Surgery for Ovarian Mass or Primary Peritoneal Cancer

Information for patients
This booklet has been written to answer some of the questions you may have about your surgery for an ovarian mass or primary peritoneal cancer (PPC).

Your doctor may have told you that you have an ovarian mass, tumour or cyst on one or both of your ovaries. Alternatively, you may have been told that there is a suspicion of PPC. Your doctor may have said that he/she is concerned about the results of your investigations and that you need surgery to see if there is any cancer present. In most cases, a diagnosis of ovarian cancer cannot be made until after your operation.

You may find that you are experiencing a wide range of emotions. These can include fear, anger, denial, low mood and anxiety. Reactions differ from one person to another and there is no right or wrong way to feel. Whatever you may be feeling at present, try talking about it with someone who can help; such as your GP, consultant or gynaecology specialist nurse. They will listen to you and answer any questions that you may have. They can also put you in touch with other professionals or support organisations if you wish. Some useful contact numbers are listed at the back of this booklet.

What is this surgery and why is it necessary?
Surgery for suspected PPC or an ovarian mass includes removal of the mass, ovaries, uterus (womb), cervix (neck of the womb), fallopian tubes, lymph nodes, and omentum (fatty apron-like tissue in the upper abdomen). Some women may need more extensive surgery than others and this will be discussed with you. A general anaesthetic is used which means you will be asleep for the entire operation.
The surgeon will make an ‘up and down cut’ (known as a midline incision) and close the wound with stitches or clips. The area around the scar will feel numb for a while after the operation but sensation will usually return to it.

The aim of the operation is to safely remove the mass, tumour or cyst. The pathologist will then be able to make a diagnosis and if it is cancer, see how far it has spread. If there is any evidence of cancer you may be offered further treatment such as chemotherapy. This will be discussed with you when all of your results are available.
Are there any alternatives to surgery?
If you have a diagnosis of ovarian cancer then chemotherapy can sometimes be used alone or before surgery. Very occasionally, radiotherapy can also be used to control symptoms, as can hormone therapy. These treatments vary from patient to patient and you should discuss the options available to you with your doctor or specialist nurse.

What are the risks of Surgery?
There are risks associated with any surgical procedure. Your surgeon will explain these risks to you before you sign your consent form. This form confirms that you agree to have the operation and understand what it involves. Possible risks and complications are:

• **Problems caused by having a general anaesthetic** - for example, you may feel sick afterwards. It is also possible to have an allergic reaction, although this is rare. Please tell your doctor about any allergies you have.

• **Heavy bleeding during or after the operation** - this may need to be treated with a blood transfusion.

• **Infection** - This would be treated with antibiotics.

• **Damage to your bowel, bladder or ureters** (the tube that carries urine from the kidneys to the bladder) during surgery - this would be repaired during your operation.
• **A blood clot in the leg** (deep vein thrombosis) which can sometimes lead to a blood clot in the lungs (pulmonary embolus) - moving around as soon as possible after your operation can help to prevent this. You will be given surgical stockings (known as TEDS) to wear and injections to thin the blood which both help to reduce the risk of blood clots. You may continue to have these injections for up to four weeks.

• **Incisional hernia** - where there is a weakness in the wound allowing tissue or bowel to push through and appear like a bulge. Incisional hernias can develop months or years after surgery and are repaired by another operation.

• **Lymphocyst** - This is a fluid collection at the site where lymph nodes have been removed. The fluid is often naturally reabsorbed by your body but may require draining if large or causing you discomfort.
• **Lymphoedema;** if you have some lymph nodes removed during surgery there is a small risk that in the future your body will find it harder to drain fluid from your legs and lower body. This causes swelling of the legs and lower body known as lymphoedema. If you develop this problem then you can be treated by a lymphoedema specialist. You can discuss this further with your gynaecology specialist nurse or doctor. There is also a booklet you can read that can give you more information.

• **A vesicovaginal fistula** is a hole between the bladder and vagina. It allows urine to pass from the bladder to the vagina.

• **A rectovaginal fistula** is a hole between the rectum and the vagina. It allows faeces to pass from the rectum to the vagina.

Fistulas can be repaired but sometimes it will involve another operation.
What else might happen as a result of surgery?

