

Gynaecology and Reproductive medicine

Gynaecological abdominal and pelvic surgery

Information for patients, relatives and carers

Introduction

This patient information booklet is for women about to have or recovering from open abdominal surgery to remove a lump or lumps in their pelvis (pelvic mass). This booklet is not meant to replace the discussion between you and your medical team but aims to help you understand more about what you discuss together.

Giving your permission (consent)

We want to involve you in decisions about your care and treatment. Your doctor and/or nurse specialist will carefully explain the procedure involved. Details will vary according to each individual case. If you do not understand what you have been told, let the staff know straight away, so they can explain again. You may also find it useful to write a list of questions before your appointment and to have a relative or friend with you to help you remember the discussion when the treatment is explained. No medical treatment can be given without your written consent (digital consent). You will be asked for your consent before your treatment begins.

All clinical communications copied to your GP may also be sent to you if you wish. Please discuss this with your gynaecological cancer nurse specialist.

What happens during surgery?

The aim of the operation is to remove the lump or lumps from your pelvis and/or your abdomen (tummy). This may be done to make a diagnosis (if cancer is suspected), or if the lump is already known to be cancerous. It may also be done if cancer has returned to the pelvic or abdominal area. Your surgeon will discuss the aim of your surgery with you.

The surgery will involve removing some of your organs, such as your bladder, uterus (womb), ovaries, all or part of your vagina, part of your bowel and your back passage (rectum and anus), omentum, spleen and possibly other organs. As each individual case is different, the extent of surgery will vary between patients. It is important that you understand what is going to happen before any surgery is carried out and what this means for you. What happens during

surgery is dependent on your scan results and what your surgeon finds during the operation. Your surgeon will discuss this in detail with you.

For those with suspected ovarian cancer, we may need to remove the skin (peritoneum) that covers the organs in your abdomen (tummy) and the abdominal walls in order to remove cancer cells that can spread there. This surgery is called a peritonectomy. The peritoneum will grow back completely within days to weeks after the surgery.

Depending on the extent and position of the pelvic lump, your surgeon may need to operate either close to the bowel or remove some of it. In this case, the unaffected sections of bowel will be joined together if possible. This is known as 're-anastomosis'. However, if this is not possible the bowel will be diverted to open on the surface of the abdomen. This is called a 'colostomy' or 'stoma formation' following which stools would be collected in a bag attached to your abdomen, which can be removed and emptied or replaced as necessary.

Your hospital doctor and your gynaecology cancer nurse specialist (also called key worker) will advise you if you need a stoma. Having a stoma may be temporary. If you have a stoma, you will be contacted by a stoma care specialist nurse.

Surgery for a pelvic lump maybe the only treatment needed. It may also be offered in addition to chemotherapy. Having chemotherapy treatment will depend upon the types of cells found in the mass and whether these are benign (non-cancerous) or cancerous.

Preparing for your surgery

- To improve recovery after surgery, please maintain a balanced diet and exercise daily in the run up to the operation if you are able. Your GP, his/her practice nurse or the doctors and nurses at the hospital will be able to give you further advice about this. You may be referred to a dietitian if you are having problems eating or maintaining your weight.
- A 30-minute brisk walk three or four times a week, or swimming, should be enough exercise, if you are able. Avoid alcohol and cigarettes in the month before the operation.
- Blood thinning medications such as warfarin may need to be converted to an alternative drug before the operation.
- Medications such as low dose aspirin, non-steroidal anti-inflammatories (such as ibuprofen (Nurofen®) or diclofenac (Voltarol ®)) need to be stopped at least seven days before the operation.
- If you develop any symptoms of a cold or flu in the days leading up to the operation you must let the hospital know as this may necessitate the cancellation of your operation. It can be dangerous to undergo surgery if you have any sort of infection.
- In the two days before the operation, drink plenty of fluids to avoid dehydration. Ensure that you drink at least 1.5 to 2 litres of fluid daily in the two days before your operation.
- 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 housework, changing your bed sheets, vacuuming, gardening and shopping) and to look after your children if necessary.

