

Surgery for ovarian cancer

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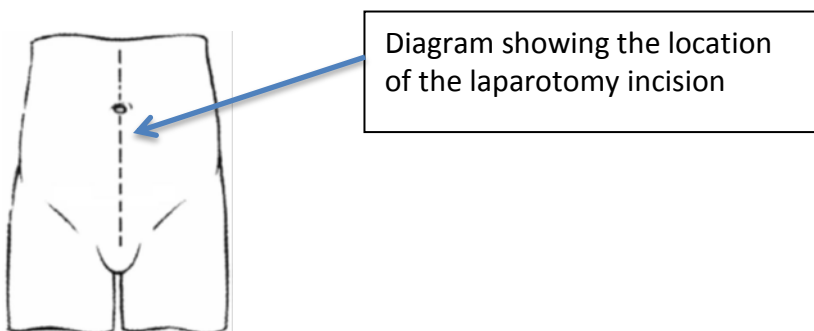
This information leaflet is to give you some information about your surgery for ovarian cancer. The information in this leaflet should already have been explained to you by a doctor. We hope that this helps you remember what you discussed with your doctor and also to answer any questions that you may have. If you still have questions after reading this leaflet, then please contact a member of your team on one of the telephone numbers at the end of this leaflet.

Why do I need surgery for ovarian cancer?

The results of the tissue samples that you had taken indicate that you have an ovarian/primary peritoneal or fallopian tube cancer (this will be referred to as ovarian cancer for the rest of this leaflet). There are two types of treatment that are usually needed for ovarian cancer; surgery and chemotherapy. For some patients with ovarian cancer the surgery is performed first (primary surgery), for other patients they will have chemotherapy before and after the surgery when the surgery becomes known as 'interval debulking surgery'. Your medical team feel that now is the right time to attempt to remove as much of your ovarian cancer as possible through surgery. Surgery for ovarian cancer is the same whether it is 'primary surgery' or 'interval debulking surgery' only the timing of when to do the surgery changes.

What happens during surgery for ovarian cancer?

The name for this type of surgery is a laparotomy. A laparotomy is done under a general anaesthetic (you are asleep during the surgery). The surgeon will make an up and down incision (cut) on your abdomen (tummy) starting at the top of the pubic hair line and going up to, and sometimes beyond the belly button (umbilicus).



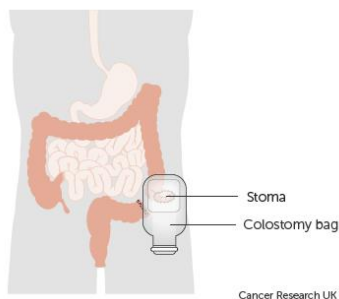
The exact surgery depends on what the surgeons find but this usually involves removal of both of the ovaries and the fallopian tubes, removal of the womb (hysterectomy) and removal of the omentum. The omentum is a pad of fat that hangs over the front of the stomach and is a common place for ovarian cancer to spread to. The aim of the surgery is to remove as much cancer as possible and in some cases may involve removal of tumour (cancerous growth) from the diaphragm (membrane that separates the chest from the abdominal cavity), removal of the appendix and spleen. If the spleen is removed you will need to have additional vaccinations and

take lifelong antibiotics. In some cases the surgeon may need to remove deposits of disease from the liver surface.

All patients having surgery for ovarian cancer will have the possibility of bowel surgery discussed with them. This is either because there may be an injury to the bowel during surgery, or because the bowel is involved with cancer, and in order to remove the cancer the surgeon has to remove part of the bowel. The surgeon may be able to re-join the ends of the bowel once the section that was injured/involved with disease is removed. This is called an anastomosis.

Occasionally it is not possible or not safe to rejoin the bowel and instead the end of the bowel is pushed through the abdomen out onto the skin to form a stoma. This lets your stool (bowel contents) empty into a stoma bag which is attached onto your skin. A stoma can be permanent but in many cases can be reversed in the future with a smaller surgery. The chance of having a stoma is low, less than 10% and most patients do not require this extra bowel surgery. It is uncertain before the surgery if a stoma is required.

If identified as a candidate for bowel surgery, you will see a nurse who specialises in the care of people with stomas (called a stoma nurse). They will explain about stomas and answer any questions you have about them. After examination they will use a skin marker to apply two black dots to your tummy. After the surgery, the stoma nurse will teach you how to look after your stoma and give you information and support to help you cope with any problems.



On a small number of occasions the surgeons finds that removing the cancer is too dangerous for the patient and may not be able remove much cancer during the surgery.

What are the alternatives to not having surgery?