Occasionally, depending on the extent and position of the mass, tumour or cyst, the surgeon may have to operate close to, or actually include the bowel. If an area of bowel must be removed, the remaining sections of the unaffected bowel may be joined back together if it is safe to do so (this is known as reanastamosis). If this is not possible, the bowel will be diverted to open on the surface of the tummy. This is known as a ‘colostomy’ or ‘stoma’ and allows the stools (faeces) to be collected in a bag attached to your tummy, which can be removed and emptied. If this is a likely possibility, it will be explained to you in more detail usually by either a stoma nurse, ward nurse or your gynaecology specialist nurse before the operation.

Your bladder may take some time to begin working properly again. Some women have a loss of feeling in their bladder and therefore do not know when their bladder is full. This may take some time to return to normal. During this time you need to go to the toilet regularly to empty your bladder. Some women find that their urine stream is slower so it may take longer to pass urine. This usually improves as your body recovers from surgery. Rocking gently backwards and forwards or side to side whilst sat on the toilet can help to fully empty your bladder.

Your bowels may take some time to begin working properly again. Some women have a sluggish bowel for a number of days after surgery which can cause you to feel sick until it starts to work again. If this happens then you will be advised to walk around the ward as much as possible to stimulate your bowels to work.
This can be difficult if you are feeling unwell but it is important to do so to speed up your recovery. We will also give you anti-sickness medication. Passing wind is a good sign that your bowels are starting to work.

**Trapped wind and wind pain** is very common after surgery. Walking around as much as possible can help relieve this. You may find that peppermint tea and/or peppermint capsules helpful which are both available on the ward. Wind usually starts to improve once you are having your bowels opened.

**What about losing my fertility?**

At any age, having to have your ovaries and womb removed can affect the way you feel about yourself. A hysterectomy will prevent you from getting pregnant. The loss of fertility can have a huge impact on you if you have not yet started or completed your family and you have an operation that takes that choice away.

You may want to make sure that you have explored all your options. It is important that you have the opportunity to discuss this and your feelings with your specialist nurse 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.

**Will I need Hormone Replacement Therapy (HRT)?**

The use of HRT for women who have been diagnosed with ovarian or peritoneal cancer is not straightforward. A number of different factors influence whether or not HRT is
recommended. Please discuss the options available to you with your consultant or contact your specialist nurse for further information or advice.

**Should I continue to have cervical smears?**

No, cervical smear tests are usually not necessary after this operation, as your cervix will have been removed. However, it is important to come for regular examinations in the outpatient clinic.

**Is there anything I should do to prepare for the operation?**

Make sure that all of your questions have been answered and that you fully understand what is going to happen. You are welcome to visit the ward and meet the staff before you are admitted to hospital - ask your specialist nurse or pre-assessment nurse to arrange this.

You should eat a balanced diet, and if you feel well enough, take some gentle exercise before the operation, as this will also help your recovery afterwards. Your GP, practice nurse or the doctors and nurses at the hospital will be able to give you further advice about this.

Before you come into hospital for your operation, try to organise things 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 changing your bedding, vacuuming and gardening) and to look after your children, or other dependants if necessary. Arrange for somebody to take you home from hospital when you are discharged.
If you think you may have problems coping at home, you can discuss this with the nurses on the ward.

If you would like to be assessed for home/personal care for when you are recovering at home, the social work department or the ward nursing staff can arrange this whilst you are in hospital.

**Is it normal to feel weepy or depressed afterward?**

Yes. It is a very common reaction to the operation. If these feelings persist when you leave the hospital, you may wish to discuss them with your GP or specialist nurse.

There are also local and national support groups that you can contact. Details are given at the end of this booklet.

**When can I go home?**

You will usually be able to go home three to five days after your operation. This depends on your individual recovery, how you feel physically and emotionally and the support available at home. If you require hospital transport for your discharge home, please let a member of staff know well in advance.

**Will I need to visit the hospital again after my operation?**

Yes. It is very important that you attend any further appointments arranged either at St James’s Hospital, Bexley Wing, Leeds or at the hospital that referred you for your treatment. The tissue results (histology) from your surgery can take 2-3 weeks. An appointment for the outpatient clinic will be made to discuss these results with you and if any further treatment is necessary. We will refer you to a medical oncologist if you need chemotherapy.
Your guide to recovery after surgery

**Please note:** The following information is a general guide. Everyone’s recovery is different, listen to your body and ask for advice if you are unsure.

