The Christie NHS
NHS Foundation Trust

Robotic-assisted laparoscopic radical hysterectomy for cervical and endometrial cancer

A guide for patients and their carers

We care, we discover, we teach

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We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

Christie website

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centre at Withington, Oldham or Salford.

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Introduction

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

If you have recently been diagnosed with cancer of the cervix or uterus, 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 gynaecology cancer nurse specialist (CNS) or your consultant. They will listen, answer any questions you may have about your surgery for endometrial or cervical 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 robotic radical hysterectomy and why is it necessary?

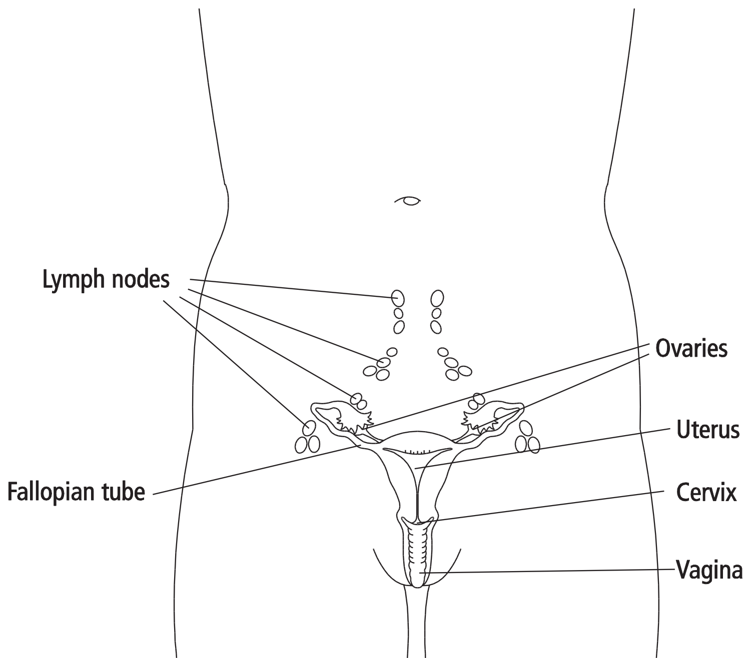
Women with cancer of the cervix (neck of the womb) or occasionally cancer of the uterus (womb) may be offered a robotic radical hysterectomy. The cervix, uterus and fallopian tubes are removed as well as the top 2 cm of the vagina and the tissues around the cervix. The pelvic lymph glands will also be removed at this time because the cancer can spread to these glands too (please see diagram). If you have cancer of the uterus your ovaries will also be removed.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

What is removed during my operation?

Radical hysterectomy

- Uterus (womb)
- Cervix (neck of the womb) and surrounding tissues
- In some cases the ovaries and fallopian tubes
- Pelvic lymph glands
- Top 2 cm of the vagina



Pelvic organs

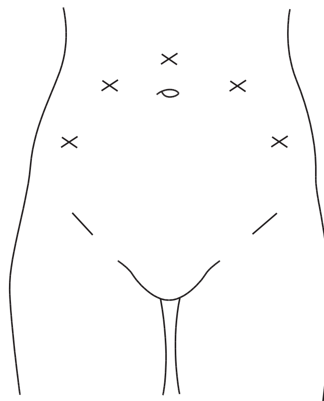
The advantages of using a robot include:

- 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.

The procedure

The surgeon passes the specialised instruments and a camera through key-hole openings in the abdomen (see diagram opposite) which are then connected to the specialised arms of the robot. The surgeon then sits on a console, in theatre, and carries out the operation. The surgeon moves the instruments within the abdomen by moving the master controls.

Incision sites for robotic surgery



The uterus along with the cervix are removed. For women with cancer of the uterus the fallopian tubes and ovaries are also removed (bilateral salpingo-oophorectomy). Sometimes it is necessary to remove 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 there may be a high risk of 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.

Using the robot gives the surgeon a better view and greater accuracy during surgery.

It has been shown to reduce blood loss, and increase the likelihood of being able to perform the operation using keyhole surgery rather than traditional open surgery.

Agreeing to treatment

Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you.

Your consent may be withdrawn at any time before or during treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

What are the benefits of this operation?

The aim of the operation is to remove all the cancer and assess the extent of the disease. The process of assessing the extent of the disease is known as staging (see page 20). This will enable the team to know whether further treatment is recommended. Having a hysterectomy using robotic surgery instead of through a large cut on your abdomen should result in a shorter hospital stay, less scarring on your abdomen and a quicker recovery. Additionally, due to the instruments and camera used, the procedure is more precise.

