NHS
Royal Surrey
County Hospital
NHS Foundation Trust

Total Abdominal Hysterectomy and removal of ovaries and fallopian tubes (salpingo-oophorectomy) for Gynaecological Cancers with discharge information

Gynaecology Department

Patient information leaflet

This booklet has been written for women who have been diagnosed with, or been given a possible diagnosis of, gynaecological cancer, and as a result, require a total abdominal hysterectomy and salpingo-oophorectomy.

What is a total abdominal hysterectomy and bilateral salpingo-oophorectomy?

A total abdominal hysterectomy and bilateral salpingo oophorectomy is an operation to remove the cervix, womb (uterus), fallopian tubes and ovaries. Y**our surgeon may perform a frozen section (a sample taken whilst you are asleep and analysed by a pathologist) to determine if it is cancer**. If proven to be a cancer, you will also require pelvic lymph nodes sampling. In addition, you could also require sampling of the para-aortic lymph nodes and omentum (layer of fatty tissue which hangs over the abdomen) and some surrounding tissue may be removed. Sometimes bowel surgery and removal of the appendix may be necessary.

All your surgery will be fully discussed with you at your consultation prior to consent.

For full information of your surgery, refer back to the consultation sheet and consent form.

Are there any alternatives to this operation?

If you decide not to have the operation and cancer is confirmed by a biopsy, other treatments such as chemotherapy, radiotherapy and hormone therapy will be discussed with you.

What is the aim of the surgery?

- To remove the cancer if it is found
- To understand the extent and spread (stage) of the disease.
- To assess if there is any need for further cancer treatment of either radiotherapy and/or chemotherapy

What will happen before my admission for surgery?

It is important that you feel confident with your surgery and you fully understand the reasons why it is being performed. The surgical team will explain the surgery. We will also give you plenty of opportunity to ask questions and voice your concerns prior to signing the consent form.

The clinical nurse specialist will be available for your support and information prior to, during and following your operation.

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

Your husband, partner or significant other is welcome to attend any of these appointments and ask questions regarding your surgery.

Please inform the Doctor or preoperative assessment nurse if you take any medications (for example heart, blood pressure, diabetic, warfarin or asprin). Please bring your medicine list with you and ask your doctor if you can take them before 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 moved to the surgical ward or intensive care unit for the first 24-48 hours, followed by transfer to a surgical ward to complete your recovery prior to discharge.

On the morning of your surgery, the anaesthetist looking after you will discuss pain relief following your operation. One of the following options would be recommended:

- an epidural (pain relief drugs given through a fine plastic tube inserted in your back by an anaesthetist)
- a local anaesthetic infusion pump (which is inserted into the wound during your surgery)
- or a patient controlled analgesia (PCA) (a carefully programmed pump that allows a patient in pain to administer their own pain relief).

What are the risks and side effects of the surgery?

As with any surgery, there are risks of bleeding, bruising damage to neighbouring organs and infection. You may require a blood transfusion during your admission.

Main side effects following surgery:

- Deep vein thrombosis and pulmonary emboli: anti-emboli (T.E.D) stockings, fragmin or clexane, sub-cutaneous blood thinning injection) and early movement following surgery will help prevent these.
- Changes in bladder function
- Changes in feeling during intercourse
- Changes in bowel function
- Lymphoedema in the legs (collection of fluid because lymph nodes have been removed at surgery)
- Numbness around scar and tops of legs

What will happen following the operation?

After your operation you may spend some time in the intensive care unit. This is so that you are closely monitored.

When you wake up you will be receiving oxygen via a mask and receiving intravenous fluids through a drip usually via a central line in the neck. Some patient's may be receiving a blood transfusion.

Your throat may be sore and this is because of the anaesthetic procedure to help you with breathing while you are asleep during surgery.

You will have a urinary catheter (a tube) inserted into your bladder to drain your urine for a few days following surgery. This will be taken out once the epidural has been removed and you are able to walk to the toilet.

Pain killers may be given to you via an epidural (which numbs you from the waist down) local anaesthetic infusion pump (administered straight into your wound) or patient controlled administration (PCA) which is given to you by a cannula. **You may have a central line, which is a tube into your neck used to give you fluids and pain relief**. All methods will be gradually reduced and intravenous, intramuscular and oral pain medication (analgesia) will be given to you at regular intervals.

Day one following your operation

After your operation you will feel tired. The nurse looking after you may help you to have a wash and change into your night clothes. If you feel well enough the nurses will encourage you to sit out in a chair, this will reduce any stiffness in your muscles.

The physiotherapist will visit you and encourage deep breathing and gentle leg exercises. These are useful to prevent complications following the surgery.

If you are drinking fluids with no feeling of sickness or vomiting you will be able to commence a light diet by the evening and your drip will be removed. It is not advisable to eat fruit or vegetables until three days after the operation to give your bowel a chance to rest.

You will be seen daily by the doctor who will assess your progress, explain your operation and recovery. Your clinical nurse specialist and nurses on the ward are also available to answer questions or concerns.

You may need to use sanitary towels as it is common for patients to have some vaginal bleeding for several weeks following a hysterectomy. We can provide these on the ward but would advise you to bring some with you.

You will commence fragmin injections to prevent blood clots. This is an injection into the top of your leg which is given for four weeks post operation. The nurses will show you or your family member how to administer this prior to discharge. **You will need to continue to wear the stockings until your mobility has returned to normal**.

