

Education booklet for patients having Vulva surgery and/or Groin Node Dissection

Your Name:

Name of your Consultant:

Name of Local Nurse Specialist :

Name of QEH Nurse Specialist:

Proposed Surgery:

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.....
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Date of Admission:

Date of Operation:

**Expected date
Of Discharge:**

**Please bring this booklet with you to all
of your hospital appointments**

Introduction

Welcome to the Northern Gynaecological Oncology Centre at the Queen Elizabeth Hospital, Gateshead. We are a team of health professionals who are specialists in the treatment of women who have suspected cancer and cancers of the female reproductive tract. This includes cancers affecting the vulva.

We recommend that you read the information booklet available from MacMillan 'Understanding cancer of the vulva' which is a practical guide to understanding Vulva cancer, its diagnosis and treatment. If you haven't received this booklet already please ask a member of the team, alternatively you can access this information online at macmillan.org.uk.

We understand that people like to know information at their own pace. It is ok to read the information when it feels comfortable for you. You may wish to read this information booklet in sections.

This information booklet contains most of the information that has already been discussed with you during your clinic appointment.

We recommend that you use this booklet throughout your treatment, before and after your operation as it will guide you through what you can expect from your first clinic appointment, your operation, your hospital stay and your recovery at home.

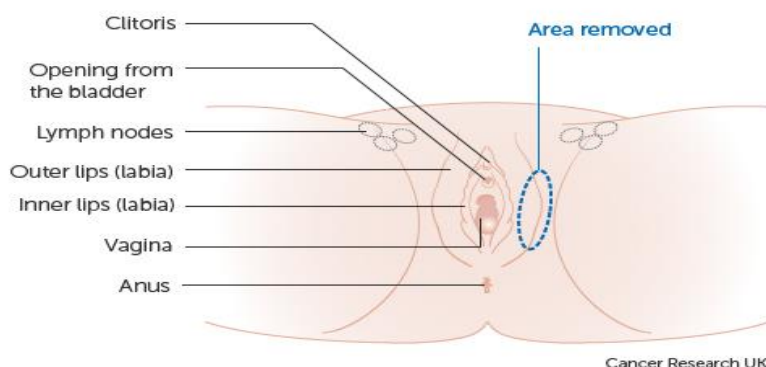
Some people can feel overwhelmed when they are told they have cancer and many different emotions arise, which can be distressing. Some people feel fear, anger, denial, low mood and anxiety. Not everyone will feel the same and there is no right or wrong. There are a number of organisations that can offer support at the back of this booklet. You will also be given a contact number for your nurse specialist who can offer additional support.

Surgery for Cancer of the Vulva

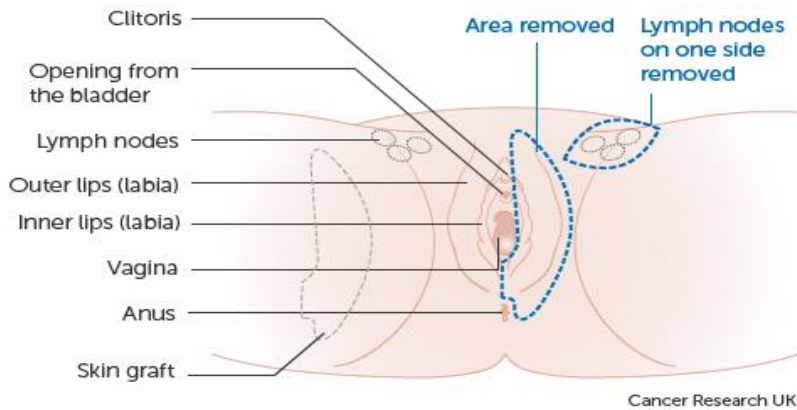
The type of surgery carried out depends on the: size, depth and position of the vulva cancer and your general health. The aim of the surgery is to remove all of the cancer and an area of healthy tissue around it (this is called a 'margin'). Your surgeon will talk with you in detail about the best type of surgery for you; therefore some of the information in this leaflet may not be relevant.

The different types of surgery for vulva cancer are:

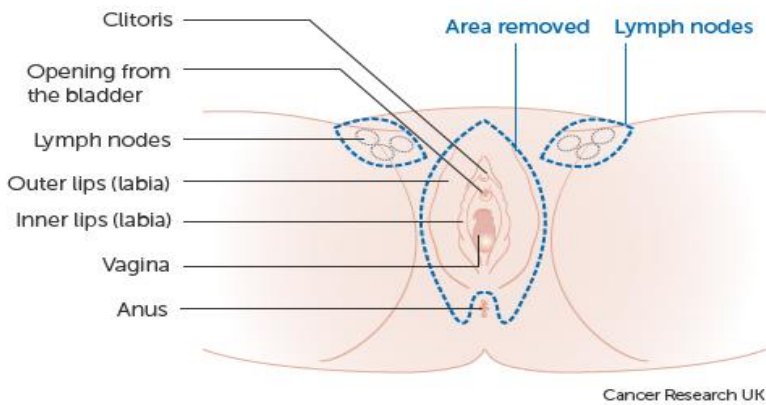
- Wide local excision (WLE) – usually a small area of the vulva is removed however the size and depth can vary therefore the surgery can be extensive and can involve the removal of a large amount of tissue.



