NHS
Royal Surrey
County Hospital
NHS Foundation Trust

‘Da Vinci’ Robotic Hysterectomy and removal of ovaries (oophorectomy) with discharge advice

Patient information leaflet

Royal Surrey County Hospital
Frimley Park Hospital
Ashford and St. Peters Hospital
Surrey and Sussex Hospitals

This leaflet has been written for women who have a diagnosis or possible diagnosis of a gynaecological cancer and have been advised to have a robotic hysterectomy.

Are there any alternative procedures?

If it is decided that the robot is not suitable, a traditional abdominal hysterectomy could be performed. If you are unable, or do not wish, to have an operation, hormonal or radiotherapy treatment may be offered.

What is a 'Da Vinci' robotic hysterectomy and removal of ovaries?

The 'Da Vinci' robotic system is designed to provide your surgeon with a clearer view and more precision during the procedure. Your surgeon controls the robot, which converts their hand movements into smaller, more precise movements of tiny instruments inside your body. Though it is called a 'robot', your surgeon controls all the movements during your operation. The robot allows your surgeon to perform complex procedures through five small cuts in your abdomen.

Traditional abdominal hysterectomies for gynaecological cancers are performed by a long vertical incision (from the pubic bone to just above the navel). This can be painful for patients, with a longer stay in hospital and longer recovery. A robotic hysterectomy is a less invasive procedure leaving the patient with five small cuts on the abdomen which will be stitched following your surgery. For most women, it offers numerous benefits over the more traditional hysterectomy.

- Less pain
- Less blood loss and need for transfusion
- Less risk of infection
- Shorter stay in hospital
- Quicker recovery and return to normal activities
- Small incisions and minimal scaring

As with any surgery, these benefits cannot be guaranteed.

Factors that may increase the risk of complications:

- Pre-existing heart or lung problems/condition
- Previous abdominal/pelvic surgery
- Smoking
- Obesity

What happens during the procedure?

Five small cuts are made in your abdomen through which the arms of the robot are positioned.

A small amount of carbon dioxide gas will be used to expand your abdomen to make it easier for the surgeon to view the organs.

The surgeon removes the lymph glands in the pelvis through the small abdominal cuts.

The fallopian tubes and ovaries are initially freed from their attachments and will be removed with the uterus and cervix through the vagina. If the uterus is too big (bulky), removal through the vagina might not be appropriate and a little cut will be made along the bikini line, to enable your surgeon to remove your ovaries, uterus and cervix safely. It may not be necessary to remove your ovaries. If applicable, that would be discussed with you during your consultation in a clinic and during your consenting for the surgery.

If your surgeon has consented you for a Radical Hysterectomy. This will involve the removal of the uterus and cervix as well as the removal of the tissue on the sides of the uterus and the cervix (parametrium), and the top part of the vagina. Nearby lymphatic nodes are removed either during this procedure or as a separate procedure beforehand.

What will happen prior to your admission for surgery?

Your operation will be discussed with you in detail with your surgeon prior to consent for surgery.

To enable you to make an informed decision, the surgery will be fully explained to you by the surgical team. You will also have the opportunity to ask questions and voice your concerns prior to signing the consent form.

The clinical nurse specialist will be available for support and information.

You will be asked to attend a pre-assessment clinic to ensure that all the necessary investigations are undertaken to assess your fitness for anaesthetic and surgery. It will also give you a further opportunity to ask questions related to the surgery. On request we can arrange for you to visit the surgical ward.

Your partner, a close relative or friend is welcome to attend any of these appointments.

Please inform your surgical team as well as pre-operative assessment nurse about all the medications you are taking as some might need to be stopped prior to your surgery (e.g warfarin, aspirin). Please bring your medicine list with you and ask your doctor if you can take them prior to the surgery.

You will be admitted to either a surgical ward the day before surgery, or the 'Elective Surgical Unit' (ESU) on the day of surgery. Following your operation, you will be transferred to the Surgical Short Stay Unit (SSSU) or surgical ward.

On the morning of your surgery, the anaesthetist looking after you will discuss pain relief following your operation. You will also see your surgical team.

What are the risks and side effects of the surgery?

As with any surgery, there are risks of bleeding, bruising damage to neighbouring structures and infection. You may require a blood transfusion during your admission however the risk is low.

Main side effects following surgery:

- Deep vein thrombosis and pulmonary emboli: anti-emboli (T.E.D) stockings, Fragmin /Dalteparin, (sub-cutaneous blood thinning injection) good hydration and early movement following surgery will help reduce the risk.
- Changes in bladder function
- Changes in feeling during intercourse

- Changes in bowel function
- Lymphoedema
- Numbness around scar and tops of legs

What happens following the operation?

