymph glands (in some cases)

Will I have any scars?

Yes, although they will fade. You will have 3-4 small incisions (cuts) on your tummy (see diagram). The wounds will be closed together using either sutures (stitches), which may be dissolvable, clips, or special skin glue.

There will be a scar at the top of your vagina where your cervix has been removed. This will heal over time.



incision sites for laproscopic surgery

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

Yes. 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. You are more than welcome to visit the ward and meet the staff before you are admitted to hospital. Just ask the gynaecology cancer nurse specialist to arrange this for you.

You may take part in the Enhanced Recovery Programme (ERP). The aim of this programme is to improve the quality of your care and get you back to full health as quickly as possible after your surgery.

If you are a smoker, it would benefit you greatly to **stop smoking** or cut down before you have your operation. This will reduce the risk of chest troubles as smoking makes your lungs sensitive to the anaesthetic. If you need further information about stopping smoking please contact your GP or the NHS Smoking Helpline on 0800 169 0 169. A specialist adviser is available everyday from 7am to 11pm.

You should also eat a **healthy diet**. If you feel well enough, take some gentle exercise before the operation as this will also help your recovery afterwards. Your GP, the practice nurse at his/her surgery or the doctors and nurses at the hospital will be able to give you further advice.

Before you come into hospital for your operation, try to organize 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. You may wish to discuss this further with the gynaecology cancer nurse specialist.

If you have any concerns about your finances whilst you are recovering from your operation, you may wish to discuss this with the gynaecology cancer nurse specialist. You can do this either before you come into hospital or whilst you are recovering on the ward.

What tests will I need before my operation?

Tests will be done to ensure that you are physically fit for surgery and help your doctor to choose the most appropriate treatment for the type and extent of your disease. These may include recordings of your heart (ECG), chest x-ray, and MRI or CT scan of your pelvis and abdomen (tummy). A blood sample will also be taken to check that you are not anaemic and to identify your blood group in case you need a blood transfusion.

We may take swabs from your nose, throat and perineum to find out whether or not you carry the bacterium known as MRSA. This is so we can identify whether you will need any treatment for this infection during your stay in hospital. Do not worry, if you are carrying the bacterium this will not cause your operation to be cancelled.

You will also have the opportunity to ask the doctor and the specialist nurse any questions that you may have. It may help to write them down before you come.

Why do I need to attend the pre-operative clinic?

Before your admission to hospital, you will be asked to attend the pre-operative clinic to make sure that you are fit for the operation. During this visit the staff will discuss your operation with you and what to expect afterwards. You will have the opportunity to ask any questions.

Your temperature, pulse, blood pressure, respiration rate, height, weight and urine are measured to give the nurses and doctors a base line (normal reading) from which to work.

When will I come in for my operation?

You will be admitted to the ward the day before or 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 and to decide

whether you will have a 'pre-med' (tablet or injection to relax you) before you go to the operating theatre. Any further questions you have can also be discussed at this time.

What happens on the day of my operation?

You will not be allowed to have anything to eat or drink (including chewing gum or sweets) for a number of hours before your operation. Each hospital has slightly different fasting times, and the ward staff will tell you more about this.

You will be asked to change into a theatre gown. All make-up, nail varnish, jewellery (except your wedding ring), dentures and contact lenses must be removed.

After the operation

What happens after my operation?

After your operation you will wake up in the recovery room before returning to the ward. You may still be very sleepy and be given oxygen through a clear face mask to help you breathe comfortably immediately after your operation. You will be encouraged to take a few sips of water once you feel up to it. An intravenous infusion also known as a **'drip'** will be attached to your hand or arm to give you fluids and prevent dehydration for the next 24 hours.

You may also have a **drain** (tube) in your wound which is inserted during your operation. This is so that any blood or fluid that collects in the area can drain away safely and will help to prevent swelling. The drain will be removed when it is no longer draining any fluid.

During your operation a **catheter** (tube to drain urine away) will be put into your bladder. The catheter will need to stay in for approximately 24 to 48 hours.

You may also have trouble opening your **bowels** or have some discomfort due to wind for the first few days after the operation. This is temporary and we can give you laxatives and painkillers if you need them.

How will I feel after my operation?

You can expect to be extremely sleepy, or sedated for the first few hours. This will allow you to rest and recover. **Please tell us if you are in pain or feel sick.** We have tablets/injections that we can give you as and when needed, so that you remain comfortable and pain free. You may have a device that you use to control your pain yourself. This is known as a PCA (Patient Controlled Analgesia) and the staff will show you how to use it. Alternatively, an epidural may be inserted in your back for pain relief. The anaesthetist will discuss these choices (PCA or an epidural) with you before surgery.

You may have some vaginal bleeding or a bloodstained discharge but this does not usually last for more than a few days. The wound will have a dressing on it to keep it clean and dry.