- Partial vulvectomy – a larger part of the vulva is removed.



- Radical vulvectomy – all of the vulva is removed.



On occasions it may be necessary to remove the clitoris, urethra or anus (ano-vulvectomy and formation of a stoma).

Lymph node dissection

As well as removing cancer from the vulva your surgeon may discuss the removal of your lymph nodes, this can be from one or both sides of your groin. This operation is called a groin lymph node dissection and is major surgery.

What are Lymph nodes?

The lymphatic system is a part of the body's immune system which helps to fight infection. It also helps to remove excess fluid from the body. The lymphatic system consists of vessels similar to veins which carry the lymph fluid around the body. The lymph nodes (glands) lie in groups along the vessels around the body. Each group of lymph nodes helps to remove excess fluid from a specific part of the body. The lymph nodes in the groin receive lymph fluid from the lower half of the body. Sometimes cancer cells can get detached from the main cancer and are carried in the lymph fluid and settle in the lymph nodes. They can grow causing swelling of the lymph nodes.

This is a common way for many cancers to spread. During surgery the surgeon removes all the relevant nodes from the groin along with some surrounding tissue. If your lymph nodes contain cancer cells further treatment may be recommended, in the form of radiotherapy/chemotherapy or a combination of the two.

Sentinel lymph node biopsy (SLNB)

This involves removing and checking one or more selected lymph nodes, called sentinel nodes. The sentinel node is the first node that fluid drains to from the vulva, so it's the first lymph node the cancer could spread to. If the sentinel nodes do not contain cancer, it is very likely that no further lymph nodes have cancer cells in them. This is not currently standard treatment and your surgeon will advise if SLND is suitable for you. (A separate information sheet is available which provides more information about this procedure).

Is there any alternative to surgery?

You have the option not to have surgery for cancer of the vulva; your surgeon will discuss the alternative treatment options available to you.

What happens if I decide to have no treatment?

If you choose not to have treatment with surgery, radiotherapy and/or chemotherapy the health care professionals looking after you will discuss how best to support you with any ongoing difficulties. The nurses can refer you to a team in the community with specialist knowledge, the District nursing team and a community Macmillan Nurse if required.

Risks and complications of surgery

There are risks and complications associated with any operation.

Anaesthetic

The operation is usually carried out under general anaesthetic (this means that you will be put to sleep). You will meet the Anaesthetist before your operation who will explain the possible risks of the anaesthetic in more detail and the type of anaesthetic you will need.

Bleeding

You will have some bleeding at the time of your operation although this is normally minimal and a blood transfusion is sometimes needed. Very rarely, there may be internal bleeding after the operation, making a second operation necessary.

Infection

There is with any type of surgery a risk of developing an infection which may be in the chest, wound or urine.

Chest infections are caused by bacteria or a virus. General anesthetics affect the normal way that phlegm is moved out of the lungs. Pain or difficulty sitting upright after the operation can mean that taking a deep breath or coughing is difficult.

As a result of these two things, phlegm can build up in the lungs. Within the phlegm an infection can develop. It is important to carry out regular breathing exercises to help you clear your lungs (information on Pg 15)

Wound infections are common after this type of surgery. The first signs of infection are pain around the surgical site, redness and/or a slight discharge. You will be reviewed daily by the ward team and prescribed antibiotics should they be required. You can assist by keeping the wound clean and dry, alongside the nursing staff and reporting any signs of infection as soon as you notice them.

Wound breakdown

Wound breakdown can be a common complication after vulva surgery/ groin node dissection and may be due to the tightness in the surgical area where the tissue has been removed and the skin has been rejoined, it can also be related to infection. This can be managed routinely by the nursing staff on the ward and also by district nurses in the community upon discharge. Should a wound open, we do not re-suture these wounds but allow them to heal by secondary intention (this involves leaving the wound open and allowing it to heal on its own over time). It may take some time for the wounds to heal completely and you may need frequent dressing changes delaying you going home. Once the nursing staff are happy that the district nurses can manage the wounds at home you will be discharged.

