

Cancer of the Uterus

You will be looked after by the gynaecology - oncology multidisciplinary team (MDT). The professionals who make up the MDT are experts in gynaecological cancer. They meet weekly to discuss your test results and recommend a treatment plan for you. This plan will be conveyed to you in clinic, unless alternative arrangements have been made, and a written letter of the discussion offered. Please do ask for this letter if for any reason it is not offered.

The uterus

The uterus (womb) is a muscular, pear-shaped organ at the top of the vagina. The lining of the uterus is called the endometrium. The endometrium is shed each month resulting in bleeding (a period). These periods stop during pregnancy and at the menopause. A cancer of the uterus can start within the endometrium and is the most common gynaecology cancer.

What causes cancer of the uterus?

The exact cause is still unknown but there are recognised risk factors such as over exposure to the hormone oestrogen and being overweight. Cancer of the uterus occurs more frequently in women who have reached the menopause, usually between the ages of 50 and 64.

Symptoms

The most common early symptom that may indicate cancer of the uterus is post menopausal bleeding.

Tests for diagnosis

Biopsy: A small sample of cells may be taken from the endometrium. This is usually carried out in the outpatient department by passing a very small tube through the cervix into the uterus and removing a small sample of endometrium. The sample is examined by histopathologists in the laboratory to look for cancer cells under the microscope.

Outpatient hysteroscopy – An outpatient hysteroscopy is a simple procedure that involves inserting a small telescope through the neck of the womb and examining the cavity of the womb in the outpatient clinic without any anaesthesia. You will have a biopsy, using a small plastic device that takes a tiny suction sample of the lining of the womb

Ultrasound scan: This can be used to check for any abnormality of the lining of the uterus.

MRI scan: This test is similar to the CT scan but uses magnetism instead of x-rays to build up cross-sectional pictures of your body. You will be asked to complete a safety questionnaire to establish if you have any metal work anywhere in your body, for example a pacemaker or replacement joint. The scan machine is a tunnel but is open at both ends. If you experience feelings of anxiety or claustrophobia you may find the prospect of having this test worrying. If this concerns you, please speak to your specialist nurse or doctor for advice. You may be given an injection prior to the scan to ensure good pictures are obtained. You will be informed that the



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injection may cause temporary blurred vision; however the effects of this will have resolved before the end of your scan. The scan can take up to an hour to perform and is very noisy so you will be asked to wear headphones; you may wish to bring a CD with you which can be played into the headphones during the scan. You will receive specific information about the scan with your appointment letter.

CT Scan: In this scan several small x-rays are taken of the area and fed into the computer. This builds up a detailed picture of the size and position of the cancer. Prior to the scan you will be asked to have a drink of contrast (a special liquid) to help produce good images of the bowel. The scan can take 15 – 30 minutes. You will receive specific information about the scan with your appointment letter.



Chest X-ray: This is performed to assess the condition of your lungs prior to undergoing an anaesthetic and operation.

Blood tests: We may ask you to have blood tests to check your red blood cell count and possibly your kidney and liver function as an indicator of your general health.

Surgery

Most cancers of the uterus are treated by surgery. This is called a total hysterectomy which means removal of the uterus, cervix, fallopian tubes and ovaries. In addition lymph nodes may be removed (lymphadenectomy). Surgery will be usually by laparoscopic route (Information leaflet M201). Sometimes open surgery is required (Information leaflet M18). This will depend on your circumstances but your doctor will discuss this with you

Radiotherapy and/or chemotherapy may also be given in addition to surgery. If the multi disciplinary team recommend this for you, the radiotherapy will be given after you have recovered from the operation. In some circumstances the doctor may advise that radiotherapy alone is the best treatment.

Emotions and spirituality

It is not unusual to feel overwhelmed after being told of a cancer diagnosis. Many different emotions arise which can cause confusion and frequent mood changes. Reactions differ from one person to another – there is no right or wrong way to feel.

Treatment for endometrial cancer can affect a woman physically, emotionally and sexually. The gynaecology-oncology specialist nurse will support you, provide information and refer you to specialist services if needed.

Spiritual needs are individual and dependent on personal and philosophical beliefs. The gynaecology – oncology team will respect your beliefs and will try to meet your needs through the services available at the hospital and Big C cancer information centre.

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Further help

If you feel you would like further information and/or support please do not hesitate to contact: the Key worker/ Gynaecology Oncology Specialist Nurses on 01603 287742.

The Big C Family Cancer Information and Support Centre is based at the front of the hospital. Open Monday – Friday 09.30 – 16.30 Telephone: 01603 286116 www.thebigccancercentre.co.uk Do call in, no appointment needed.

Pandora's Box is a local self help group for anyone affected by a gynaecology cancer. Telephone: 01603 287742

Macmillan Cancer Support can supply helpful booklets free of charge. These are accessible by visiting Macmillan.org.uk or telephone: 08088080000. These can also be accessed for you by your Gynaecology specialist nurse.

Videos about coming into hospital that are available on Youtube - <https://www.youtube.com/watch?v=2nW8khhB8gA>

