



## **Information for patients having abdominal surgery for endometrial (womb) cancer**

You have been given this information sheet because it is recommended that you have an operation. The exact surgery you have will depend on the extent, type and position of the cancer. It is normal to experience a wide range of emotions after being told a cancer diagnosis. For some women it can be a frightening and unsettling time. If you have concerns or there is anything which is unclear, please speak to your specialist nurse.

**Abdominal hysterectomy** means removal of your uterus (womb) through an abdominal incision. The cervix, ovaries and fallopian tubes are also removed. It may also be necessary to remove pelvic lymph nodes (small bean like structures which filter lymph fluid). The operation is carried out either through a cut made across the top of your pubic hairline or up and down from your pubic hairline to your tummy button and sometimes a little higher. The type of incision depends on your individual anatomy rather than cosmetic reasons.

All of the tissue removed during the operation is sent to the histopathology laboratory for analysis. This analysis will confirm the stage (size and extent) of the cancer. If the cancer is in the early stages surgery may be all that is required. However, there may be findings on histology that suggests the cancer has a higher chance of coming back after surgery, in which case you may need radiotherapy and/ or chemotherapy to improve the chance of cure.

### **Preparation for operation**

It is important that you are as fit as possible. If you smoke try to give up or at least cut down as smokers are much more likely to develop chest infections. Contact Smokefree Norfolk on 0800 0854 113 or [www.smokefreenorfolk.nhs.uk](http://www.smokefreenorfolk.nhs.uk) for more information.

If you take blood thinning medication such as warfarin, direct oral anticoagulants (DOACs), clopidogrel or aspirin you will be given instructions to stop it temporarily in preparation for surgery.

You will be asked to attend a pre operation assessment clinic appointment a week or two before your operation where you will see a nurse, and anaesthetist to prepare for your surgery. Blood tests will be taken as well as a chest x ray and heart tracing if necessary. If your surgery involves removing lymph nodes, the nurse will speak to you about monitoring your legs for any swelling. Having this pre op assessment usually means you can be admitted to the ward on the day of your operation.

Many women suffer from constipation after surgery. We advise that you buy some lactulose from your local pharmacy, which keeps the bowel motion soft, so that there should be no need to strain to open your bowels in the post operative recovery period. You should take 15 mls twice daily starting 3 days before your operation and afterwards until bowel function returns to normal. You may be prescribed an alternate laxatives when discharged home.

### **The operation**

The operation is performed under a general anaesthetic. You may be offered an epidural anaesthetic or a device to control your pain yourself known as a PCA (patient controlled analgesia).

The operation time varies but takes anything from 60-120 minutes.

On return from the operating room you may still be very sleepy and be given oxygen through a mask or tube under your nose. You will have a drip with fluids so that you do not have to drink, a catheter in the bladder and there may be a drainage tube from the wound. Please tell your nurse if you are in pain or feel sick - medication or a change in position can lessen these symptoms.

You may feel emotional after your operation and this is a common reaction after a cancer diagnosis and surgery. Support from family and friends is invaluable but if you need more support speak to your specialist nurse. You have also been given a list of local support groups in your patient information folder.

### **After your operation**

Assistance will be given to meet your hygiene needs. After bathing/ showering pat your wound dry with a clean towel. Keeping your wound clean and dry will assist with the healing process.

Early mobilisation is encouraged with assistance as required.

You will start to drink usually the day after your operation and your drip will be removed. You will be offered something light to eat usually the day after your operation and your appetite will gradually return.

The catheter will usually be removed the day after your operation at bedtime. It is normal not to have a bowel movement for the first two days. If necessary, suppositories and/or a laxative can be given.

You can expect pain and discomfort in your lower abdomen for at least the first few days. Wind pains are common on the second and third day but can be eased with peppermint water. Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of clots in your legs or lungs.

Most women are ready to go home 3-5 days after surgery.

### **What to expect after the operation and at home**

The wound will be closed together with either stitches or staples. Some stitches dissolve by themselves others need to be removed, usually by the practice nurse at your GP surgery. You will be given information about this. Any stitches in the vagina will dissolve, though you may notice a stitch or part of a stitch coming away after a few days or maybe a few weeks. This is normal and nothing to worry about. 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 nearly always gets better within 6 – 12 months.

A slight discharge or bleeding is normal following the operation and may continue for several weeks. Use sanitary towels rather than tampons, because tampons could increase the risk of infection. Some women may experience a gush of blood 10 days or so after surgery which usually stops quickly.

Continue to take lactulose - it will keep your motion soft, but eat as normally as possible. It is important to drink plenty; you should aim to take 4 pints (2 litres) each day.

You will be prescribed pain killers to take home. Take them when needed if you have discomfort, don't wait for pain and do not exceed the stated dose.

You will probably feel quite tired for the first week and this is normal. It is advisable to have a family member or friend stay with you for this first week to allow you to rest and relax for this time.