A patient with a chronic illness, an immune system problem, or sickness in the weeks prior to surgery may have a lengthier hospital stay and a more difficult recovery period as wounds in these patients often take longer to heal. Diabetics who have surgery typically have a longer healing time, especially if blood sugar levels are poorly controlled.

Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)

Occasionally after an operation it is possible to develop blood clots in the leg (DVT) or in the lungs (PE). Moving around can help prevent this. If you have difficulty with your mobility the physiotherapist will visit you after your operation to give advice and to help with your mobility. We will give you special surgical stockings (known as 'TEDS') to wear whilst you are in hospital and we recommend that you wear them for six weeks after your surgery and for longer if you are not fully mobile. We also recommend that you do the leg exercises on Pg 16 which may help to prevent blood clots.

To reduce the risk of blood clots following your surgery you will be given injections (Tinzaparin) to thin your blood during your stay in hospital and for approximately 28 days on discharge. You will be shown how to give the injection to yourself so you are able to continue these at home once you are discharged. You will be given an information leaflet on discharge explaining how to prevent blood clots.

Patients who have had a DVT before are higher risk for getting another clot and should tell their doctor or nurse about this.

Possible consequences of Vulva Surgery

Changes in Bladder and Bowel Function

If your surgery requires removal of part of the urethra (tube that drains the bladder) or anus you may experience some difficulties passing urine or stools, these may be short term or long term effects. Your surgeon will discuss this with you before your surgery.

Numbness/reduced sensation

Many patients experience numbness and tingling around their operation site and the top of your legs (thighs), for some it is a temporary condition; others find it may be longer term. Creating an incision requires the surgeon to cut through nerves, which send messages between the body and the brain. If enough nerves are cut, the area surrounding the surgical site may have numbness or a tingling sensation. Depending on the location of the damage, the nerve may regenerate, allowing sensation to return to the area over the course of weeks or months. In other cases, damage to the nerves may be too great for the body to repair, resulting in permanent numbness or tingling. Medication can be prescribed to help if numbness/tingling becomes problematic.

Sexual difficulties

After radical surgery for cancer of the vulva, scar tissue may narrow the entrance to your vagina and can make it painful to have sexual intercourse. Some women who have had surgery to the vulva have a reduction in sexual desire or pleasure and may also have problems reaching orgasm. This is most likely if you've had to have your clitoris removed.

If you need to have your Lymph nodes removed you could also experience the following complications:

Lymphoedema

For women who need lymph nodes removing from the groin (groin node dissection) there is a risk of developing Lymphoedema. Normally, lymphatic fluid circulates throughout the body draining through the lymph glands. As a result of the removal of these lymph glands the lymphatic system may not work as well as it used to resulting in a build-up of fluid (swelling) in legs, feet, groin, pubic or genital area. This is commonly known as lymphoedema. This can happen immediately after surgery or many years later. The swelling can range from mild to severe. Preventative measures can be taken to reduce the risk of this developing, this information will be given to you if you are at risk of lymphedema. Women who have had a sentinel lymph node biopsy (SLNB) are still at risk of getting lymphoedema, although the risk is lower.

Lymphocyst Formation

Occasionally you may develop a lump or cyst in your groin area (called a lymphocyst) which contains lymphatic fluid. These swellings may develop because the normal mechanism to drain away the lymph fluid is lost when the lymph nodes are removed. It is best to avoid draining these collections as this can increase the risk that they come back and also a risk of developing an infection. Quite often these collections resolve on their own, the fluid is either reabsorbed back into the body or can leak out through a weak point in the skin, for example through the groin wound incision. If this does happen, fluid may drain spontaneously which can be unexpected, please do not be alarmed.

Occasionally these lymphocysts can become infected and if you become unwell you may require a further admission into hospital for intravenous antibiotics.

Top Tips

Following discussion with patients who have undergone this type of surgery they have suggested the following:

- Purchasing a waterproof cover/ draw sheet or bed mats to protect your mattress at home is advisable.
- Having a plentiful supply of old sheets is also recommended due to your bed linen requiring frequent washing.
- Patients have reported certain types of clothing uncomfortable, recommending nightdresses rather than pyjamas (the ward can also supply nightdresses with open backs which can make movement, toileting and positioning easier and can also reduce the amount of washing for your family).
- Underwear-patients have recommended wearing short style cotton briefs that have no elastic in the groin area which are more comfortable. Patients have also purchased short style disposable net knickers which can be more comfortable and can also cut down on washing.
- Day clothes-Patients have found long skirts more comfortable than trousers.
- Patients have found hospital toilet paper can be quite hard and suggest bringing your own soft toilet paper into hospital with you.

We acknowledge the financial impact of buying the items suggested above, if you need help to purchase these items your key worker can apply for a Macmillan grant for you, if eligible.

