

Surgery for Endometrial Cancer

Information for patients



Leeds Cancer
Centre

This booklet aims to help you and your family understand more about having a hysterectomy after a diagnosis of cancer of the lining of the womb (endometrial cancer).

You will be given a separate leaflet called 'Gynaecological Oncology Surgery - Enhanced Recovery Programme' which will explain about what to expect when you come in for your surgery and advice for recovery at home.

If you have recently been diagnosed with endometrial cancer 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.

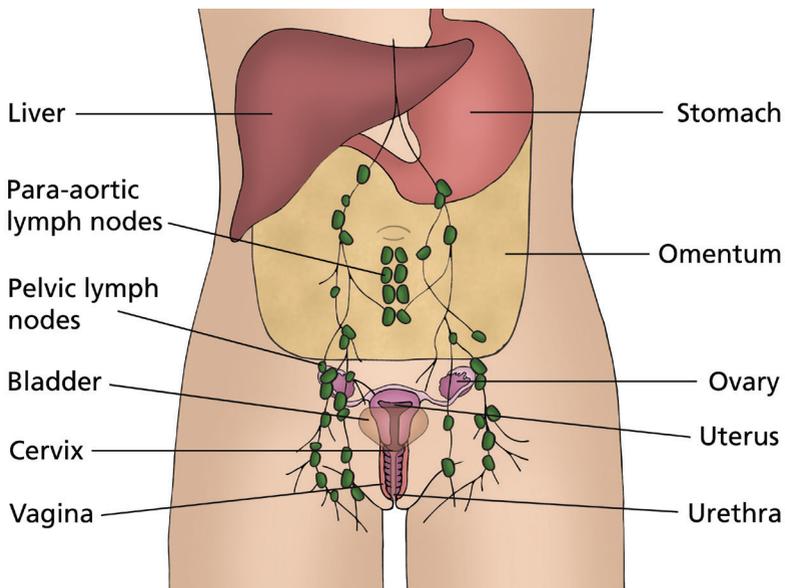
Your consultant, gynaecology specialist nurse or GP will listen to you and answer any questions you may have. They can also put you in touch with other professionals or support organisations if you wish. Some useful contact numbers are listed at the back of this booklet.

What is a hysterectomy?

A hysterectomy is an operation to remove the womb (uterus) and the neck of the womb (cervix). The fallopian tubes and ovaries are usually removed as well (bilateral salpingo-oophorectomy). Some pelvic glands (lymph nodes) may need to be removed. A small tissue sample, called a biopsy, may be taken from other lymph nodes in your abdomen.

Your surgeon will talk with you about exactly what will be removed. (See diagram). You will have a general anaesthetic, which means you will be asleep for the entire operation. The operation may be through the vagina using keyhole surgery or through a cut in your tummy. The aim of the operation is to remove all of the cancer. If there is evidence that the cancer has spread, you may be offered further treatment.

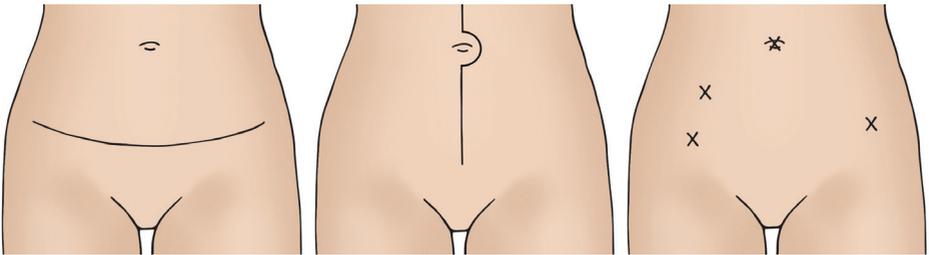
Everything that is removed during your surgery will be sent to the histology laboratories for testing. These tests take around 3 weeks. You will be brought back to clinic to discuss these results with your consultant, where you will be told the grade and stage of your cancer. The staging is a process of investigations which may be used to determine type/size of the tumour and if there is any spread. Staging is important to help decide further treatment options. The grade of a cancer depends on what the cells look like under a microscope. In general, a lower grade indicates a slower-growing cancer and a higher grade indicates a faster-growing one.



Will I have a scar?