Day three following your operation

Your dressing will be removed or renewed. You may feel up to taking a shower. After taking a shower, pat your wound dry with a clean towel, it may not be necessary for a new dressing. The ward nurses will be able to assess how your wound is healing.

It is common to have wind pains in the abdomen which may also cause shoulder pain. This settles over time and is helped by eating small regular meals. Medicines to relieve the pain and wind are available from the ward nurse. As the PCA or epidural is reduced or removed, we would advise to continue taking regular oral analgesia to maintain your mobility.

A bladder catheter may be left in place for three to five days after surgery. This 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 and 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. Plenty of fluids (six to eight glasses of any fluid) 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.

You may be able to start a high-fibre diet, this will stimulate the bowel. Suppositories and/or oral laxatives can be taken to help your bowels to open.

Day five following your operation

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 your worries. Please ask your Nurse specialist to refer you to a counsellor or local support group.

If all has gone well after surgery and your bowels and bladder functions are returning to normal, discharge is usually about day five following your surgery.

Wound care – on the day of discharge the nurse will give you advice with regards to wound care. If there is no oozing and the wound is clean, it can stay exposed.

Depending on your surgeon's preference you may have metal clips which should be removed 12-14 days post operation by your practice nurse and a clip remover will be given to take home with you as they are not always available at your GP.

When having a shower or washing, ensure you dry your wound completely to prevent wound break down or infection. If there is any sign of redness or soreness at the wound site, contact your G.P. or Clinical Nurse Specialist for advice.

You may experience hot flushes even if you have gone through the menopause. These may start within a week following surgery.

Your team will prescribe regular painkillers to take home with you. Your surgical team doctor or GP can provide a sick certificate on request (a six week certificate will be given for open surgery).

After one week 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 sometimes feel irritable, so ask other people to continue to support you and help with household chores. If you have severe pain or feel feverish contact the Clinical Nurse Specialist, your GP or Compton ward as soon as possible.

You may still be experiencing some bleeding which will become darker and less heavy. If you have a fresh heavy blood loss, contact Compton ward, Clinical Nurse Specialist or GP or come straight to A&E as soon as possible. Do not use tampons 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 to get back to normal.

You should continue the exercises the physiotherapist showed you in hospital and take plenty of rest periods as you feel necessary.

After two to three weeks following your operation

You will be able to make light 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 should try different types of exercise as well as continuing those from the hospital. You may still have periods of feeling low especially if you are tired. Listen to what your body is telling you and continue to ask for support from others.

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.

After four to five weeks following your operation

Most women feel they are feeling better. You can take part in activities such as gentle walks provided the wound has healed well. You can take on light housework such as dusting and ironing small amounts. 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.

After six to eight weeks following your operation

You should feel quite well, and without any symptoms you had before the operation. You may be able to return to work depending on what your job involves. However, you should still avoid heavy lifting and straining – such as heavy shopping bags, wet washing and taking the vacuum cleaner upstairs. You may drive, 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.

Persistent slowed bowel function following your hysterectomy may be caused by unavoidable cutting of tiny nerves at the surgical site. Dietary management (daily prune juice, high fibre or high bulk diets) stool softeners medication or mild laxatives may help to prevent difficulties. Increasing your fluid intake will also help to 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. 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.

NB: Please do not stop mid-stream while actually passing urine either as a test or as an exercise.

There are specific booklets available if you require more information, please ask your nurse specialist.

When can I resume sexual activity?

We would recommend no intercourse for six weeks whilst healing occurs. Resuming gentle intercourse following this is entirely up to you.

Following this operation, some ladies 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. Sometimes lubrication jelly can be used, such as **REPLENSE®** or **Liquid Sylk®** which can be prescribed by your GP
You may find your feeling during penetration is a little numb and escalation of feeling (orgasm) may be different or difficult to achieve. This should improve with time. Your Clinical Nurse Specialist is available to give advice with any of these issues.

Results

All surgical specimen 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 (result of the operation) will be sent away for a second opinion for further review. The MDT meets weekly to review results and decide treatment accordingly.

MDT members: Medical Oncologists, Clinical Oncologists, Gynae-Oncology Surgeons, Histopthologists, Cytologists, Radiologists and Clinical Nurse Specialists.

The Gynaecological Oncology Clinic

Your next appointment after surgery will usually be between two to three 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.

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
- **Nearest A&E department**

What happens for my follow up care?

This depends on your diagnosis:

If you have had previous cancer treatment, or require further treatment following your surgery, you will be followed up for five years at completion of all your treatment.

If the diagnosis is benign or borderline tumour your follow up will be discussed by your surgical team.

References

- Royal Surrey County Hospital (2014) Patient information leaflet: Pelvic Floor Exercises
- www.patientspictures.com
- Blake, Lambert and Crawford (1998) 'Gynaecological Oncology' a guide to clinical management, pp62-63 Oxford University Press.

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
- **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
- www.macmillan.org.uk

Ovacome

- **Telephone:** 0207 9367498
- **Website:** www.ovacome.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

Notes

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Contact details

Clinical Nurse Specialist

Telephone: 01483 571122 **ext** 2038

Compton Ward

Telephone: 01483 571122 **ext** 4941 or 6372

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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