We will encourage you to do gentle leg and breathing exercises to help your circulation and prevent a chest infection.

Is it normal to feel weepy or depressed afterwards?

Yes. It is a very common reaction to your operation. Also sometimes being away from your family and friends can make you feel weepy. If these feelings persist or develop when you leave hospital, the advice and support of your friends, family, GP, or gynaecology cancer nurse specialist may be able to help you. There are also a number of local and national support groups. (See page 21).

Leaving hospital and coping at home

When can I go home?

You will be in hospital between 2 and 3 days, depending on the type of operation you have had, your individual recovery, how you feel physically and emotionally and the support available at home. This will be discussed with you before you have your operation and again whilst you are recovering.

When can I get back to normal?

It is usual to continue to feel tired when you go home. It can take up to 4-6 weeks to fully recover from this operation, sometimes longer, especially if you need further treatment following surgery. However, your energy levels and what you feel able to do will usually increase with time. This is individual, so you should listen to your body's reaction and rest when you need to. This way, you will not cause yourself any harm or damage.

Avoid lifting or carrying anything heavy (including children and shopping) for a minimum of 3 weeks, and then only once you feel comfortable. Vacuuming and spring-cleaning should also be avoided for at least 3 weeks after your operation.

Rest as much as possible, gradually increasing your level of activity. Continue with gentle activities such as making cups of tea, light dusting and washing up. Generally, within 6 weeks you should be able to return to your normal activities but you can discuss this further on your return to the follow-up clinic.

When can I start to drive again?

We advise you not to drive for at least 2 weeks after your operation. However, this will depend on the extent of your surgery and your individual recovery. You will be able to discuss it further with your doctor at your follow-up appointment.

We advise you to contact your car insurers for advice on driving following major abdominal surgery.

When can I return to work?

This will depend upon the type of work you do, how well you are recovering and how you feel physically and emotionally. It also depends on whether you need any further treatment, such as radiotherapy, after your operation.

Most women need approximately 6-8 weeks to recover but remember that the return to normal life takes time. It is a gradual process and involves a period of readjustment and will be individual to you. You can discuss this further with your doctor, gynaecology cancer specialist nurse or GP.

What about exercise?

It is important to continue doing the exercises shown to you for at least 6 weeks after your operation. Ideally, you should carry on doing them for the rest of your life, particularly the pelvic floor exercises. **Avoid** all aerobic exercise, jogging and swimming until advised, to allow the tissues cut during your operation to heal. The physiotherapist or gynaecology cancer nurse specialist will be happy to give advice on your individual needs.

When can I have sex?

After a diagnosis and treatment of endometrial cancer, you may not feel physically or emotionally ready to start having sex again for a while. We normally advise women not to have sexual intercourse for 6 weeks following surgery.

During this time, it may feel important for you and your partner to maintain intimacy, despite refraining from sexual intercourse. However, some couples are both physically and emotionally ready to resume having sex much sooner and this can feel like a positive step. If you have any individual worries or concerns, please discuss them with the gynaecology cancer nurse specialist.

It can be a worrying time for your partner. He or she should be encouraged to be involved in discussions about the operation and how it is likely to affect your relationship afterwards.

If you do not have a partner at the moment, you may have concerns either now or in the future about starting a relationship after having a hysterectomy.

Please do not hesitate to contact the gynaecology cancer nurse specialist if you have any queries or concerns about your sexuality, change in body image or your sexual relationship either before or after surgery.

Follow up treatments and appointments

Will I need to visit the hospital again after my operation?

Yes. It is very important that you attend any further appointments arranged.

If the histology (tissue analysis) results from your surgery are not available before you are discharged home, an early appointment for the outpatient clinic will be made to discuss the results and any further treatment options if necessary. This can be 2 – 3 weeks following discharge from hospital.

You will need to attend for regular follow-up appointments once your treatment is complete. These follow up appointments will be arranged for every 3-6 months for the first 2 years, then every 6 months up to 5 years after their operation. At these appointments you will be seen by a member of the cancer team. This may be a doctor or gynaecology cancer nurse specialist who works closely with your consultant.

After your first follow up appointment, your subsequent appointments may be at your local hospital if no further treatment is necessary.

Will I need further treatment?

If the histology (tissue analysis) indicates you need further treatment, an appointment will be made with the clinical oncology (radiotherapy) or medical oncology (chemotherapy) team to discuss this with you.

Should I continue to have cervical smears?

No, cervical smear tests are not necessary after this operation, as your cervix will have been removed.

Why do I need to be followed up in the clinic for so long after my operation?