-
- You may wish to discuss this further with the gynaecological cancer specialist nurse if this is a problem. A social services assessment may be suggested if you feel you need further support at home to recover from the operation.

Before your operation

Most patients attend a pre-operative assessment clinic. At this clinic we will ask for details of your medical history, current medications and carry out any necessary investigations. Please bring all your medications and any packaging (if available) with you. If you are taking any hormone replacement therapy (HRT) medicines or tamoxifen we will ask you to stop this approximately two weeks prior to surgery, if appropriate. Please ask us any questions you may have about the procedure.

If we think that your bowel has been affected by the lump, we may give you a strong laxative to take home before your operation or you may be admitted the day before surgery for bowel preparation. When you are having this bowel preparation, you will not be allowed to eat solid foods the day before surgery. However, you will be able to drink clear fluids such as water, black tea, black coffee, herbal tea or clear soups (no milky products). The ward nursing team will provide supplement drinks. You may need to be reviewed by the stoma specialist care nurse before the operation.

This procedure involves the use of general anaesthesia, therefore you will need to fast (not eat) for six hours before the operation and drink only clear fluids such as water, for two hours before. Local anaesthetic may also be given to reduce your post-operative discomfort. You will see an anaesthetist before your procedure.

Most people who have this type of procedure will need to stay in hospital for two to five days. Your doctor will discuss the length of stay with you.

Hair removal before an operation: Usually, you do not need to have the hair around the site of the operation removed. However, if hair removal is necessary, the healthcare team will use an electric hair clipper with a single-use disposable head, on the day of surgery. Please do not remove the hair yourself as this can increase the risk of infection.

What happens on the day of the operation?

- On the day of your admission, please bring all the medication that you take regularly. You will be admitted to hospital on the day of your surgery, unless you need medicine to empty and clean your bowels 24 hours before surgery or if your doctor recommends you should be admitted the day before due to a medical reason (such as diabetes, heart problems etc.).
- Your temperature, pulse, blood pressure, breathing rate, height, weight and urine will be measured. A blood sample will be taken to check that you are not anaemic.
- The anaesthetist who will be putting you to sleep for the operation will also come to see you.
- We will give you special stockings to wear to prevent blood clots (DVT) from forming in your legs following surgery. This will be discussed by your hospital doctor.

-
- The physiotherapists will also show you some useful exercises to do after surgery.
 - You may be put on a drip to provide you with fluids and prevent dehydration until after your operation.
 - We will ask you to have a shower or bath and put on a theatre gown before going to the operating theatre. All make-up, nail varnish, jewellery (except wedding rings, which can be taped into place), body piercings, wigs, scarves, contact lenses and dentures must be removed. One of the nurses will then take you operating theatre.

During your procedure

- Before your procedure you will be given an anaesthetic.
- You will also have antibiotics whilst you are asleep. Antibiotics are given intravenously (into a vein) by the anaesthetist. This is given as a preventative measure against possible infection. Please tell a member of staff if you are allergic to any medication.
- There will be a single cut about 10 centimetres long running from your belly button (umbilicus) down.
- A catheter (tube) will be placed in your bladder during the operation to allow accurate urine measurement. The catheter is usually left in overnight and removed the next day.
- If the lump affected the bladder and this had to be partially removed then you will need the catheter for a longer period of time (approximately 10 days). If the bladder needs to be completely removed then you will have a permanent urostomy but this is something that we will know before surgery and will have explained to you. If a urostomy is needed, a stoma care specialist nurse will be there to guide on care of this stoma.
- Stitches or clips are used to close the skin wound at the end of the operation.
- You may have a drain (tube) inside your wound. This is so that any blood or fluids that collects in the area can drain away safely, which will help prevent swelling and infection. The tube will be removed when it is no longer collecting fluid. This may be several days after your operation.
- During the surgery, you may lose blood. If you lose a considerable amount of blood your doctor may advise for you to have a blood transfusion. Your doctor will only give you a transfusion of blood or blood components during surgery if you need it. The likelihood of serious side effects from a blood transfusion or blood component is very low. Your doctor will explain to you the benefits and risks of a blood transfusion.