What happens at the Pre-assessment Clinic?

The team will make an appointment for you to come to the pre-assessment clinic to start planning your care in more detail. If you have any concerns or queries about your pre-assessment visit please contact the pre-assessment department directly.

The aim of the pre-assessment clinic is to identify if any tests are needed before the operation. The pre-assessment nurse will give you information about your operation and will discuss what you can expect when you come into hospital both before and after your operation and also what to expect when you go home.

The pre-assessment clinic appointment is an opportunity for you to tell us about your own needs and circumstances. It is important that you tell us as soon as possible if you have any concerns about being able to manage your usual activities when you go home. If you would like to be assessed for personal care for when you are recovering at home, we can arrange this. We can also arrange for you to be seen by an occupational therapist. You should also let us know if any home circumstances change during your care.

It is important that you are involved in planning your care and we will ask you to help prepare for your operation and plan your recovery in hospital and at home. Your pre-assessment appointment usually lasts two to three hours so we advise that you ask a relative/friend to come with you who can also be involved and support you.

You may wish to bring a drink or snack with you.

Please bring **all** your medications that you usually take to your pre-assessment appointment. If you are taking Warfarin, aspirin, anti-platelet drugs (e.g.clopidogrel), the oral contraceptive pill ('the pill') or hormone replacement therapy (HRT) you may need to stop taking these before your operation. The pre assessment nurse or doctor will tell you which medications you should stop taking before your operation and when to stop taking them. They will also tell you which medicines you should take on the morning of your surgery.

We have a large team of hospital staff who can help to support you with specialist advice, the pre-assessment nurse will arrange for you to be seen by other members of the team should this be needed.

If necessary an anaesthetist will meet with you to discuss the type of anaesthetic that you will need, to assess you and prepare you for an anaesthetic. The type of pain relief that you will have after your operation will also be discussed and you will be given an information leaflet about pain control.

Giving your consent for surgery

Before you have an operation you must sign a form to give consent (permission) for the doctors to treat you. The doctors may ask you to sign the form in clinic, at your pre-assessment appointment or when you are admitted to hospital. Your surgeon will discuss with you in more detail your individual risks, it is very important that you understand these risks and have all your questions answered before you sign your consent form.

What can I do at home to prepare for my operation and recovery?

As with any surgery the rate at which a wound heals is dependent upon many factors, you can help yourself by considering the following;

Nutrition - It is important that you eat a healthy diet in the time leading up to your operation. Good nutrition is important for wound healing. This means choosing a wide variety of foods from each of the five food groups each day. These include:

- Breads, cereals, rice, pasta and noodles (including wholegrain or wholemeal varieties where possible)
- Vegetables, pulses
- Fruit
- Dairy products eg. milk, cheese, yoghurt
- Lean meat, fish, poultry, eggs, nuts, pulses, tofu and other meat alternatives

This will ensure you are getting all the nutrients that your body needs. As well as choosing a wide variety of foods, you may need extra protein or energy in your diet to help wounds heal. High protein foods include: meat, fish and chicken, eggs, dairy products e.g. milk, cheese, yoghurt etc.

If you find this difficult we may suggest that you to see a dietician who can give you advice and may offer you some specialist drinks ('build-up drinks') to take in addition to your normal food. Eating little and often, and eating the foods that you enjoy will also be beneficial.

If you have diabetes - It is important that your diabetes is well controlled, and you should try to make sure that your blood sugar levels are stable. It may be necessary for you to see your GP to adjust your medication or diet if your diabetes is not well controlled. The pre-assessment nurse will advise you if this is needed.

Exercise - You should try to remain as active as possible. Regular gentle exercise before your surgery will be of benefit to your heart and lungs as well as helping your body to cope with the effects of an operation. Exercise doesn't need to be strenuous to be beneficial, in fact, a fifteen minute walk is far better than not exercising at all.

If you smoke - We would always advise that you stop smoking before an operation as it is known to increase the risk of anaesthetic complications including breathing difficulties and chest infection. Smoking is also known to significantly increase the complications associated with wound healing. We understand that stopping smoking can be very difficult, however your GP can often help so you should make an appointment. You can find some useful information on the internet (www.smokefree.nhs.uk).

If you drink alcohol – We would advise you to avoid drinking alcohol on the evening before your operation as this may lead to dehydration.

Being prepared

Being prepared for your discharge prior to coming into hospital will make your recovery considerably easier and more stress free. If you are planning to stay with a relative /friend on discharge please inform the ward staff on admission as quite often you will require a visit from a district nurse and we must ensure you are registered at the appropriate GP surgery to prevent delaying your discharge.

Here is a short list of things that you and your family/friends may wish to discuss before you come to hospital.