Yes, although it will fade. The surgeon will usually make either an 'up and down cut' (known as a midline incision) or a cut across the top of your pubic hairline (known as a 'bikini line' incision). The wound will be closed with dissolvable stitches. The area around the scar will feel numb for a while after the operation but sensation will usually return to it over time. Under some circumstances it may be possible to perform your surgery using 'keyhole' techniques. This is where the surgeon makes 3-4 small incisions and the womb is removed through the vagina.

Incision



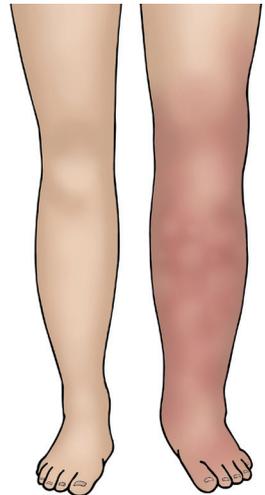
There is a new minimally invasive surgical procedure available for some women who have an **early stage Womb cancer** - Transvaginal Natural Orifice Transluminal Endoscopic Surgery, called vNOTES for short.

Prior to the procedure you will have a general anaesthetic and your surgeon will remove the womb, fallopian tubes, ovaries and cervix. Surgery and removal is all done via your vagina, there will be no cuts to your abdomen therefore no scar. It is likely that you will be able to go home on the same day, however, you will still have to follow the recovery advice in this booklet.

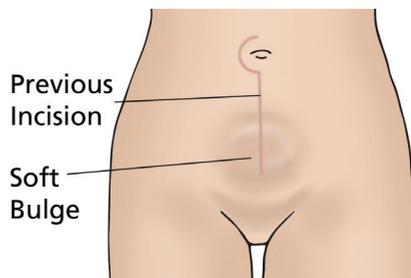
What are the risks of a hysterectomy?

All surgery carries some risks and your surgeon will explain the risks of a hysterectomy 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:

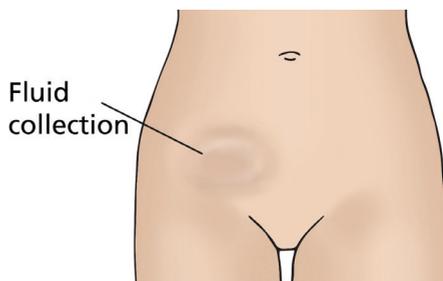
- **Problems caused by having a general anaesthetic;** for example, you may feel sick afterwards. It is also possible to have an allergic reaction, although this is rare. Please tell your doctor about any allergies you have.
- **Heavy bleeding during or after the operation;** this may need to be treated with a blood transfusion.
- **Infection;** this would be treated with antibiotics.
- **Damage to your bowel, bladder or ureters** (the tubes that carry 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.



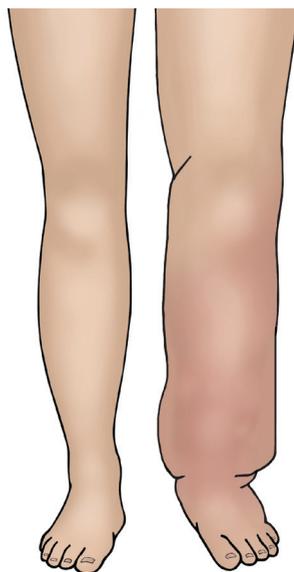
- **Incisional hernia;** a weakness in the wound, allowing tissue or bowel to push through and appear like a bulge. Incisional hernias can develop months or years after surgery and are repaired by another operation.



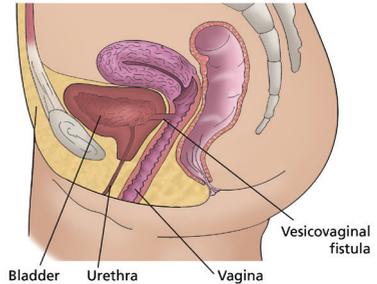
- **Lymphocyst;** this is a fluid collection at the site where lymph nodes have been removed. It is often naturally reabsorbed by your body but may require draining if large or causing you discomfort.



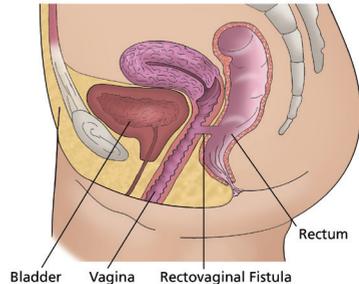
- **Lymphoedema;** if you have some lymph nodes removed during surgery there is a small risk that in the future your body will find it harder to drain fluid from your legs and lower body. This causes swelling of the legs and lower body known as lymphoedema. If you develop this problem then you can be 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 may happen as a result of surgery?