Are there any alternatives to this operation?

Yes, but these vary from patient to patient. A hysterectomy may be performed by the surgeon doing an abdominal incision. However, the treatment options and their results will depend on the stage of your disease. The medical team will discuss this with you. For some women radiotherapy may be recommended.

Radiotherapy tends to be offered to women who are not felt to be medically fit enough to have major surgery, or their disease is too extensive for surgery. Chemotherapy can be given in combination with the radiotherapy.

What will happen 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 could spread and your health is likely to deteriorate.

At this time you may wish for us to transfer your care to the supportive 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 robotic-assisted laparoscopic abdominal surgery. The risks include:

- Bruising in the wound. Internal (inside your abdomen) 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 embolism or PE). Moving around as soon as possible after your operation can help to prevent this. We will give you special surgical stockings (antithrombotic stockings) to wear whilst you are in hospital and injections to thin the blood. You will continue to have blood thinning injections for 28 days following surgery. The physiotherapist may visit you and show you some leg exercises to help prevent blood clots.
- Your bladder may take some time to begin working properly after your operation. Occasionally, a hole may develop in the bladder or in the tube (ureter) bringing urine to the bladder. If this happens it is generally identified at the time of surgery. If not, it could result in leakage of urine into the vagina. The hole may close without surgery, but another operation may be necessary to repair this.
- In addition, there is also a low risk of injury to the bowel during the procedure. This could result in leakage of faeces into the abdomen. If this happens it is generally identified at the time of surgery, if not; another operation may be needed to repair this.
- Occasionally it is not possible to carry out your operation using robotic surgery. This may be due to many factors. Your surgeon will complete your operation either laparosopically (keyhole surgery) or through an abdominal incision (cut).
- There is a small risk of developing a hernia at the port incision site. A hernia occurs when tissue pushes through a surgical wound in the abdomen that has not completely healed.

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 to 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 or cyst in your abdomen (lymphocyst) containing lymphatic fluid located where your lymph glands once were. Often it will be left to settle on its own.

Some women have problems emptying their bladder after surgery. This usually settles with time but a small number will have long-term problems. Occasionally it is necessary to show you how to put a catheter tube into the bladder to make sure it is emptying completely. This does not mean wearing a catheter permanently and is known as intermittent self-catheterisation (ISC). It affects about 1 in 50 women having a robotic radical hysterectomy.

The operation

Will I have any scars?

Yes, although they will fade. You will have five small incisions (cuts) on your abdomen (see diagram on page 5). 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.

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 will 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 could reduce the risk of chest problems as smoking makes your lungs sensitive to the anaesthetic. If you need further information about stopping smoking please contact your GP or Smokefree NHS on **0800 022 4 332.** A specialist adviser is available every day 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 the 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 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. 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, contact Maggie's centre on **0161 641 4848** or email **manchester@maggiescentres**. org. The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.

Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 00 00** or **www.macmillan.org.uk.**

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.

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 will take swabs from your nose, throat and perineum to find out whether or not you carry the bacterium known as MRSA (Meticillin Resistant Staphylococcus Aureus). 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 preoperative 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 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.

What happens on the day of my operation?

You will not be allowed to have anything to eat (including chewing gum or sweets) for 6 hours; or drink for 2 hours before your operation. 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. As soon as you are able to tolerate water, you can begin to drink other fluids and have a light diet. 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 12 hours.

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 hours. If you are having a radical hysterectomy, the catheter will stay in place for 5 to 7 days. The ward staff will show you how to care for your catheter when you are at home.

You may also be slow in opening your bowels or have some discomfort due to wind for the first few days after the operation. This is temporary and we can will give you mild laxatives and painkillers to help you.

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.

You may have some vaginal bleeding or a blood-stained discharge. Occasionally, this can last for several weeks after the operation. The incisions will have dressings for the first 12 hours, that we then remove to keep the incisions clean and dry.

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

What if I feel weepy or depressed afterwards?

Sometimes, this might be a way to react to your diagnosis, after the 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?

Most women are discharged a day or two after their operation. This will depend 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 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. We suggest you shower and do not have a bath for the first three weeks to minimise the risk of vaginal infection.

Avoid lifting or carrying anything heavy (including children and shopping) for a minimum of three weeks, and then only once you feel comfortable. Vacuuming and spring-cleaning should also be avoided for at least three 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 six 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 3 to 4 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 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 six 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 or cervical 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 six weeks following surgery to allow time to heal.