<table>
<thead>
<tr>
<th>Days after my operation</th>
<th>How might I feel?</th>
<th>What is safe to do?</th>
<th>Fit for work?</th>
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<tbody>
<tr>
<td>0-2 days</td>
<td>You will have some aches &amp; pains in your tummy. You will feel sore moving in and out of bed. You may have some bleeding like a light period. You will feel tired and may feel like a sleep in the afternoon.</td>
<td>Get out of bed and move about. Go to the toilet. Get yourself dressed. Start eating and drinking as usual. Gentle exercises like moving your ankles up and down to help with circulation. Stand up for 10 minutes at a time.</td>
<td>No</td>
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<td>3-7 days</td>
<td>You will return home. Your pains should be reducing in intensity which will allow you to move about more easily. You will still tire easily.</td>
<td>Go for short walks. Wash and shower as normal. Continue with exercises that have been recommended to you. Pull in your tummy slightly whilst sitting or walking and breathe normally. This will help strengthen your tummy muscles.</td>
<td>No</td>
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<td>1-2 weeks</td>
<td>You will have less pain as you move about</td>
<td>Slowly build up your activity levels (longer walks). Lift a kettle to make a hot drink.</td>
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<td>2-4 weeks</td>
<td>You should feel like you are getting stronger every day.</td>
<td>Continue to build up the amount of gentle activity that you do. Plan for your return to work.</td>
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<td>4-6 weeks</td>
<td>You should continue to feel stronger every day. Vaginal bleeding should have settled or be very little.</td>
<td>Carry out daily activities like shopping, vacuuming, ironing and driving. Swimming if your bleeding has settled. Check with your insurance company before you drive and make sure you can do an emergency stop without any pain.</td>
<td>Possibly but not heavy work. Discuss with your consultant or ward physiotherapist.</td>
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<td>6 weeks onwards</td>
<td>Almost back to normal. You may still feel tired. It is ok to rest.</td>
<td>Carry out all normal daily activities.</td>
<td>Possibly but does depend on your work and whether you need further treatment. Some patients need up to 12 weeks off work. Discuss with your consultant or ward physiotherapist.</td>
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<td>Have sex if you feel ready.</td>
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<td>Sport - You may start gently after 6-8 weeks. Leave competitive or high impact sport for at least three months.</td>
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Physiotherapy Exercises

Pelvic Floor and Deep Abdominal Muscles work together to support the pelvic organs and pelvis itself. Strong muscles can maintain or improve bladder and bowel control, help to prevent prolapses and help to protect the back.

Pelvic Floor Exercises
Do in any position and start as soon as you feel comfortable. If you have a catheter, wait until it has been removed.

- Imagine trying to stop yourself from passing wind and at the same time trying to stop the flow of urine.
- You should feel a squeeze and lift - a drawing up feeling inside.
- Hold this squeeze and lift for a few seconds and then relax, repeat a few times.
- Don’t worry if you can’t feel it at first. As you improve, hold as long as you can (up to 10 seconds) and increase the repetitions (up to 10 times).
- \textit{Do not} exercise by stopping your urine flow midstream - it could damage your bladder and lead to infections.
Quick Pelvic Floor Contractions
Squeeze strongly and relax immediately, allow a few seconds to relax, then repeat as many times as you can up to 10.

Deep Abdominal Muscle Exercises
This muscle is like your natural corset and will help to support your back.

You can do this exercise in any position, but keep your back straight.

- Let your tummy sag and breathe in gently
- As you breathe out, very gently pull in your lower tummy below your belly button - try not to pull in the upper tummy. This muscle works best at 25% of full strength.
- Hold as long as you can, building up to about 30 seconds.

How often should I do the exercises?
Do all three exercises 4-6 times daily for the first month, then 2-3 times daily for the rest of your life. Link to a regular activity or put a sticker somewhere as a reminder.
Using your muscles

• For extra support, tighten up the pelvic floor and deep abdominal muscles before you do anything exertive like coughing or lifting.

• Very gently tighten the pelvic floor muscles for more control if you have difficulty holding on to reach the toilet in time.

• Listen to your body, don’t exercise if it hurts or you are too tired.

• Never do sit-ups or double leg lifts as both put too much pressure on your back and pelvic floor muscles

Contacts

We hope that this booklet answers most of your questions but, if you have any further queries or concerns, please do not hesitate to contact your local gynaecology specialist nurse or Ward J98.

