NGOC
Northern Gynaecological Oncology Centre

NHS
Gateshead Health
NHS Foundation Trust

Surgery for pelvic mass

Surgery for an ovarian cyst/pelvic mass

This information leaflet is to give you some information about your surgery. The information in this leaflet should already have been explained to you by a doctor. We hope that this helps you to 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.

What is a pelvic mass?

Pelvic mass is a term that we use to describe an abnormal growth of tissue within the pelvis. Masses can be benign (not cancerous), borderline or malignant (cancerous) growths. At this time we do not know if your pelvic mass is cancerous or not but may have features that make us suspicious that it may be cancer.

Why do I need surgery for a pelvic mass?

The majority of patients chose to undergo surgery and this can either be done by laparotomy (an 'open' surgery) or by laparoscopy ('keyhole surgery'). Other than biopsy under CT or Ultrasound guidance, surgery is the only way to find out whether your pelvic mass is cancerous or non-cancerous and to remove it at the same time as part of your treatment. Not every patient is suitable for a laparotomy and laparoscopy and your doctor will guide you about what type of surgery you are suitable for.

What are the alternatives of not having surgery?

Surgery is a way of getting a diagnosis of what the pelvic mass is, and if the mass is ovarian cancer to start this treatment. If you feel that you do not want to have surgery other options will be discussed with you by your medical team. If you are diagnosed with ovarian cancer, surgery alone is often not enough and you may also require chemotherapy.

What happens during surgery for a pelvic mass?

The name for this type of surgery is a laparotomy (cut on your tummy). 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.)

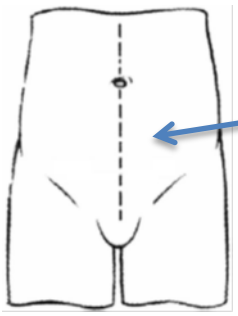
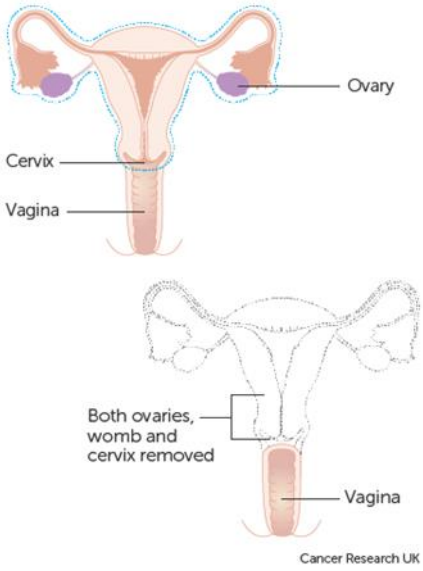


Diagram showing the location of the laparotomy incision (This can sometimes go as high as your breastbone)

The surgeon will remove the mass (usually an enlarged ovary) and send this straight away to the hospital laboratory. In the laboratory, a Pathologist (specialist laboratory doctor) will freeze the tissue so they can examine it under the microscope. This process is known as a 'frozen section'. The Pathologist will discuss the result with your surgeon during the surgery to tell them if they think the tissue is cancerous or not. This process takes approximately 30 minutes so is used to help the surgeon decide what further surgery is needed. In most cases if the frozen section shows non-cancerous (benign) changes then your choices will include no further removal of tissue (for example if retaining fertility is important to you) or hysterectomy and removal of the other ovary and tube. Your doctor will discuss which option you would prefer before surgery.

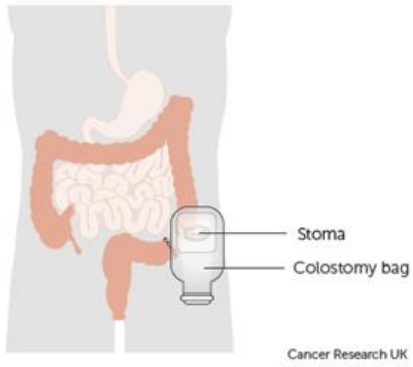
If the frozen section shows that you have cancer or a borderline tumour (growth) you will usually have a total hysterectomy (removal of the womb and the neck of the womb), removal of both fallopian tubes and ovaries. You may also need to have the pelvic lymph nodes (glands) and possibly the lymph nodes around the aorta removed (a large blood vessel in the abdomen). Lymph nodes are tiny structures (usually the size of a pea) that are found throughout the body. They are important in moving fluid around the body. It is important to remove them when cancer is suspected as sometimes cancer can spread, to lymph nodes.



Most patients will have a CT scan before their surgery and your doctor will inform you if the scan suggest that there is a cancer that has spread into the abdomen from the pelvic mass. Even when the scan shows no disease has spread all patients having surgery for a pelvic mass will have the possibility of bowel surgery discussed with them. This is either because there may be 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 smaller surgery. The chance of having a

stoma is low, less than 10%, and most patients do not require this extra bowel surgery, as it is uncertain before the surgery who may need a stoma and who may not.



Surgery to preserve fertility

In some cases where the suspected cancer only affects one ovary it may be possible to undergo surgery that can spare fertility that does not remove the womb and other ovary and therefore can spare fertility (so the patient can still have children in the future). There is always the option of having further surgery once your family is complete. This can be discussed in further detail with your medical team and clinical nurse specialist.

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 or bladder- the ureters carry the urine from the kidneys to the bladder, where the urine is stored before being urinated out. The ureters and kidneys can be damaged at the time of the surgery due to being so close to where the pelvic mass is being removed. This damage will be repaired during the surgery. Some people may have some difficult 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 risks 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)
- Lymphodema
- Menopause

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 get 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. The frozen section result is confirmed as correct by the final pathology result in around 98% of cases. 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. If you do have cancer then you may need further treatment. This will be discussed with you at your follow up appointment if necessary.

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 when 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 a pelvic mass 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.

Possible longer term implications 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. But 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). In some cases women can start hormone replacement therapy however this will depend on the outcome of your surgery.

- Change in bladder/bowel habit

- Effects on sexual functioning (reduced libido, discomfort and bleeding) – Some women find that their libido decreases this is normal

- Emotional/social concerns of diagnosis and treatment

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. When you are ready to be discharged from the ward, you will be provided a friends and family card. This can be filled in whilst on the ward or when you get home.

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 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 Queen Elizabeth Hospital also. You are entitled to attend a holistic needs 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 this 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:

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: 0808239 3783 – seven days a week, 8am - 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

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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