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.

The histology (tissue analysis) results from your surgery will be discussed with you at or about 3 weeks after surgery at an outpatient appointment The doctor will discuss the results with you and any further treatment options if necessary.

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 to 6 months for the first 2 years, then every 6 months up to 5 years after your 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?

Currently, cervical smear tests are not recommended routinely 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 two years any problems can be detected early. On occasion your cancer may return even though you have had your womb/ cervix removed. This is because cancer cells can regrow within the body including at the top of the vagina. If this should happen it is usually within the first two 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 effect 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 to 3 weeks particularly if it keeps you awake at night
- swelling in one or both legs (if lymph glands removed).

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 and grading of cancer explained

Staging of cervical cancer explained

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

Stage 1 The cancer cells are found only in the cervix.

Stage 2 The cancer has spread into nearby organs and tissue, such as the upper vagina or tissue next to the cervix.

Stage 3 The cancer has spread further to the lower part of the vagina, and/or tissue at the sides of the pelvis.

Stage 4 The cancer has spread to the bladder or bowel and/or outside the pelvic area. This stage includes cancer that has spread to the lungs, liver or bone although these are less common.

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 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

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 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.

The Christie gynaecology team:

0161 446 8235,
0161 918 2181 / 2183 / 2186

Support groups and useful organisations

- **Macmillan Cancer Support**

  This is a national charity which runs a cancer information service. The cancer support service freephone number is **0808 808 00 00** (Monday to Friday, 9am to 8pm). If you are hard of hearing, use the textphone **0808 808 0121**.

  If you are a non-English speaker, interpreters are available. Specially trained cancer nurses can give you information on all aspects of cancer and its treatment. Information and advice about finance and benefits are also available.

  Macmillan Cancer Support publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number. The information is on their website **www.macmillan.org.uk**.

Maggie's Centre

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Contact Maggie's on **0161 641 4848** or email **manchester@maggiescentres.org.**

The Daisy Network

Website: **www.daisynetwork.org.uk**

Email: **daisy@daisynetwork.org.uk**

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

Jo's Cervical Cancer Trust

Helpline: **0808 802 8000**

Website: **www.jostrust.co.uk**

Email: **info@jostrust.co.uk**

A charity dedicated to women, their families and friends affected by pre-cancer and cancer of the cervix. Web-based support group.

Womb Cancer Support UK

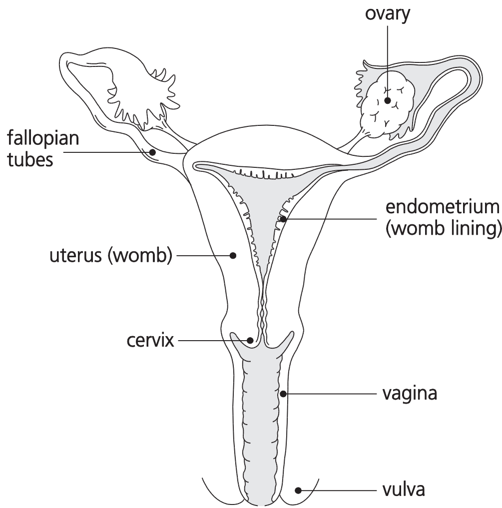
Website: **www.wombcancersupportuk.wix.com/home**

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

Sunflower support group

Tel: **01942 264778** (Monday-Wednesday)

My cancer is ______________________________



My gynaecology oncology surgeon is ____________

My key worker is ____________________________

Questions to ask

We have suggested below some questions you may want to ask:

- How quickly will I be seen by the team who will do my operation?
- Will you let my GP know about my diagnosis?
- How soon will I have my operation?
- If I need chemotherapy or radiotherapy will I have this at The Christie?
- Who will I contact if I have questions or concerns once my treatment has finished?

Contact The Christie Hotline for urgent support and specialist advice

The Christie Hotline: 0161 446 3658

Open 24 hours a day, 7 days a week

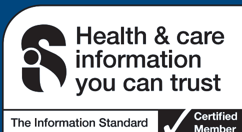
Visit the Cancer Information Centre:

The Christie at Withington Tel: 0161 446 8100

The Christie at Oldham Tel: 0161 918 7745

The Christie at Salford Tel: 0161 918 7804

Open Monday to Friday, 10am to 4pm.
Opening times can vary, please ring to check before making a special journey.



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