Ward J98 Gynaecological Cancer Ward

St James’s Hospital, Leeds

Tel: 0113 206 8298, 206 8198 or 206 9198
## Local Information and Support Centres

### Bradford

#### Cancer Information Centre
- Main Entrance, Bradford Royal Infirmary
- Tel: 01274 364307  Fax: 01274 366960
- Email: cancer.informationcentre@bradfordhospitals.nhs.uk
- Opening hours: 10am - 4pm Monday to Friday

#### Bradford & Airedale Cancer Support Centre
- Daisy House Farm, 44 Smith Lane, Bradford BD9 6DA
- Tel: 01274 776688
- Website: [www.bradfordcancersupport.org.uk](http://www.bradfordcancersupport.org.uk)
- Opening hours: 9am - 5pm Monday to Friday

### Calderdale & Huddersfield

#### The Jayne Garforth Information & Support Centre
- Macmillan Unit, Calderdale Royal Hospital
- Tel: 01422 222709
- Opening hours: 10am to 4pm Monday to Friday
  (except on Tuesdays, when the centre closes at 1pm)

#### Daylight Self Help/Support Group (for women from Huddersfield and Halifax)
- Meets on the 2nd Thursday of every month 10.30am- 12.30pm
- Briar Court Hotel, Halifax Road, Birchencliffe,
  Near Huddersfield, HD3 3NT
- Tel: 01422 222720 for more information
- Support group for women with a gynaecological cancer.
Dewsbury, Pontefract & Wakefield

**WAGS (Women’s Association of Gynaecological Support)**
Meets on the last Wednesday of every month 6pm - 8pm
The Cock and Crown pub, Doncaster Road, Crofton, WF4 1PP
**Tel:** 01977 747421 for more information
Support group for women with a gynaecological cancer

Harrogate

**Harrogate & District NHS Foundation Trust**
Harrogate Hospital Cancer Nurse Specialists, can signpost to other appropriate organisations as required.
**Tel:** 01423 555719 (team secretary)

**The Golden Girls Support Group**
Meets on the 2nd Thursday of every month 7.30pm
Harrogate Fire Station, Skipton Road, Harrogate, HG1 4LE
**Tel:** 01423 555732 for more information
Support group for women with a gynaecological cancer

Leeds

**Leeds Cancer Support**
Leeds Cancer Support complements care provided by your clinical team offering access to information and a wide range of support for you, your family and friends. We can be found in the information lounges in Bexley Wing and also in the purpose built Sir Robert Ogden Macmillan Centre.
The Robert Ogden Macmillan Centre
The Centre is on the St James’s Hospital site and offers a variety of support services including counselling, support groups and complementary therapies. You can just drop in for a coffee and a chat anytime. Open from 10am - 4pm Monday to Friday.

Information Centre Level 1 Outpatients Department
Open from 10am - 4pm. Tel: (0113) 206 8816

Information Lounge Level -2 Radiotherapy Department
Open from 8.30am - 4.30pm Tel: (0113) 206 7603

Robert Ogden Macmillan Centre
Open from 10am - 4pm. Tel: (0113 206 6498)
All the above services can be emailed on: leedsth-tr.Cancersupport@nhs.net

York

York Cancer Care Centre
Junction 5 Entrance, York Teaching Hospital,
NHS Foundation Trust Tel: 01904 72 1166
Opening hours: 9am - 4.30pm Monday to Friday

Gynaecology Cancer Support Group
Meets on the 2nd Tuesday of each month (except in August) 9.30am - 11.30am
York Cancer Care Centre, Junction 5 Entrance, York Teaching Hospital NHS Foundation Trust
Tel: 01904 726478 for more information
Support group for women with a gynaecological cancer.
National Information and Support

Macmillan Cancer Support
89 Albert Embankment, London, SE1 7UQ Tel: 0808 808 0000 (free)
Text phone service: (for hard of hearing) 10800 0808 808 0121
This line also offers an interpretation service. When you call, just state in English, the language you wish to use.
Opening hours: 9am - 8pm Monday to Friday
Website: www.macmillan.org.uk

The Eve Appeal
General Enquiries Tel: 0207 605 0100
Website: www.eveappeal.org.uk
Information about all gynaecological cancers

Ovacome
Tel: 0845 3710554 Website: www.ovacome.org.uk
Email: support@ovacome.org.uk
Open 10am-5pm Monday to Friday
National ovarian cancer charity which provides a nurse led telephone and email support service.

Target Ovarian Cancer
Tel: 0207 923 5470
Website: www.targetovarian.org.uk
National ovarian cancer charity which provides support and information about ovarian cancer.