By having frequent appointments during the first 2 years any problems can be detected early. On occasion endometrial cancer may return even though you have had your womb removed. This is because endometrial cancer cells can regrow anywhere within the body and/or the top of the vagina. If this should happen it is usually within the first 2 years after your first treatment. These appointments are not only to look for medical problems, please remember that a diagnosis of cancer can have an affect on any aspect of your life. If you have any other issues related to your cancer then please contact your gynaecology cancer nurse specialist.

What symptoms should I report or be worried about?

If you have any of the following symptoms, please contact your gynaecology cancer nurse specialist, GP, or hospital for an earlier appointment:

- bleeding or discharge from the vagina
- lower tummy pain lasting for 2-3 weeks particularly if it keeps you awake at night.

After you have had treatment for cancer it can be a worrying time. Please remember that you will have the same aches and pains that you have always had. If you develop a new health problem, this may not be related to your cancer and its treatment.

Staging of womb cancer explained

The **STAGE** of a cancer describes its size and extent.

Stage 1 The cancer cells are contained within the lining of the womb or the muscle of the womb.

Stage 2 The cancer has spread to the cervix.

Stage 3 The cancer has spread to the vagina, through the womb to the outer edge of the womb and/or the lymph nodes.

Stage 4 The cancer has spread to the bladder or bowel and / or outside the pelvic area.

Grading of cancer explained

Tumour cells arise from normal cells within the body. If the tumour cells are very similar to normal cells then the tumour is described as being **well differentiated or grade 1**. If there is less similarity then the tumour is described as being **moderately differentiated or grade 2**. If the tumour bears little resemblance to the normal cell then the tumour is described as being **poorly differentiated or grade 3**.

Contacts and further information

We hope that this booklet answers most of your questions but, if you have any further queries or concerns, please do not hesitate to contact your key worker or gynaecology cancer nurse specialist. If your query is urgent and your CNS is not available to take your call you should contact the ward you were admitted to for your operations, or your GP. Please note that the gynaecology cancer nurse specialists are not available evenings or weekends.

Hospital	Contact name/ward	Phone no.
Fairfield Hospital	Julie Dale Ward 3A	0161 778 2752 0161 778 3559
Leighton Hospital	Sally Smith Ward 12	01270 612454 01270 612199
Macclesfield Hospital	Venessa Hilton-Watts Ward F4	01625 661518 01625 661002
North Manchester General Hospital	Julie Dale Ward F4	0161 720 2906 0161 720 2211
Oldham Hospital	Jean Sellars Amanda Storey Ward F1	0161 778 5670 0161 778 5670 0161 627 8857
Rochdale Hospital	Jean Sellars Springfield Ward	0161 778 5670 01706 517560
Royal Bolton Hospital	Cheryl Downes Ward M1	01204 390003 01204 390718
Salford Royal	Sarah Gallagher Ward J1	0161 206 5284 0161 206 5843
Stepping Hill Hospital	Jo Dzyra Jasmine Suite	0161 419 5519 0161 419 5508/5509

Hospital	Contact name/ward	Phone no.
St Mary's Hospital	Clara-Jayne Dennis Michelle Eckersley Emma Allcock Anne Lowry Jennie Morgan Jo O'Neill Amanda Storey Joanne Wilson Ward 62	0161 276 6394 0161 276 6394 0161 276 6394 0161 276 6394 0161 276 6394 0161 276 6394 0161 276 6394 0161 276 6394 0161 276 6105
Tameside Hospital	Deborah Beadle Women's Health Unit	0161 922 6961 0161 922 6201
The Christie	Helen Savage Ward 10	0161 446 8235 0161 446 3860/3862
Trafford General Hospital	Heather Entwistle Ward 12	0161 746 2213 0161 746 2178
Wigan and Leigh Infirmary	Karen Blackwood Billinge Ward	01942 264 694 01942 822073
Wythenshawe Hospital	Julie Kiernan Margaret Ryan Ward F16	0161 291 4234 0161 291 5963 0161 291 2561/5060

Support groups and useful organisations

- **Macmillan Cancer Support**

  89 Albert Embankment, London, SE1 7UQ

  Freephone: 0808 808 0000 (Monday-Friday 9am-8pm)

  You can get:

  - Answers to any questions about cancer
  - Emotional and practical support
  - Signposting to other organizations and services
  - Access to specialist information, nurses and specialist welfare rights advisors
  - If you are non English speaker, there are interpreters available
  - If you are hard of hearing, use the textphone on 0808 808 2121

  The website at www.macmillan.org.uk has information about cancer treatment, living with cancer and Macmillan services along with support through online communities.

- **The Daisy Network**

  PO Box 183, Rossendale, BB4 6WZ

  Website: www.daisynetwork.org.uk

  Email: daisy@daisynetwork.org.uk

  They provide a support network for women who experienced a premature menopause.

- **Womb Cancer Support UK**

  Website: www.wombcancersupportuk.wix.com/home

  Provides online support and advice for women with womb cancer. They are on Twitter and have A Facebook page.

