

**QE Gateshead**  
*Quality and excellence in health*

# Ultraradical Surgery for Ovarian Cancer

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## Patient information sheet

You have been given this leaflet because you have had surgery for ovarian cancer. During your surgery to remove the cancer you may have had some 'ultraradical' procedures. This involves extensive surgery to certain organs which we call 'ultraradical' surgery. Please take your time to read the following information carefully. Ask us if there is anything you are not clear about.

### What is the surgical management of ovarian cancer?

The aim of surgery for ovarian cancer is to remove all the visible cancer from your body. This can mean there are certain complications which you should watch out for. It is important that you report any complications to us as they can interfere with you receiving your chemotherapy treatment.

Detailed below are the procedures you have undergone and the possible complications.

Name of Patient .....  
Date of Surgery .....  
Name of Consultant .....

Title of operation .....  
.....

Which involved	Removal of uterus (womb)	YES/NO
	Fallopian tubes and ovaries	YES/NO
	Omentum (fat pad)	YES/NO
	Lymph glands	YES/NO
	Appendix	YES/NO
	Peritoneum (membrane that covers the internal organs)	YES/NO

Your surgery may also have involved the following 'ultraradical' procedures. Possible complications to look out for are listed below:

## Bowel Surgery

YES/NO

You have had a portion of your bowel removed. During this surgery we did/did not have to make an anastomosis (join) in your bowel. You do/do not have a stoma: a colostomy/ileostomy.

Watch out for:

### SEPSIS (infection)

This can be due to handling of the bowel or occasionally spillage or leakage of bowel contents into your abdomen. You may notice fevers, tremors, abdominal pain, or discharge from your vagina.

### FISTULA

A Fistula is a permanent abnormal passageway between two organs in the body or between an organ and the exterior of the body. When you have had bowel surgery this can result in your bowel forming a passageway with another organ such as the vagina or skin and faeces leaking via your vagina or skin.

### HIGH-VOLUME STOMA

If you have a stoma, sometimes you can have a high volume of faeces or fluid come out of it. We would like the output from your stoma to be solid or semi-solid and typically measure less than one litre per day. If your stoma is very watery and more than a litre a day, you can become dehydrated and lacking in certain salts or electrolytes in your blood. It is important that you monitor your stoma output and make sure you drink plenty of fluids. Also, pay attention to your dietary advice as detailed in the leaflet 'High Output Stoma'.

## Splenectomy (removal of your spleen)

YES/NO

Your spleen filters your blood and you are at risk of certain infections now that you have had a splenectomy. In order to reduce your risk of infections you will require lifelong antibiotics called..... which is to be taken .....times a day.

Also, you have had the following vaccinations:

.....

You will require the following vaccinations for which you need to see your GP:

.....

You will be given the leaflet called 'Splenectomy Vaccines'.

## Diaphragm surgery

YES/NO

Your diaphragm is the muscle which separates your abdomen from your lungs. You have had surgery to your diaphragm which means that you are at risk of your lungs not expanding fully. This can lead to chest infections, fluid in the lungs or pain on deep breathing. It is important that you see a Chest Physiotherapist before you leave the hospital and perform your deep breathing exercises. If you are in discomfort and this is difficult for you taking simple pain relief may help. This discomfort should ease over time, if it persists we recommend visiting your GP to review your pain relief once home.

Watch out for:

### CHEST INFECTIONS

You may experience a cough (occasionally coughing up discoloured/green sputum), shortness of breath, or fevers.

### PLEURAL EFFUSIONS (fluid in the lungs)

You may experience difficulty breathing. Sometimes we will need to arrange for this fluid to be drained.

## Who should I contact if I want advice about any of these procedures?

If you wish to discuss the surgery you have had or require advice please contact your Consultant's secretary on the numbers below. They are available Monday-Friday 9am-5pm:

Miss C Ang (0191) 445 6146

Miss N Ratnavelu

Miss AD Fisher (0191) 445 6148/6270

Mr R Naik (0191) 445 2872

Mr A Kuckmetin

Alternatively, if you are worried that you have developed one of the complications, please call Ward 21 directly on (0191) 445 2021 or (0191) 445 5921. If you are receiving chemotherapy please inform your Oncologist as well.

If you wish to speak to one of our Clinical Nurse Specialists please call 0191 445 2123/3404.

## 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 and Statistics.

Further information is available via Gateshead Health NHS Foundation Trust website or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email [ghnt.ig.team@nhs.net](mailto:ghnt.ig.team@nhs.net).

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

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Author: Nithya Ratnavelu/Robyn Lynch