



Information for patients having laparoscopic or robotic 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 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 that is unclear, please speak to your specialist nurse.

The operation is called a **Total laparoscopic or robotic hysterectomy and bilateral salpingo-oophorectomy**.

- **Laparoscopy** means keyhole surgery where the surgeon is using the operating instruments with his/her hands.
- **Robotic** means keyhole surgery where the surgeon is using a machine to control the operating instruments rather than holding the instruments in his/her hands. This does NOT mean a robot is performing your surgery. The surgeon is performing the surgery.
- **Total hysterectomy** means removal of the uterus (womb) and cervix (neck of the womb).
- **Bilateral salpingo-oophorectomy** means removal of the tubes and ovaries.

Small surgical instruments and a laparoscope (telescope with a camera on the end) can be inserted through small incisions on your abdomen. The womb and other structures are then removed through the vagina.

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. 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 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 maybe an anaesthetist to prepare for your surgery. Blood tests will be taken and a heart tracing performed if necessary. If your surgery involves removing lymph nodes, the nurse will speak to you about monitoring your legs for any swelling. The day before your operation you will need two enemas – one at lunchtime and one early evening. The pre op nurse will provide you with these and will explain when and how to administer these yourself. Having this pre op assessment usually means you can be admitted to the Same Day Admission Unit (SDAU) on the day of your operation, rather than the day before

Many women suffer from constipation after surgery. We advise that you buy a laxative called **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 discharged with other laxatives as well.

The operation

The operation is performed under a general anaesthetic. You will be prescribed regular painkillers to take post-operatively. The operation time varies but takes anything from 60 – 90 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, and a catheter in the bladder. 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, which 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

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

You will have a catheter in your bladder to drain urine. The catheter will normally be removed the morning after your operation.

An assisted bath or shower is offered on the first day and a daily bath or shower is then advised. After bathing/ showering pat your wounds 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 can expect pain and discomfort in your lower abdomen for at least the first few days. Taking painkillers as directed 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 the day after surgery. Occasionally, due to difficulties encountered during surgery, it may be necessary to complete the operation through a larger cut on the tummy. This is called a laparotomy. This results in a longer hospital stay (3-5 days) and a longer recovery (2-3 months).

What to expect after the operation and at home

The abdominal wounds will be closed together with dissolvable stitches. Surgical glue is often used to protect the scar; the purple glue will fall off over the next week. You will also have a scar at the top of the vagina where the cervix was removed, and these stitches will also dissolve by themselves. You may notice a stitch or part of a stitch coming away from the vagina after a few days or maybe a few weeks. This is normal and nothing to worry about.

You can expect to have some vaginal bleeding for 1 – 2 weeks after your operation. This is like a light period and is red or brown in colour. Use sanitary towels rather than tampons as using

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.

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You may also have some pain in your shoulder, a common side effect of laparoscopic surgery. You may be prescribed pain killers to take home: take them when needed if you have discomfort, don't wait for pain to get very bad, and do not exceed the stated dose. Following your operation your bowel may temporarily slow down causing air or wind to be trapped. This can cause some discomfort until it is passed. Walking around and taking peppermint water will help. Once your bowels start to move, the trapped wind will ease. 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 probably feel quite tired for the first week - 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 or an alternative laxative 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 gain weight, but you should watch your calorie intake until you are fully active.

Activity (Housework)

For the first week at home, you should rest but are able to make a cup of tea or snack and easy household jobs. After 3-4 weeks gradually increase household jobs e.g. cooking, ironing, and using a vacuum cleaner until you are back to normal.

Lifting

Do not lift heavy weights for example, toddlers, shopping bags or move furniture for 4 weeks.

When you do lift things 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 2-4 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 a laparoscopic hysterectomy are able to return to work after 4-6 weeks. Return to heavy work may need to be delayed. Your return may also be delayed if you require additional treatment.

If you need a sick note for your employer, do please ask your team BEFORE you leave hospital.

Sport

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 6 weeks and recommence this gradually.

Fertility

Removing the womb and both ovaries results in an immediate loss of fertility. Reactions to this are individual and personal. If this is difficult for 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 or surgeon.

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 or phone 111 for assessment as you may need antibiotics. If your urine smells offensive or if you have pain on passing urine, contact your GP or telephone 111 - you may need a course of antibiotics for infection.
- If you are experiencing increasing abdominal pain, develop 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, or phone 111 as you may 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 offered a combination of follow up in the outpatient clinic and/or by telephone for up to 5 years following your surgery.



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