If you feel that you do not want to have surgery other options will be discussed with you by your medical team. Surgery alone is often not enough to treat ovarian cancer and you may be required to have chemotherapy.

Can there be any complications or risks associated with this surgery?

Before you have your surgery you will be told about the risks of the surgery and you will be asked to sign a consent form which will list the potential risks. Please ask questions at any time.

More 'serious' complications can include:

- General anaesthetic carries a small chance of complication. This will be discussed with your anaesthetic doctor before your surgery. It is important to realise that these risks and complications are rare and every care is taken to keep the risks as low as possible.
- Infection- The risk of after surgery infections is reduced by giving 'preventative' antibiotics around the time of surgery but infection can still sometimes occur in the chest, wound, pelvis or urine. Infections are usually easily treated with antibiotics.
- Bleeding (haemorrhage) - This may occur during the surgery or rarely afterwards. Blood transfusion is required in around one in five surgeries. You may need to return to theatre in the rare case of internal bleeding after the surgery.
- Injury to the ureters - the ureters carry the urine from the kidneys to the bladder. The ureters can be damaged at the time of the surgery due to being so close to where the cancer is being removed. This damage will be repaired during the surgery. Some people may have some difficulty passing urine after the surgery, this may mean needing a catheter in your bladder for a period of time. This is usually only for a few days but sometimes longer.
- Clots (thrombosis) - It is possible for clots of bloods to form in the deep veins of the legs and pelvis, this is called a deep vein thrombosis (DVT). This will normally cause pain and swelling in the affected leg and is relatively simply to treat using blood thinning drugs. In rare cases it is possible for a clot to break away and be deposited in the heart or lungs. If this occurs it is a potentially serious complication but several measures will be taken to reduce the risk of this happening. Moving around as soon as possible after your surgery can help as can wearing special surgical stockings and having injections to thin your blood. With every surgery there is a very small risk of death.

More common complications that can occur from this surgery

- Anaemia
- Fatigue / tiredness
- Urinary frequency or loss of control
- Numbness, tingling or burning sensation around the scar which may take weeks or months to resolve.
- Pain/discomfort
- Bruising
- Delayed wound healing
- Scarring of the skin or scar tissue inside (adhesions)

How can I prepare for my surgery?

You should have been given the 'Enhanced Recovery' booklet at the same time as this information leaflet. This will describe in more depth the ways in which you can help yourself to be as well as you can be for your surgery. It also considers exercises that you can perform to reduce your risks of complications and advice for what to expect when you leave the hospital and are recovering at home.

The following issues are important:

- Stopping or cutting down on smoking
- Eating a healthy diet. If your diet is restricted in any way please ask your team about a dietician referral.
- Where possible take some gentle exercise
- Try to prepare for your discharge home, for example by stocking your freezer with easy to prepare food, arranging with relatives and friends to help with housework or childcare.

How will I receive the results of my surgery?

After your surgery your doctor will see you in the evening or the following morning. They will discuss the findings of the surgery with you as well as finding out how you are. The final pathology results of the tissues removed will be available at about seven to ten days after your surgery and will be discussed in our multi-disciplinary team meeting. This can be given to you before you leave the ward to go home. It will be discussed with you how you wish to receive these results. Results are normally given during a clinic appointment on a Tuesday afternoon in QEH Gateshead, but if this proves difficult for you then it is possible to arrange a telephone appointment or occasionally for the results to be given by your local hospital doctor.

Prescription exemption

If you are diagnosed with cancer you are exempt from prescription charges. Contact your GP and they will issue a certificate for this.

Will I need further treatment?

This depends on the findings at surgery. Any further treatment needed will be discussed with you at your follow up appointment if necessary. If you have already received chemotherapy before your surgery you may already have a date in place for your next cycle of chemotherapy.

How long will it take to recover physically from my surgery?

It can take six weeks and sometimes longer to recover fully from your surgery. Details of what activities you can do at what time after your surgery can be found in the Enhanced Recovery booklet that you will have received in clinic. The ward staff will also provide information on your recovery before your discharge home

How will I feel emotionally after the surgery?

A laparotomy for ovarian cancer can be a very stressful event and many women feel tearful and emotional at first. Being tired and in pain can make these feelings worse. Some women find that once they are at home and have more time to think things through that they can feel very low in mood.

It may help for you to speak about your feelings at this time with your gynaecological oncology nurse specialist (contact details at the end of this leaflet.) They are able to offer increased levels of support, advice and guidance about your illness and can point you in the direction of other forms of support as you need it. Your nurse specialist can also help with intimate issues or concerns about your sexuality, body image, fertility, menopausal issues or your sexual relationships.

