

Hysterectomy for Endometrial Cancer

What is a hysterectomy?

The recommended treatment for women with cancer of the lining of the womb (uterus) often involves an operation to remove their cervix (neck of the womb), uterus (womb), fallopian tubes and ovaries. This is known as a total hysterectomy and bilateral salpingo-oophorectomy.

Why is it necessary?

The aim of the operation is to remove all of the cancer. If there is any evidence that the cancer has spread, or if the results of the operation suggest that you may be at increased risk of your cancer returning, you may be offered further treatment. This will be discussed with you when all of your results are available.

Agreeing to treatment

The Operation

What is removed during my operation?

- Cervix (neck of the womb)
- Uterus (womb)
- Fallopian tubes
- Both ovaries

Why do I need to attend the pre-operative clinic?

Before your admission to hospital, you will be asked to attend the pre-operative clinic to make sure that you are fit for the operation.

When will I come in for my operation?

You will be admitted to hospital the day of your operation to the Surgical Admissions Ward. Following your operation you will return to the ward.

Are there any risks?

As with any operation there are risks but it is important to realise that the majority of women do not have complications. There can be risks associated with having a general anaesthetic and major abdominal surgery.

The risks include:

Bruising or infection in the wound or internally can occur. A blood transfusion is occasionally needed to replace blood lost during the operation.

Very occasionally, there may be internal bleeding after the operation, making a second operation necessary.

Blood clots in the leg or pelvis (deep vein thrombosis or DVT) may occasionally occur. This can lead to a clot in the lungs (pulmonary embolus). Getting up and moving around as soon as possible after your operation can help to prevent this. We will give you special surgical stockings (known as TEDS) to wear whilst you are in hospital and injections to thin the blood. You will be shown exercises to help prevent blood clots.

Your bladder and bowels may take some time to begin working properly after your operation. Occasionally, a hole may develop in the bladder or in the tube bringing urine to the bladder (urethra). If this happens, it is generally noticed during surgery. If not, it results in leakage of urine into the vagina. The hole may close without surgery, but another operation may be necessary to repair this.

Are there any long-term complications?

The skin around the wounds may sometimes be numb until the small nerves damaged by the incision grow back. Sometimes the numbness may affect the tops of the legs or the inside of the thighs. This should get better in 6-12 months.

The Operation

Will I have a scar?

Yes, usually four small incisions with dissolving sutures. The surgeon may make a decision to operate by an open procedure. This will be discussed with you.

Is there anything I should do to prepare for my operation?

Make sure that all of your questions have been answered and that you understand what is going to happen to you. You are welcome to visit the ward and meet the staff before you are admitted to hospital. The gynaecological clinic nurse specialist can arrange this for you.

If you smoke, it would benefit you to stop smoking or cut down before you have your operation. This will reduce the risk of chest troubles during and after the operation. If you need information about stopping smoking please contact your GP.

You should also eat a healthy diet. If you feel well enough, take some gentle exercise before the operation as this will also help your recovery afterwards. Your GP, the practice nurse at your surgery or the doctors and nurses at the hospital will be able to give you further advice.

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). The gynaecological clinical nurse specialist will be able to discuss this further with you.

If you have any concerns about your finances whilst you are recovering from your operation, you may wish to discuss this with the gynaecological cancer nurse specialist. You can do this either before you come into hospital or whilst you are recovering on the ward.

What happens on the day of my operation?

The anaesthetist will see you to discuss the anaesthetic before you go to the operating theatre.

You will not be allowed to have anything to eat or drink (including chewing gum or sweets) for a number of hours before your operation. This will be detailed in your admission letter.

All make-up, nail varnish, jewellery (except your wedding ring), dentures and contact lenses must be removed for safety prior to your operation.

After the operation

What happens after my operation?

After your operation you will wake up in the recovery room before returning to the ward. You may still be very sleepy and be given oxygen to help you breathe comfortably. An intravenous infusion also known as a “drip” will be attached to your hand or arm to give you fluids and prevent dehydration. You will be allowed to drink straight away and be given food soon after.

During your operation a catheter (tube to drain urine away) will be put into your bladder. The catheter may need to stay in for approximately 24 hours.

Occasionally, you may also have a drain (tube) in your wound which is inserted during your operation. This is so that any blood or fluid that collects in the area can drain away safely and will help to prevent swelling. The drain will be removed when it is no longer draining any fluid which could take several days.

You may also have trouble opening your bowels or have some discomfort due to wind for the first few days after the operation. This is temporary and we can give you laxatives and painkillers if you need them.

How will I feel after my operation?

You can expect to be extremely sleepy, or sedated for the first few hours. This will allow you to rest and recover. Please tell us if you are in pain or feel sick. We have medication that we can give you as and when needed, so that you remain comfortable and pain free.

You may have some vaginal bleeding or a blood-stained discharge but this does not usually last for more than a few days. The wounds will have dressings on to keep them clean and dry, usually alright to be removed after three days.

Is it normal to feel weepy or depressed afterwards?

Yes. It is a very common reaction to your operation. If these feelings persist or develop when you leave hospital, please seek the advice and support of your friends, family, GP, or the gynaecological clinical nurse specialist may be able to help you. There are also a number of national support groups.