Following your 'robotic surgery' the plan would be for you to be discharged the following day. Your catheter may either be removed the same evening of the operation or the following morning. Nurses on the ward will be monitoring your urination function prior to your discharge from the ward. After urinary catheter removal, some patients experience urination difficulties; that could be caused by postsurgical inflammation, pain and damage to nerve endings. This may require going home with the catheter. The ward staff will show you how to look after it and your surgical team will arrange a 'trial without catheter' (TWOC) at your local hospital or back at the Royal Surrey County Hospital a week later.

If you have had a radical hysterectomy, you will be going home with a catheter, usually for a week.

Drinking plenty of fluids of between 6 to 8 glasses a day are important to prevent bladder infection while the catheter is in place. Following the removal, it is important for us to ensure your bladder is emptying properly. The nurse looking after you will check this.

If you are discharged with a bladder catheter, it relieves pressure on the surgical site and allows greater healing of the tiny nerves to the bladder. These nerves help to sense when your bladder is full. They also help you empty your bladder when it is full. The catheter also prevents your bladder from becoming too full until you can pass water on your own.

You may experience some wind pains in the abdomen which may also cause shoulder pain. This is caused by the carbon dioxide gas used during surgery. This settles eventually and is helped by eating small, regular meals. Some patients find peppermint tea, cordial and plenty of walking around helpful to shift the gas.

It is common to feel low in mood following surgery, especially when you may have a diagnosis of cancer. You might find it helpful to talk to the ward nurses or clinical nurse specialist to ease these anxieties.

Wound care

Your dressings will be checked prior to your discharge. You will have five small dressings covering the incisions; these can be removed two to three days following your surgery. The wound can stay exposed. When having a shower or washing, ensure you dry your wounds completely to prevent wound break down or infection. If there is any sign of redness or soreness at the wound site, contact yourGP or Clinical Nurse Specialist for advice.

If your ovaries were removed, you may experience hot flushes. These may start within a week following surgery. If you have a diagnosis of cervical cancer, hormone replacement can be prescribed.

Your team will prescribe regular painkillers to take home with you. Your doctor or GP can provide a sick certificate on request for two to four weeks following a robotic hysterectomy.

You will commence fragmin injections daily to prevent blood clots for four weeks following your surgery. The nurses will teach you how to administer them prior to discharge.

Recovery can differ between patients this is only a guide

Day two to three following your operation:

You should be able to walk up and down stairs, take a shower, make drinks and prepare snacks. You may continue to need occasional painkillers. It is common to feel tired and sometime feel irritable, so ask other people to continue to support you and help with household chores. If you have severe increasing pain, constipation, oozing wound or feel feverish, contact the Clinical Nurse Specialist, your GP or Compton ward at the Royal Surrey as soon as possible.

You may be experiencing some bleeding which will become darker and less heavy. If you have a fresh heavy blood loss, contact your ward, Clinical Nurse Specialist, GP or come straight to A&E as soon as possible. Do not use tampons for at least six weeks following surgery as they can cause infection in the vagina. The area around the incision

site (cut) will be numb because the nerves have been disturbed. It may take up to six months for the skin sensation to return. Drink a normal amount (not more than you feel you want). Eat plenty of fruit and vegetables to help your bowel get back to normal.

Stay active and take plenty of rest periods as you feel necessary.

One week following your operation:

You will be able to make meals, although you may still feel quite tired and need to have rests. You will feel well enough to go to the shops but do not burden yourself with heavy shopping bags. You may still have periods of feeling low especially if you are tired. Listen to what your body is telling you and continue ask for support from others.

If you were discharged with a urinary catheter, your TWOC will take place this week.

Two weeks following your operation:

Most women feel they are feeling better. You can take on light housework such as dusting, ironing small amounts and vacuum cleaning only carpets you see. Do not lift heavy furniture. When lifting anything from a low position, remember to bend your knees, keep your back straight and pull in your abdomen. Avoid standing for a long time.

Any internal stitches begin to dissolve. You may notice an increased vaginal discharge which may be bloodstained. Discharge and spotting can continue for up to two months.

Four weeks following your operation:

You should feel quite well, and without any symptoms you had before the operation. You can take part in activities such as gentle walking, provided the five cuts have healed well. You may be able to return to work depending on what your job involves. You may drive if you feel safe to perform an emergency stop, but check with your insurance company. You need to be able to do an emergency stop and reverse safely.

Bowel function:

After abdominal surgery bowel function normally is slow due to the anaesthetic and surgery.