After the procedure

You will wake up in the recovery room before you are either taken to the ward or the intensive care unit (ICU). If admitted to ICU, your stay there is for a short time only, (usually 24–48 hours) before you return to the ward. This will depend upon how long the operation has taken, and the level of nursing and medical support you need after the operation.

You may still be very sleepy and may need the support of a ventilator to help you with your breathing (if in intensive care) or be given oxygen through a facemask to help you breathe more comfortably back on the ward.

You may have a drip attached to your arm to provide you with fluids to prevent dehydration until you are able to start drinking. You will be advised when to start drinking and eating by the doctors and/or nurses on the ward.

Eating and drinking: If surgery also included your bowels, you may need to have fluids and protein drinks for the first 3 to 4 days after the operation. You will be advised if this is the case after surgery. If surgery didn't include your bowels, you will be able to drink fluids once you feel ready. Once you are tolerating fluids you will be able to start eating.

Getting around after the procedure: You will be encouraged to get out of bed and start walking as soon as possible after your operation (usually the evening after surgery or the next day) to help your recovery. The nurse looking after you will help you get out of bed and sit in a chair. Early mobilisation after surgery improves your recovery and reduces the risk of certain complications.

Other exercises that are helpful: We will encourage you to do gentle leg and breathing exercises to help with circulation and prevent chest infections. Your nurse and physiotherapist will help and advise you with this.

Leaving hospital: Most patients will be able to leave hospital within two to five days of having surgery. The actual time you are in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor's opinion.

In the case of more extensive surgery, you may need to stay for approximately 8-10 days. You will be supplied with anti-clotting injections to take home. You will be shown how to inject yourself before you leave.

For patients with a stoma, the stoma care nurse and ward nurses will show how to manage your stoma before you leave the hospital.

Please arrange for someone to come and collect you by car or accompany you in a taxi on the day of your discharge home, as you will not be able to drive yourself or travel on public transport.

If you have been prescribed medication during your stay in hospital, the hospital staff may give you a supply of this to take home with you.

What you may experience after the procedure

Vaginal bleeding: You may have some vaginal bleeding or a blood-stained discharge, but this does not usually last for more than a few days. Please use sanitary towels rather than tampons until the bleeding has stopped in order to prevent infection.

Wound care: Your wound will have a dressing on it to keep it clean and dry after the operation, this will be removed on day two after surgery unless it becomes loose or is blood soaked. After day two, you may shower. You should keep your wound clean and dry using a clean towel to pat it dry following your shower. Depending on the type of incision (cut) used, the stitches or clips will be removed five to ten days later, or they may dissolve when the wound has fully healed.

Bowels: You may also have some trouble opening your bowels or have some discomfort due to wind for the first few days after the operation. We can give you laxatives to relieve this if you need them.

Sore throat: You may have a sore throat for two or three days after having a general anaesthetic. This sometimes happens because a tube is passed down your windpipe to give you the anaesthetic gases that keep you asleep during the operation.

Sexual intercourse: we recommend that you wait for six weeks before you have any penetrative sexual intercourse; this is to ensure that you have healed internally. You may find that your vagina is drier than before surgery and the use of a vaginal lubricant may be beneficial to you; this can be purchased from most supermarkets or pharmacies.

Pain: Please tell us if you are in pain or feel sick. There are several ways to help you control your pain and these will be discussed with you by the anaesthetist. You may be given a device which you can use to control pain yourself. This is known as a 'PCA' (patient-controlled analgesia) pump and you will be shown how to use it.