Going Home

When can I go home?

You will be in hospital between 2-5days, depending on your recovery, how you feel physically and emotionally and the support available at home. This will be discussed with you before you have your operation and again whilst you are recovering.

When can I get back to normal?

It is usual to continue to feel tired when you go home. It can take up to three months to fully recover from this operation, sometimes longer, especially if you need further treatment following surgery. However, your energy level and what you feel able to do will usually increase with time. This is individual, so you should listen to your body's reaction and rest when you need to. This way, you will not cause yourself any harm or damage. (See Recovery Tracker)

Avoid lifting or carrying anything heavy. Vacuuming and spring cleaning should also be avoided for at least 6 weeks after your operation.

Rest as much as possible, gradually increasing your level of activity. Continue with gentle activities such as making cups of tea, light dusting and washing up. Generally, within 3 months you should be able to return to your normal activities, but you can discuss this further on your return to the follow-up clinic.

When can I return to work?

This will depend upon the type of work you do, how well you are recovering and how you feel physically and emotionally. It also depends on whether you need any further treatment, such as radiotherapy, after your operation.

Most women need approximately 2-3 months to recover but remember that the return to normal life takes time. You and your GP will decide when the time is right for you to return to work.

What about exercise?

It is important to continue doing exercises shown to you for at least six weeks after your operation. Ideally, you should carry on doing them for the rest of your life, particularly the pelvic floor exercises. Avoid all aerobic exercises, jogging and swimming until advised, to allow the tissues cut during your operation to heal.

When can I have sex?

After a diagnosis and treatment of endometrial cancer, you may not feel physically or emotionally ready to start having sex again for a while. We normally advise women not have to have sexual intercourse for six weeks following surgery.

Please do not hesitate to contact the gynaecological clinical nurse specialist if you have any queries or concerns about your sexuality, change in body image or your sexual relationship either before or after surgery.

Follow up treatments and appointments

Will I need to visit the hospital again after my operation?

Yes, it is very important that you attend any further appointments arranged.

Once the histology (tissue analysis) results become available they will be sent to your GP practice, you will receive a letter detailing the results and offering a follow-up appointment to discuss them further.

The histology results of your operation will be discussed at the multidisciplinary team meeting. If it is recommended that you need further treatment, this will be discussed with you at a clinic appointment.

Will I need further appointments?

You may need to attend your hospital for regular follow-up appointments once your treatment is complete. At these appointments you will be seen by a member of the cancer team. They may alternate between oncologist and gynaecologist.

Why do I need to be followed up in the clinic for so long after my operation?

By having frequent appointments during the first three years, any problems can be detected. On occasion endometrial cancer may return even though you have had your womb removed. This is because endometrial cancer cells can re-grow anywhere within the body and/or the top of the vagina. If this should happen, it is usually within the first two years after your treatment.

These appointments are not only to look for medical problems but to discuss how the diagnosis of cancer may have affected other aspects of your life. If you have any other issues related to your cancer, please contact your gynaecology clinical nurse specialist.

Should I continue to have cervical smears?

No, cervical smear tests are not usually necessary after this operation as your cervix will have been removed. Your gynaecologist will advise you

What symptoms should I report or be worried about?

If you have any of the following symptoms, please contact your gynaecology clinical nurse specialist or GP for an early appointment:

- Bleeding or discharge from the vagina
- Lower tummy pain lasting 2-3 weeks particularly if it keeps you awake at night
- Persistent bloating

After you have had treatment for cancer it can be a worrying time. Please remember that you will have the same aches and pains that you have always had. If you develop a new health problem, this may not be related to your cancer and it's treatment.

Contacts and further information

We hope that this leaflet answers most of your questions but, if you have any further queries or concerns, please do not hesitate to contact your gynaecology cancer nurse specialist.

CONTACT DETAILS:

Gynaecological Clinical Nurse Specialist, Cumberland Infirmary

Tel: 01228 814217

If you would like this leaflet in larger print or another language please contact us using PALS on 01228 814008

Travel costs

You may be entitled to help with travel costs. For more information please contact the NHS Patient Services Helpline on 0845 8501166 (8am-6pm)

Prescription charges

If you have been diagnosed with cancer, you will be entitled to free prescriptions. Your GP or Nurse Specialist can provide you with the necessary form to complete.

Cancer Information and Advice Services - Carlisle 01228 814283

Chaplaincy and Spiritual Care - 012287 814090

Confidentiality

‘The Trust’s vision is to keep your information safe in our hands.’

We promise to use your information fairly and legally, and in-line with local and national policies. You have a right to understand how your information is used and you can request a copy of the information we hold about you at any time.

For further information contact the [Subject Access Coordinators](#)
SACCIC@ncuh.nhs.uk or SACWCH@ncuh.nhs.uk

Feedback

We appreciate and encourage feedback, which helps us to improve our services. If you have any comments, compliments or complaints to make about your care, please contact the PALS team (Patient Advice and Liaison Service) on 01228 814008 between 10.30 and 4.30 Monday to Friday or email PALSCIC@ncuh.nhs.uk.

If you would like this factsheet in another language or format, for example Braille, large print or audio the PALS team will be able to assist you (contact details above)

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