Consequences of treatment

Following your surgery you may experience some of these problems. Your medical and nursing teams are available to support you and to help to address any problems that may occur.

- Leg swelling (lymphoedema) - In some cases when the lymph nodes are removed. This is a build up of lymph fluid which mostly affects the legs. It can develop in other body areas such as the abdomen (tummy area), genitals and pelvic area. If this were to occur you would be referred to a nurse led lymphoedema clinic.
- Menopause (if not already menopausal) – some of the main physical effects are vaginal dryness, hot flushes, mood changes and low libido (sex drive). This occurs when your ovaries are removed so your hormone levels reduce quickly. How long these symptoms last for is different for everyone. In some cases women can start hormone replacement therapy however this will depend on the outcome of your surgery.
- Effects on sexual functioning (discomfort, bleeding, reduced libido)
- Emotional/social consequences of diagnosis and treatment
- Change in bladder/bowel habit

Research Projects

The NGOC department is actively involved in several research projects with the aim of increasing understanding of cancer and improving care of all patients. You may be approached by a member of the research team during your investigation, treatment or during follow-up to be part of a research project that you may be eligible to participate in. Whilst we encourage all patients to consider getting involved, this is not essential and your care will not be affected if you choose not to participate.

How can I comment on the treatment that I have received?

Gateshead Health NHS Foundation Trust cares about the quality of care that you receive and strives to maintain high standards of health care. If you would like to talk to someone about any concerns, comments, compliments or complaints that you may have about your care we would encourage you to do so. You can do this by speaking to one of the healthcare professionals caring for you or by contacting the PALS (Patient Advice and Liaison Service) via the contact details at the end of this leaflet.

What support is available for me?

Clinical Nurse Specialist:

You should have contact details of a clinical nurse specialist (key worker) from your local hospital). Even though you are having treatment at the Queen Elizabeth Hospital, your local nurse remains an important point of contact for you. Contact details will be provided to you for the clinical nurse specialists from the Queen Elizabeth Hospital also. You are entitled to attend a holistic need assessment (HNA). This assessment can take place at your local hospital or Queen Elizabeth Hospital at diagnosis, during any treatment you receive or once treatment has been completed. It gives you the opportunity to discuss concerns and fears they could be:

- Emotional
- Physical
- Spiritual
- Financial
- Practical

It allows both yourself and your clinical nurse specialist to put a plan in place. If you would like to arrange please do not hesitate.

Who can I contact for further information?

For queries about issues such as appointments, parking and transport please contact your consultant's secretary. Contact details can be found on the 'Information for patients' leaflet that you were given at your initial appointment or by contacting the hospital switchboard on 0191 4820000 and asking for the gynaecological oncology secretaries.

Clinical Nurse Specialists:

(Monday –Friday) - 8.30am -4.30pm (not including bank holidays)

Tel 0191 4453404 or 0191 482000 and ask for bleep 2361

Tel 0191 4452077 or 0191 4820000 and ask for bleep 2344

Tel 0191 4456707 or 0191 4820000 and ask for bleep 2341

Ward 21

24hrs Tel 0191 4452021

Patient advice and liaison service (PALS)

Tel 0800 953 0667

Email: ghnt.pals.service@nhs.net

NHS 111

If you're worried about an urgent medical concern, you can call 111 to speak to a fully trained adviser.

Your GP telephone number :

Useful reading

A practical guide to understanding cancer: Understanding cancer of the ovary.

This booklet is produced by Macmillan Cancer Support and is useful to read alongside this information leaflet. This can be accessed online or copy can be provided by your local support nurse.

Other useful contacts

Macmillan Cancer Information & Support – Queen Elizabeth Hospital, Gateshead. Open Cancer information and support centre. Open Monday-Friday 10.00-16.00 Telephone answering service. Telephone on 0191 445 2979 email: Macmillaninfo@ghnt.nhs.uk

Macmillan Cancer Support: 0808 808 00 00 Monday - Friday, 9am - 8pm.

The following organisations provides advice and support for women diagnosed with ovarian cancer

Ovacome -Telephone 02072996650 or visit www.ovacome.org.uk

Ovarian Cancer Action – Telephone 02073801730 or visit <http://ovarian.org.uk/>

Target Ovarian Cancer – Telephone: 020 7923 5475 or visit <http://www.targetovariancancer.org.uk/>

The Eve Appeal - Telephone: 02076050100 or visit <https://eveappeal.org.uk>

Please use this page to note down any additional questions you may have

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write down any additional questions they may have.

References & Acknowledgements

<http://www.cancerresearchuk.org/about-cancer/ovarian-cancer/treatment/surgery/types-surgery>

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

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