## Exercise

It is safe for you to climb stairs the day you go home.

After the first week progressive exercise is important to speed your recovery. Start with short daily walks, gradually increasing the distance and speed. Many women should be able to walk for 30 minutes after 2-3 weeks. In addition continue with the exercises taught by the physiotherapist.

## Hygiene

A daily bath or shower is advised. Pat your wound dry with a clean towel.

When you go to the toilet to pass urine try to ensure your bladder is completely empty.

When you go to the toilet to empty your bowel it is important not to strain. Keep taking lactulose until your bowel is working normally.

## Diet

A well balanced diet containing high fibre food is essential and will help avoid constipation. Aim to drink 2 litres of fluid per day, mainly water. Having a hysterectomy does not mean that you will get fat but you should watch your calorie intake until you are fully active.

## Housework

For the first week at home you should take plenty of rest but are able to make a cup of tea or snack and easy household jobs. Sit on a chair when possible to reduce standing. Gradually increase household jobs e.g. cooking, ironing, and using a vacuum cleaner until by you are almost back to normal by 4 – 6 weeks but avoid heavy lifting.

## Lifting

Do not lift heavy weights like toddlers, shopping bags or move furniture for 12 weeks. When you do lift anything again remember to bend your knees, keep a straight back and hold the object close to you and lift by straightening your knees.

## Driving

You should be able to drive again when you feel able to concentrate fully and can stop in an emergency without worrying - usually about 3-4 weeks after the operation. Before attempting to drive it is useful to sit in the car and ensure you can move adequately and comfortably to enable you to drive. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

## Work

Your doctor will advise you when you are ready to return to work. Most women who have an abdominal hysterectomy are able to return to work at about six to eight weeks. Return to heavy work may need to be delayed until 3 months. Your return may also be delayed if you require additional treatment.

## Sports

A gradual return to sport is advised. Gentle swimming can be started 2-3 weeks after the operation as long as the wound has healed and vaginal bleeding has stopped. Avoid strenuous exercise for 12 weeks and recommence this gradually.

## Fertility

Removing the womb and ovaries results in an immediate loss of fertility. Reactions to this are individual and personal. If this is difficult for you, you may feel the need to ensure you have explored all possibilities prior to surgery and may need specialist support. Speak to your specialist nurse.

## HRT

Having both your ovaries removed will cause an immediate menopause if you have not already been through this. If you have already gone through menopause naturally, you may or may not have any symptoms. Symptoms such as hot flushes and long term problems such as osteoporosis can be prevented by taking HRT. There have been some reports suggesting that women who take HRT after endometrial cancer are at a greater risk of developing a recurrence. However no large scale research studies exist and the overall evidence is unclear. HRT is prescribed on an individual basis depending on your age and the balance between the risks of HRT and its benefits.

## Sex

After a diagnosis of womb cancer you may not feel physically or emotionally ready to start having sex for a while. However some couples feel ready to resume sex much sooner and this can feel like a positive step. We generally advise women not to have sex for 6 weeks following surgery to allow external and internal wounds to heal. You should still be able to have an orgasm but the sensation may be different from before the operation. If you have any worries or concerns please discuss them with your Specialist Nurse.

## When to seek medical advice

If the vaginal discharge or bleeding you experience after the operation becomes heavy or smelly or the bleeding starts again this may be because of an infection or a small collection of blood at the top of the vagina, called a vault haematoma. Contact your GP for assessment. Treatment is usually with a course of antibiotics. Occasionally intravenous antibiotics are required and rarely the haematoma needs to be drained.

If you notice red and painful skin around your wound you may have an infection. Contact your GP for assessment as you may need antibiotics.

If your urine smells offensive or if you have pain on passing urine, contact your GP you may need a course of antibiotics for infection.

If you are experiencing increasing abdominal pain, have a temperature, have lost your appetite and are vomiting, this may be because of damage to your bowel or bladder. Contact your GP for assessment as you will need to be admitted to the hospital.

A painful red, swollen, hot leg or difficulty bearing weight on your legs may be caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms contact your GP immediately.

Alternatively you may contact your oncology nurse specialist on **01603 287742** or contact the Cley Gynaecology ward on **01603 287242**

## Positive outlook

Your attitude towards how you are recovering is an important factor in determining how your body heals and how you heal in yourself. Some women find it useful to set themselves a goal at the end of their treatment, for example a holiday, to help maintain a positive outlook through their recovery. You may want to use your recovery time as a chance to make some longer term positive lifestyle changes, for example regular exercise and healthy eating.

## Follow up visit

You will be seen in the gynaecology outpatient department after the histology results are available to discuss the analysis report of the structures removed. This is when you will know whether further treatment such as radiotherapy is recommended. Your consultant's secretary to arrange this for you. You will be followed up in the outpatient clinic for 5 years following your surgery.



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