- **Transport** – who could transport you to and from hospital for your operation and appointments?
- **Housework** - could you arrange for family/friends to help with housework for the first few weeks after your operation?
- If possible, cook some meals and put them in the freezer for when you return home.
- Ask family or a neighbour to collect your post and keep an eye on your home.
- If childcare is needed try to organise this in advance.
- **Pets** - think about a family member or friend who can help with caring for your pets. You could also consider contacting your local cattery or kennels. There is also a charity called 'The Cinnamon Trust' which assists the elderly or terminally ill person who are hospitalised and could help look after a pet.
- Try re-arranging important items in the cupboards so that you can easily reach them. You should try to avoid stretching up/standing on steps after an operation.
- Think of ways in which you can get easy access to your telephone and toilet/shower facilities so that it is easier for you when you go home.
- Make sure you have a good supply of your usual medicines at home, ready for when you are discharged home.

What do I need to bring into hospital?

Before your operation you should pack a bag that should contain:

- Toiletries/hairbrush/comb
- Denture and Denture pot labelled with your name
- Slippers
- Hand and bath towels
- All of your current medication in their original boxes
- Money for refreshments, newspapers and the bedside telephone and TV.
- Things to keep you occupied during your stay in hospital for example books / magazines, knitting etc.
- Pen and paper to write down any question for the doctor when they are not available.
- Name, address and contact number for your next of kin (person you would like to be contacted with important information)
- Any walking aids e.g. zimmer frame, walking stick.

Please be aware that the Queen Elizabeth Hospital cannot be held responsible for any personal belongings, valuables or money you bring in with you.

Your hospital stay

The day of admission

Due to the nature of the surgery, it may be necessary to remove the body hair from the area which is to be operated on, whether this is the vulva or the groins (or both). Ideally this should be done on the morning of surgery, if you think you will find this difficult, the nurses will assist you prior to theatre.

We ask that you have a bath or shower on the morning of your surgery

All make up, nail varnish, jewellery (except wedding ring), and contact lenses must be removed. You will either be admitted to Ward 21 or PODS. We will let you know where you will be admitted and the time you should arrive at the hospital by letter. We will also inform you when to stop eating and drinking.

Most patients are admitted to hospital the same day as their operation.

You will be shown to your bed and introduced to the nurses. They will show you where your nursing call system is and you can press this button if you need help.

The nurses will also do some checks by asking you questions. You will be asked to change in to a theatre gown. You will be given white stockings to wear to reduce the risk of a blood clot (DVT). You may be seen on the morning of your operation by a doctor from the surgical team and a doctor from the anaesthetic team.

If you wear a wig, headscarf or have dentures you can keep these with you until you go into theatre.

Your family can visit after your operation during visiting times:

Afternoon: 2pm – 4pm

Evenings: 6:30pm – 8pm

Only two visitors per bed are allowed. Please do not bring fresh flowers or plants to the ward. We would advise that you choose one friend/member of the family to ring the ward for an update or to ask any questions. This means that the nursing staff can spend their time looking after the patients on the ward rather than answering many phone calls.

After your operation

When you wake up after your operation you will be in the recovery room. You will have an oxygen mask on your face and you will be connected to a monitor so that the nurses can check your blood pressure and heart rate. The recovery nurse will look after you and stay with you until they are satisfied with your condition. You will then either return to ward 21; this is a Gynae-oncology ward with specialist nurses and doctors who care for patients with female cancer.

Your doctor will come to see you either in the evening or the following morning, they will discuss your operation with you as well as seeing how you are.

After your operation most patients will have a drip (needle in the hand/arm) this is a way of giving you fluid so that you do not become dehydrated. When you wake up after your operation you will be encouraged to sip water. When you feel awake the nurses will encourage you to drink fluid and eat as soon as you feel able to.

You will have a catheter (tube in the bladder) to drain urine away. As the urethra (bladder opening) is placed close to where the surgery has taken place, the catheter will allow the area to recover and heal. The catheter may need to stay until you are mobile and able to pass urine normally. Plenty of fluids are recommended while the catheter is in place.

Pain relief

There are many different types of pain relief including an epidural (tube in the back which gives you slow continuous pain relief), patient controlled analgesia ('PCA' which is a drip that gives you a dose of pain relief when you press a button), local anaesthetic and pain relief tablets. We often use a mixture of pain relief medication so that we can make sure that you are comfortable. Once you are able to tolerate pain relief by mouth the PCA will be removed. It is important to take your pain relief regularly so that you are able to mobilise, manage your physiotherapy exercises, hygiene needs and are able to sleep well.