The anaesthetist may also discuss the use of an epidural (an injection in your back) as an option. This is a method of pain relief commonly used during childbirth and also for people with back pain.

You may also be offered tablets as you require them once you are able to have something by mouth.

The anaesthetist may also discuss with you the use of TAP block (transversus abdominis plane block). This method is to spread pain relief across the abdomen, and it may last for up to two days. We also have tablets/injections that we can give you as and when required, so that you remain comfortable.

You may need painkillers tablets for a few weeks after the operation.

Are there any risks associated with this operation?

As with any operation, there are risks. However, as the risks will vary depending on the organs and tissue removed, it is not possible to give an accurate estimate of risks or complications associated with your surgery in this booklet. Your doctor will discuss specific risks of your surgery with you prior to your operation.

We take many steps to keep the risks to a minimum. For example:

- your anaesthetist (a specialised doctor) will see you before the operation to check that you are fit for the anaesthetic
- we give you antibiotics and the surgery is carried out in sterile conditions to prevent infection
- we ask you to wear special support stockings and to take medication to thin the blood, as this helps avoid blood clots

Are there alternatives to this operation?

This will depend on the type and extent of your lump. Your hospital doctor will discuss your options as well as their risks and benefits with you.

Where the lump is cancerous, surgery may not be enough on its own. You may also need chemotherapy or radiotherapy. Some types of cancer, also benefit from anti-hormonal treatment.

Other questions you may have:

Will I be able to have children after this surgery?

If both ovaries and the womb are removed, this will make you infertile. This means you will not be able to have children. At any age, having to have your ovaries removed can affect the way a woman feels about herself, particularly if this occurs at a young age. The loss of fertility can have a huge impact if you planned to have children and you have an operation that takes that choice away.

Depending on the extent and reasons for your surgery, you may want to make sure that you have explored all your options. It is important that you have the opportunity to discuss this with the gynaecological cancer specialist nurse/key worker before your operation. They will continue to offer you support when you are recovering from the operation. Advice is also available from our specialist fertility team and premature menopause team. If you wish, we can also refer you to other support organisations, as well as to a counsellor (clinical psychologist).

Will I need hormone replacement therapy (HRT)?

You may be offered HRT if you have both your ovaries removed and you have not already been through the menopause. HRT is available in many forms – as an implant, patches (similar to nicotine replacement patches), tablets, gels, sprays and vaginal creams. Potential symptoms can also be managed using ‘alternative’ remedies (such as herbal-based medication).

Please discuss the options available to you, either with the gynaecology cancer team before you are discharged from hospital or with your GP.

Emotions

If you have a pelvic lump and have been told that you either have a suspected or confirmed diagnosis of cancer, or that your cancer has returned, it is normal to experience a wide range of emotions.

It can be a frightening and unsettling time. You may find it helpful to talk about your feelings with someone who specialises in dealing with this condition, such as a gynaecological cancer specialist nurse. Specialist nurses are able to offer increased levels of support, advice and

guidance about your illness and if you wish, can put you in touch with a counsellor or other support agencies. Some useful contact numbers are also listed in the back of this booklet.

It can also be a worrying time for your partner. They like to be involved in discussions about the operation and how it is likely to affect you both.

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 this operation.

Please do not hesitate to contact your gynaecological cancer specialist nurse if you have any questions or concerns about either your diagnosis or your treatment. You can also talk to her about intimate issues or concerns about your sexuality, body image, fertility, menopausal issues or your sexual relationship either before or after surgery.

What happens when I leave the hospital?

It is normal to feel tired when you go home. However, your energy levels and what you feel able to do will 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.

Avoid lifting or carrying anything heavy (including children and shopping) for about four to six weeks after your operation. Vacuuming and spring-cleaning should also be avoided until you have had your check-up at the hospital.

You should avoid aerobic exercise, jogging and swimming until advised otherwise, but should continue with the exercises that the physiotherapist showed you. Walking is an important part of the recovery process.