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 your ovaries and/or 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 a gynaecological 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 specialist nurse.

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 it normal to feel weepy or depressed after my operation?

Yes. It is a very common reaction to the operation. If these feelings carry on 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.

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 your operation, as this will 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 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 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.

When can I go home?

If you have had keyhole surgery you will usually be able to go home one to two days after your operation. If you have had your operation through a cut in your tummy, 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 need 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 for you whether this is at your local hospital or in Leeds.

The tissue results (histology) from your operation can take around 3 weeks.

An appointment for the outpatient clinic will be made to discuss these results with you and if any further treatment is necessary.

If the cancer has not been fully removed or if cancer is found in your lymph nodes, you may be referred to a clinical oncologist for consideration of further treatment.

Useful Numbers

For queries regarding your admission please call the relevant secretary.

Secretary to Mr Broadhead, Mr Nugent and Mr De Jong

- Telephone: 0113 206 8251

Secretary to Mr Hutson, Dr Thangavelu and Mr Theophilou

- Telephone: 0113 206 8450

For advice on any medicines you have received from the hospital call:

- **Medicines Information**

Telephone: 0113 206 4376 (Mon- Fri 9.00am - 5.00pm)

email: medicines.information@nhs.net

Website

- To find our website go to <https://www.leedsth.nhs.uk>
Click on **services**, then **A-Z** , Select **G**, then select **Gynaecological cancer surgery**
- Or alternatively type this; <https://www.leedsth.nhs.uk/a-z-of-services/leeds-cancer-centre/your-treatment/surgery/gynaecological-surgery/>
- On this website you will find information about our team, what we do, information leaflets and videos.

Contacts

For advice please call your Clinical Nurse Specialist (CNS) or Ward J98

Ward J98	0113 206 8298
Gynaecological Cancer Ward	0113 206 8198 0113 206 9198
Airedale CNS team	01535 292 329
Bradford CNS team	01274 382 417
Calderdale CNS team	01422 222 720
Harrogate CNS team	01423 555 732
Leeds CNS team	0113 206 7820
Mid Yorkshire CNS team	01924 541 120 / 01977 747 421 / 01924 543 091
York CNS team	01904 726 478

If your nurse specialist is not available then please leave a message on the answering machine and they will ring you back. Please note this may not always be the same day.

In an **EMERGENCY** please attend your nearest Accident and Emergency Department.

Local Support Services

Leeds Cancer Support

Leeds Cancer Support complements care provided by your clinical team. We offer access to information and a wide range of support, in a welcoming environment 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 (behind the Thackray Medical Museum).

The Sir Robert Ogden Macmillan Centre

This centre offers a variety of free health & wellbeing and supportive therapies for patients, their family members and carers. These include hypnotherapy, mindfulness coaching, acupuncture (for hot flushes) and pilates.

Contact numbers for Leeds Cancer Support

Information Lounge Level -2 Radiotherapy Department

Open from 8.00am - 6.00pm Tel: **(0113) 206 7603**

Information Centre Level 1 Outpatients Department

Open from 9.00am - 4.00pm. Tel: **(0113) 206 8816**

Sir Robert Ogden Macmillan Centre

Open from 9.00am - 4.00pm. Tel: **(0113) 206 6498**

All the above services can be emailed on:
leedsth-tr.cancersupport@nhs.net

Maggie's Centre

If you or someone you love has cancer you may have lots of questions. Maggie's is a warm, welcoming place where you can meet people who are experiencing similar things to you.

You may also be able to find support groups specific to your needs and get advice and information from their professional staff.

You don't need an appointment and all support is free. Open Monday to Friday 9.00 am - 5.00pm. **Tel: 0113 457 8364**

Address: St James's Hospital (next to the multi storey car park), Alma Street, Leeds LS9 7BE

Email: leeds@maggiescentres.org

Website: maggiescentres.org

Stopping smoking

NHS Free Smoking Helpline: 0300 123 1044 Monday to Friday 9am to 8pm, Saturday and Sunday 11am to 5pm.

Website: www.nhs.uk/smokefree

National Information and Support

Macmillan Cancer Support

89 Albert Embankment, London, SE1 7UQ

Tel: 0808 808 0000 (free)

This line also offers an interpretation service. When you call, just state in English, the language you wish to use.

Text phone service: (for hard of hearing) **10800 0808 808 0121**

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.



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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