Nausea and vomiting

Some people may feel or occasionally be sick. Many things may contribute to this but your anaesthetic is designed to reduce the sickness as much as possible. If it occurs it is usually short lived and can be effectively dealt with by administering anti-sickness medication via your drip. If you feel sick, please ensure that you tell a member of staff. It is important that we relieve your sickness so that you feel better to eat and drink.

Hygiene/Wound care

For the first few days the ward nurses will assist you with your hygiene needs and will then encourage you to use the shower independently. It is important that you shower at least once daily to keep your wounds clean. Your wound(s) will be checked regularly for any signs of infection and you will be advised how to care for your wounds when you are in hospital. It is safe to get your wounds wet unless otherwise advised.

Avoid using scented products, lotions, perfumes and talcum powders in the area of your operation site until your wounds are fully healed. After washing, pat dry your wounds with a clean soft towel (the ward staff can provide hospital towels to help cut down on your washing). When resting on the bed we would advise wearing no underwear as exposure of the wound to the air will aid healing and will be more comfortable. When you become more mobile wearing loose-fitting clothing and wearing cotton underwear is advised.

Vulval wound- It is very important that you clean and dry your vulval wound after toileting as increased moisture in the vulval area can lead to wound breakdown. Your vulval stitches are dissolvable and don't need to be removed unless they become problematic. Vulval wounds can be very uncomfortable and some patients find sitting for any length of time difficult. The ward can provide you with a special cushion to sit on, please ask if you feel you would benefit from using one.

Groin wound(s)- You will have metal clips in your groin wound(s) these will be covered with a dressing initially. On the second day after your operation the dressings will be removed and the wound(s) exposed to the air. The clips will be removed on day seven following your operation; these are usually removed by the ward nurses when you are still in hospital. Patients are often very worried about having clips removed however most patients have said that it wasn't painful and they were well supported by the nurse.

Drains

If you have had lymph nodes removed you will have a drainage tube(s) coming from your groin wound(s) to collect any extra lymph fluid or blood. The drain is a soft flexible silicone tube that is connected to a suction bottle (redivac drain). It will be checked frequently after the operation and changed as required by the nursing staff. The drain will be removed after five days. If you have had sentinel nodes removed you will have a microvac drain and this will be removed after two to three days.

Mobilising

While you are in bed, it's important to move your legs regularly and do deep breathing exercises. These exercises can be found on Page 15 onwards at the back of this booklet. You will be encouraged to move around, to get out of bed, sit in your chair for short periods and move around the ward as soon as possible. Patients have reported finding it difficult sitting in the chair for any length of time however being upright, out of bed and walking around is as good for your recovery and will prevent complications.

Bowels

It can take few days before your bowels start to work normally because of the area of surgery and it is important you don't get constipated, therefore a mild laxative may be advised so this doesn't occur. It is very important that you clean yourself thoroughly after opening your bowels because of the risk of infection to your wounds, so please ask a nurse to help if you need it.

Emotions

It is very common to feel tearful, upset or low in mood after your operation, this can be a reaction to your diagnosis, to the operation and also sometimes due to being away from your family and friends. It is important to talk about your feelings and you might find it helpful to talk to the ward nurses or clinical nurse specialist to ease your worries.

Body image

Having vulval surgery can permanently change the outward appearance of the body, a change many patients find hard to come to terms with. You may want to look at the area but do not force yourself to do this before you are ready. However well prepared you are you may feel shocked and this is perfectly understandable because of the tissue that has been removed it may look very different. It may affect how you feel about your sexuality and womanhood, some patients find this operation disfiguring and you may need a lot of support to help you through it.

How long can I expect to be in hospital after my operation?

The time spent in hospital following surgery will be dependent upon the extent of the operation performed. It is usual following vulval surgery, to be in hospital for approximately three days (until catheter is removed), however if surgery involves a groin nodes dissection, hospital stay will be expected to be between 10 and 14 days, occasionally longer depending upon wound healing.

We will plan and discuss your discharge with you beforehand to ensure that you and your friends/family are prepared. The ward nursing staff will provide you with further written information before you are discharged with advice to follow when you are at home.

Results

The tissue taken during surgery will be sent to the laboratory and it will be examined under the microscope (histology). It can take 7-10 days for the results of your tests to be ready. Waiting for results can be a difficult time. All results are discussed at our once weekly Multi-disciplinary Team Meeting (MDT) which takes place on a Monday morning. MDT members include: Gynae-oncology Surgeons, Histo-pathologists, Radiologists, Medical Oncologists, Clinical Oncologists and Clinical Nurse Specialists -The health care specialists will talk about the treatment they feel is best for your individual situation. If histology (tissue) results from your surgery are not available before you are discharged home you will usually be given a follow up appointment to discuss the results.