Try to eat a balanced diet and rest as much as possible, accepting all help that is offered to you.

Continue with gentle activities, such as making drinks, light dusting and washing up, gradually increasing your level of activity. Gentle exercise such as walking is an important part of your recovery after surgery.

Is there anything I need to watch out for at home?

Please contact your GP, gynaecological cancer specialist nurse or go to your nearest A&E department if you have:

- excessive redness or discharge around the wound site
- a high temperature or fever (38°C or above)
- heavy vaginal bleeding
- a smelly discharge from the vagina or wound
- pain or swelling in your calves or the veins in your legs
- difficulty in breathing
- difficulty opening your bowels or passing urine

When can I start driving again?

Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- free from the sedative effects of any painkillers,
- able to sit in the car comfortably and work the controls.
- able to wear the seatbelt comfortably,
- able to make an emergency stop,
- able to comfortably look over your shoulder to manoeuvres.

In general, it can take three to six weeks before you are able to do all of the above. It is a good idea to practice without the keys in the ignition. See if you can do the movements you would need for an emergency stop and a three-point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

When can I return to work?

Most women feel able to return to work or their usual routine after about 4 to 6 weeks. However, this will depend upon your individual recovery and the type of work that you do. Some women are fit to work after two to three weeks and will not be harmed by this if there are no complications from surgery.

You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. If you have an occupational health department at work, they will advise on this.

Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be symptom free before you go back to work. It is normal to have some discomfort as you are adjusting to working life.

Will I need to visit the hospital again?

Yes, for a check-up in the outpatient clinic about two to three weeks after your operation. We will either give you an appointment before you leave or post one to you. You will receive an appointment to attend the gynaecological outpatient department to check your wound is healing well, give you your final results and discuss whether further treatment is needed.

Cervical smear tests are usually not necessary after this operation, if the womb and cervix have been removed. Please note that if your cervix was not removed, a smear may be taken as part of your routine examination.

When can I travel?

If you are considering travelling during your recovery, it is helpful to think about:

- the length of your journey: journeys over four hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of a blood clot. This is especially so if you are travelling soon after your operation.
- how comfortable you will be during your journey.

For overseas travel:

- would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?
- does your travel insurance policy cover any necessary medical treatment in the event of a problem after your operation?
- are your plans in line with the levels of activity recommended in this information?

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital.

Chaplaincy services

Hospital chaplains representing the major world faiths are appointed by the Trust. The chaplaincy service provides pastoral and spiritual support for patients, relatives, friends and staff. Please tell your key worker if you would like a chaplain of your faith to visit you. For details of chapel services, please contact the chaplaincy service on 020 3313 4574.

Other sources of information

Maggie's Cancer Caring Centre

Maggie's is a cancer charity that provides emotional, practical and social support that people with cancer may need. The centre combines striking buildings, calming spaces, professional experts offering professional support, and the ability to talk and share experiences with a community of people who have been through similar experiences. Maggie's West London is located in the grounds of Charing Cross Hospital but please note it is independent of our hospital. The centre is open Monday to Friday, 09.00-17.00. For more information please call 020 7386 1750.

Macmillan Cancer Support Helpline

This is a free telephone line for people affected by cancer who have questions about cancer, need support or just someone to talk to. It is open from Monday to Friday, 09.00 – 20.00 (interpretation service available). Telephone: 0808 808 0000

Contacting the hospital

Gynaecological cancer nurse specialists

Monday to Friday, 08:30 to 16:30

Through the Macmillan Navigator service

On 02033130303

Victor Bonney ward

020 3313 5117

020 3313 3570

Gynaecology Outpatient clinic

Monday to Friday, 08.30-16.30

020 3313 5118

Reproductive Medicine

Monday to Friday,

07.00-17.00 020 3313 8187

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

Gynaecology and reproductive medicine
Published: June 2023
Review date: June 2026
Reference no: 5159
© Imperial College Healthcare NHS Trust