Analgesia used post-surgery might cause constipation in some patients. Dietary management (daily prune juice, high fibre or high bulk diets) or stool softeners medication or mild laxatives may help to prevent difficulties. Increased fluid intake also helps improve bowel function. Once your normal diet and activity are resumed, bowel function usually returns to normal.

Bladder function:

Following your surgery you may find you need to go to the toilet more frequently. Sometimes the sensation of bladder fullness is reduced and you may be less aware of a full bladder. If this happens, it is important to get into the habit of going to the toilet at regular intervals. Your Clinical Nurse Specialist will be able to give you advice.

Pelvic floor exercises

How does the pelvic floor work?

The pelvic floor consist of layers of muscles which stretch from the pubic bone in front to the bottom of the back bone.

The pelvic floor muscles are kept firm and slightly tense to stop urine leakage from the bladder and faeces from the bowel. When you pass urine or have a bowel motion the pelvic floor muscles relax, afterwards they tighten again to restore control.

Why do pelvic floor exercises?

Pelvic floor muscles can become weak and sag because of child birth, lack of exercise, pelvic surgery and the menopause.

Basic exercises

These can be done in sitting, standing or lying position. Imagine you are trying to stop yourself passing wind and at the same time trying to stop your flow of urine mid-stream. The feeling is one of "squeeze and lift", closing and drawing-up the back and front passages. This should be done without-pulling in your tummy, squeezing your legs together, tightening your buttocks, or holding your breath.

When can I resume sexual activity?

We would recommend no intercourse for six weeks whilst healing occurs. Some women worry about intercourse being painful and are concerned about resuming sex. In the beginning, gentle penetration in a position which is comfortable for you, is recommended. You may find your feeling during intercourse is a little numb. This should improve with time. Sometimes lubrication jelly can be used such as **REPLENSE®** or **SYLK®** both can be prescribed by your GP Your Clinical Nurse Specialist is available to help with advice with any of these issues.

Menopause

A leaflet is available for advice on treatment induced menopause. Please contact your clinical Nurse Specialist for a copy and further advice.

Who do I contact following discharge?

If you have any concerns when you are discharged, you can contact:

- **Your Clinical Nurse Specialist** – Tel: 01483 571122 ext 2038
- **Compton Ward** – Tel: 01483 571122 ext 4941 or 6372
- **Gynae–Oncology surgical team secretaries** – Tel: 01483 571122 ext: 2176 / 2720
- **Nearest A&E department**

Results

All surgical specimens results will be discussed at the Multi-Disciplinary Team Meeting (MDT) by the histopathology team between two to three weeks post your surgery. Rarely in complex cases, your histology could be sent away for a second opinion for further review. The MDT meets weekly to review results and decide treatment accordingly.

The Gynaecological Oncology Clinic

Your next appointment after surgery will usually be between 2-3 weeks. All results, further treatment options and follow up will be discussed with you at this appointment by the Consultant Gynaecologist. The Clinical Nurse Specialist is available to discuss any concerns you may have.

What happens for my follow up care?

This depends on your diagnosis and if you have had previous treatment or will require any further treatment following your surgery. Most patients that receive a cancer diagnosis will be followed up for five years following completion of all your treatment.

References

- Blake, Lambert and Crawford (1998) 'Gynaecological Oncology – A Guide to Clinical Management pp162-4 Oxford University press
- www.davincihysterectomy.com (accessed 28.02.18)

Local support groups

Gynaecological Cancer Support Group

- **Location:** Fountain Centre, St. Luke's Cancer Centre held on alternate months.
- **Contact:** Gynaecological Oncology CNS
- **Telephone:** 01483 571122 **ext** 2038

The Fountain Centre

- This is a centre which provides supportive and complimentary therapies such as reflexology and counselling services. Based in the Royal Surrey County Hospital.
- **Telephone:** 01483 406618 / 19
- **Website:** www.fountaincentresupport.com

The Olive Centre

- Crawley Cancer Support Sussex Annexe, Crawley Hospital
- **Telephone:** 01293 534465
- **Website:** www.olivetreecancersupport.org.uk

East Surrey Macmillan Cancer Support Centre

- East Surrey Hospital, Redhill, Surrey, RH1 5RH
- **Telephone:** 01737 304176
- **Email:** informationcentre.sash@nhs.net

National support information

Macmillan Cancerbackup

- **Freephone:** 0808 800 0000
- **Website:** www.macmillan.org.uk

Cancer Research UK

- **Website:** www.cancerresearch.org.uk

Citizen Advice Bureau

- **Telephone:** 0870 126408

Cancer Counselling Trust

- **Telephone:** 0207 7041137
- **Website:** www.cctrust.org.uk

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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