Exercises and physiotherapy

Doing a few simple exercises and physiotherapy can help you to recover more quickly and also help to prevent complications. A physiotherapist will see you on the ward after your operation to discuss your individual needs.

An anaesthetic can affect your lungs and may together with discomfort after an operation can make taking a deep breath and coughing difficult. This means that phlegm (thick mucus) can collect in your lungs. Deep breathing, coughing and moving about are important to help clear any phlegm and prevent you from developing a chest infection after you operation.

Coughing

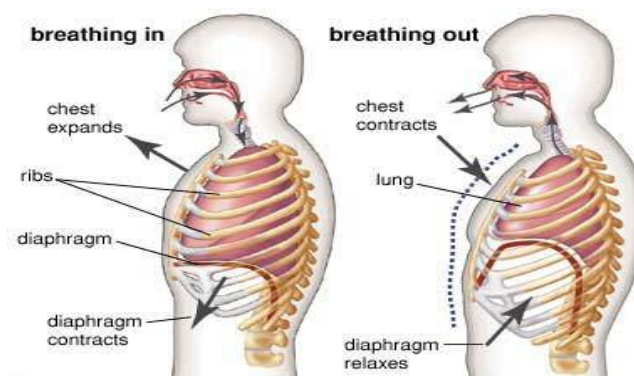
Coughing is the normal way to clear phlegm from your lungs. You may find that you need to do this more often in the first few days after your operation. At first it may help to try huffing (forcing breath out through an open mouth as if steaming up a mirror). Do this two to three times to help loosen any phlegm in the back of your throat. If you are in pain and this is making coughing difficult use your pain relief button or ask the nurse for more pain relief.

Breathing exercises

Whether you have phlegm or not, you should do the following deep breathing exercises whilst sitting upright in bed or preferably when sitting in a chair.

- Relax your shoulders and upper chest.
- Take a deep breath in through your nose filling your lungs.
- Try to hold this breath for three seconds.
- Breathe out slowly through your mouth.

Do this three times then rest- more than this may make you light headed. Practice these breathing exercises every hour. You can start as soon as you wake up after your operation.



Circulation and exercises

It is important to get moving as soon as possible after an operation to aid recovery. The following gentle exercises will help your body to start working again, and improve your circulation.

Immediately after your operation you can start moving your feet, ankles and legs. Move your ankles around in circles repeat this five times.



Point your toes then bring your foot back up feeling the muscle stretch behind your calf and knee. Do this firmly and quickly and repeat 10 times. This helps to keep the blood moving through the legs.



Repeat these exercises every hour

Pelvic Floor exercises

1. Sit in a chair with your knees slightly apart. Imagine you are trying to stop passing wind. You will have to squeeze the muscle around your bottom, without moving your buttocks or legs. Now imagine you are going to pass urine and you are trying to stop. You will find yourself using slightly different parts of the pelvic floor muscles to for these exercises.
2. Squeezing both of these sets of muscles together and hold to the count of five, and then relax. Repeat at least five times. These are called slow pull-ups.
3. Do the same exercise quickly for a second or two. Repeat at least five times. These are called fast pull-ups. Repeating the five slow pull-ups and then five fast pull-ups for five minutes in total.

Aim to do the above pelvic exercises for five minutes at least three times a day, and preferably 6 to 10 times a day. Try to do each five-minutes of exercise in different positions, for example when sitting, standing and lying down.

Try not to squeeze other muscles at the same time as you squeeze your pelvic floor muscles. For example, do not use any muscles in your back, thighs, or buttocks.

Getting out of bed

The nursing and physiotherapy staff will help you to get out of bed after your operation. Drips, drains and oxygen move with you and do not stop you getting out of bed. To get out of bed from a lying position, with your knees together, roll them to the side, over the side of the bed. Gently lower both feet over the edge of the bed, at the same time pushing up from the head of the bed with your elbow to bring you into a sitting position.



Standing and sitting

Make sure your feet are flat on the floor, shoulder width apart. Lean forwards and push down with your hands onto the bed, then straighten your knees and tighten your buttocks to stand tall. You may need a zimmer frame or the help of a nurse or physiotherapist to take a few steps at first.



To sit down in a chair, make sure that you are standing close to the chair so that you can feel the chair against the back of your knees. Put your hands on the arms of the chair and use your leg and bottom muscles to lower yourself slowly onto the chair. Due to the location of your wounds you may also find it difficult getting on and off the toilet. You may benefit from a raised toilet seat, if you feel this would be helpful please ask a member of the nursing team and they can refer you to the occupational therapist.

Walking

After an operation, once you have started walking again, you need to keep walking regularly. You should gradually increase the distance that you are walking. Some weakness, pain and tiredness when you first start walking is expected. Regular short walks are best, for example around your bed space, to the toilet, or just walking to look out of the window.