- **Greater Manchester and Cheshire NHS Cancer Network website**

  Website: www.gmccn.nhs.uk

  Website with information on all aspects of cancer and support available for people affected by cancer.

My cancer is _____

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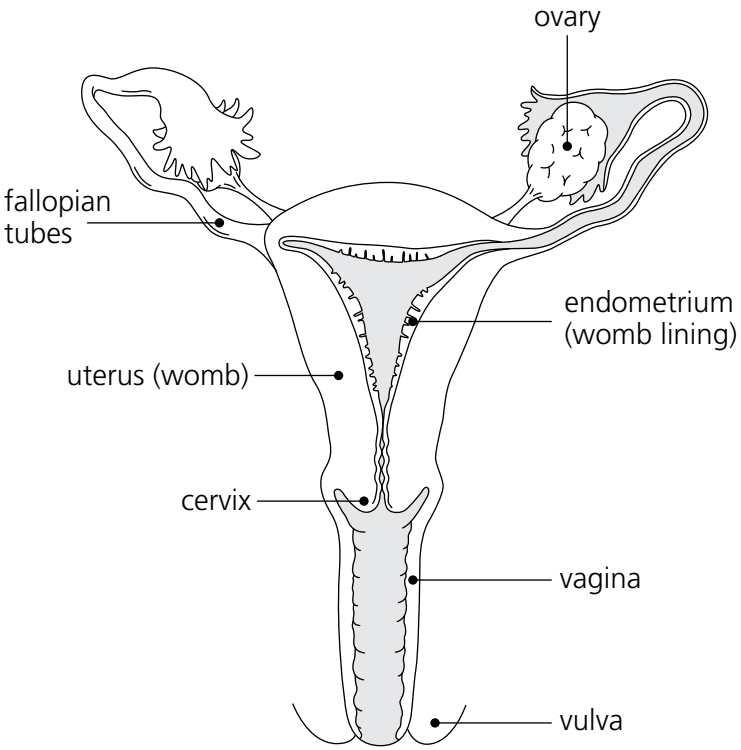

My gynaecology oncology surgeon is _____

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My key worker is _____

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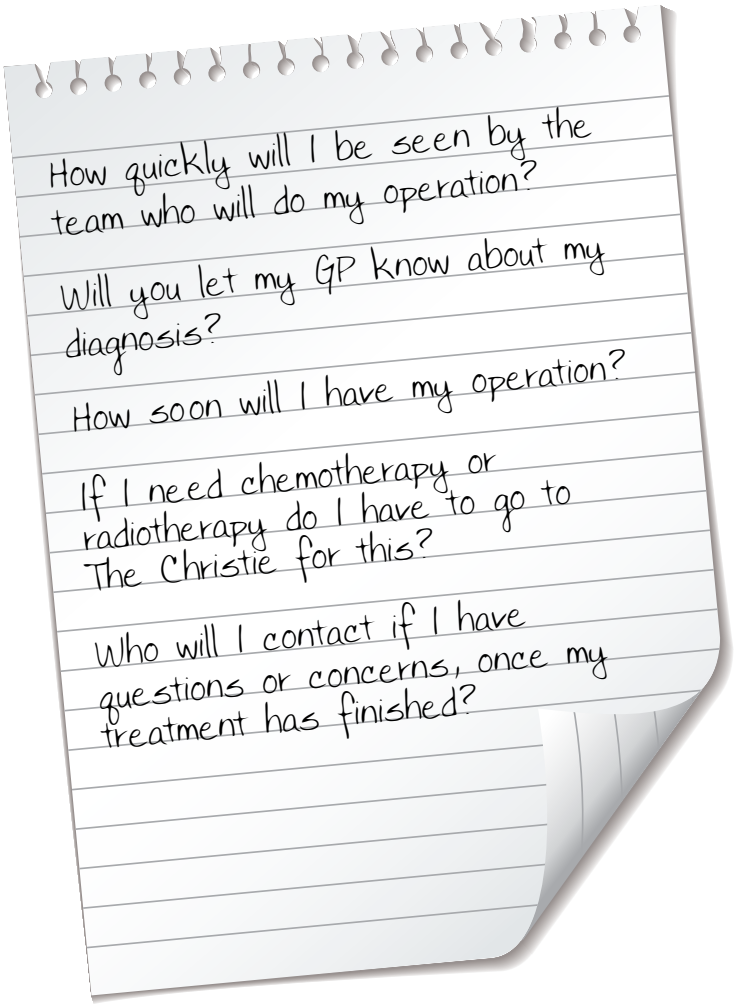
We hope that you have found this booklet helpful. Please feel free to ask us any questions you may have. We have suggested below some questions you may want to ask.



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