If you are worried about managing the stairs a physiotherapist can practice the stairs with you before discharge. By the time you are ready to go home you should be able to walk once every hour throughout the day, however everyone is different. Also remember that you need to build up all levels of activity gradually.

Additional support and information available

National support

Macmillan-Website www.macmillan.org.uk

Freephone-08708 808 0000 (Monday to Friday 9am to 8pm)

Macmillan produce many information booklets which offer practical ways of coping with cancer and the emotional effects it has on you and your family. The information booklets are available free to anyone who has cancer as well as their family and friends.

You can access information on- line or alternatively please contact your local Macmillan office or speak with your Nurse Specialist who will be able to provide you with these.

- Adjusting to life after cancer
- Close relationships and cancer
- Life with cancer
- Sexuality and cancer
- Body image and sexuality

Cancer Research UK- Website www.cancerresearchuk.org

The Lymphoedema Support Network (LSN)-

Telephone: 02073514480

website www.lymphoedema.org

Email: adminisn@lymphoedema.freeserve.co.uk

V.A.C.O (Vulval Awareness Campaign Organisation) Vulval cancer support group

24 hour helpline available 365 days a year: for women in need of help and support.

Website: www.vaco.co.uk

Email: vacouk@yahoo.com

For patients living outside of Gateshead please contact your local Cancer Information Centre or Gyneoncology Nurse specialist for information about support services available locally.

Local Support (Gateshead area)

Macmillan Cancer Information and Support Centre- We offer support and information to anyone who has cancer, their relatives, friends and carers.

- We provide access to support from specialist staff
- A range of information leaflets and booklets
- Financial advice and information on benefits
- Information about local services and organisations
- We can sign post people to self help and support groups and liaise with other voluntary and statutory agencies.

Some of our resources are available in different languages and are suitable for people with special needs.

You can find the Centre in the Queen Elizabeth Hospital, via Entrance C. Take the Windy Nook entrance to the Purple Zone and then you will find us in the Swan Centre.

Opening times

We are open Monday to Friday 10am to 4pm (excluding bank holidays)

Telephone: 0191 445 2979

Email: macmillaninfo@ghnt.nhs.uk

Address:

Swan Centre

Queen Elizabeth Hospital

Sheriff Hill

Gateshead

NE9 6SX

Fighting All Cancers Together (FACT) is a Local charity for People living in Gateshead offering help, support and social opportunities for anyone affected by cancer, their families and friends.

Telephone 0191 4420833

Website: www.fact-cancersupport.co.uk

Email: leanne.brass@fact-cancersupport.co.uk

Maggie's Centre Maggie's provides a free drop in service, qualified experts provide practical, emotional and social support to people with cancer and their family and friends.

Telephone: 0191 2336600

Website: www.maggiescentres.org

Email: Newcastle@maggiescentres.org

Freeman Hospital

Melville Grove,

Newcastle upon Tyne

NE7 7NU

Centre opening times Monday-Friday 9am -5pm

Look Good Feel Better is a one off course that is held monthly in Maggie's centre which teaches women with cancer how to manage some of the visible side-effects of cancer treatment. It is run by beauty professionals; the session introduces some simple techniques that can help you feel more confident about your changed appearance. You'll also receive a goody bag of premium beauty products, completely free of charge

Financial support and Advice

Free prescriptions: People with cancer in England are eligible for free prescriptions.

www.nhs.uk/IPS - Information prescription. All people undergoing treatment for cancer and the effects of cancer treatment can apply for an exemption certificate by collecting a form **FP92A** from your GP or Macmillan Nurse.

Financial advice is available from the Benefits Agency 0800 882200 (Monday-Friday). We can also offer advice with benefits

Macmillan offers one off payments (grants) for people with cancer. A grant can be for anything from extra heating bills, extra clothing or equipment. They can be contacted by telephone on 08088 080000 to find out more. Alternatively you can access information on- line, visit [macmillan.org.uk/financial support](http://macmillan.org.uk/financial%20support).

Comments, compliments, concerns or complaints

Gateshead Health NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However we do appreciate that there may be an occasion where you or your family feel dissatisfied with the standard of service you receive. Please do not hesitate to contact us to inform us about your concerns as this helps us to learn from your experience and to improve services for future patients. We would also be very happy to hear about good care and experiences you have received and compliments are warmly received.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and can help to deal with matters quickly on your behalf. This service is based at the Queen Elizabeth Hospital. Please ask a member of staff for further information, you can call 0800 953 0667.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible. In order to assist us to improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

This leaflet can be made available in other languages and formats upon request