

Surgery for Endometrial Cancer

Gynaecology Patient Information

This leaflet aims to help you and your family understand more about having a hysterectomy after a diagnosis of cancer of the lining of the womb (endometrial cancer).

You have recently been diagnosed with cancer of the lining of the womb (endometrial cancer). It is normal to experience a wide range of emotions. This can be a very frightening and unsettling time.

However you may be feeling at present, try talking to someone who can help you, such as your GP, consultant or clinical nurse specialist. They will listen, answer any questions you may have, and put you in touch with other professionals or support agencies if you wish.

What is a hysterectomy?

A hysterectomy is an operation to remove the womb (uterus) and the neck of the womb (cervix). The fallopian tubes and ovaries are usually removed as well (bilateral salpingo-oophorectomy). Some pelvic glands (lymph nodes) may also need to be removed.

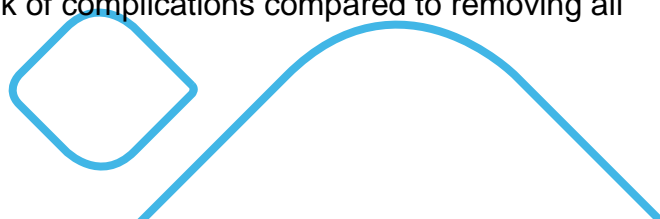
In some cases looking at the lymph nodes may help us to find spread of the cancer. If there is cancer within the lymph nodes, we may suggest treatment (chemotherapy and/or radiotherapy) to help prevent the cancer spreading further or coming back.

If lymph node surgery is thought to be helpful, we currently recommend sentinel lymph node removal, rather than removal of all the lymph nodes. Sentinel lymph nodes are the first nodes to receive the lymph fluid that drains from the womb, and are usually the first nodes that cancer spread can be detected in.

We can identify these nodes by injecting a small amount of a special dye into your cervix during your surgery and using a special camera to map the flow of the dye to the lymph nodes and then remove them.

There is a small risk of having an allergic reaction to the dye and a small risk of swelling in the legs (lymphoedema) after removing the lymph nodes.

In some cancer centres an acceptable alternative is to estimate the risk of the lymph nodes being involved by analysing to what extent the womb has been affected by the cancer, rather than removing them. The advantage of this is that the operation is shorter and the risk of lymphoedema is less, but the disadvantage is that some women will miss out on further treatments to help prevent the cancer spreading further or coming back. The benefit of a sentinel node approach is that there is a reduced risk of complications compared to removing all



of the lymph nodes. Other lymph nodes may be removed if they appear abnormal. Your surgeon will talk with you about exactly what will be removed.

You will usually have a general anaesthetic, which means you will be asleep for the entire operation. The aim of the operation is to remove all of the cancer. Some women require further treatment such as radiotherapy or chemotherapy to reduce the risk of the cancer returning. We will talk to you about this when we have all your results.

Will I have a scar?

Yes, although it will fade. The surgeon will usually be able to perform laparoscopic keyhole surgery or through the vagina. In some cases you may require an 'up and down cut' (known as a midline incision) or a cut across the top of your pubic hairline (known as a bikini line incision). The wound will usually be closed with stitches which will not need to be removed but will dissolve by themselves.

The area around the scar will feel numb for a while after the operation but feeling will usually return over time.

What are the risks of a hysterectomy?

All surgery carries some risks and your surgeon will explain the risks of a hysterectomy to you before you sign your consent form. This form confirms that you agree to have the operation and understand what it involves. Possible risks and complications are:

- **Problems caused by having a general anaesthetic** - For example, you may feel sick afterwards. It is also possible to have an allergic reaction, although this is rare.
- **Heavy bleeding during or after the operation**
- **Infection**
- **Damage to your bowel, bladder, blood vessels, nerves or ureters** (the tubes that carry urine from the kidneys to the bladder) during surgery.
- **A blood clot in the leg** (deep vein thrombosis) which can sometimes lead to a blood clot in the lungs (pulmonary embolus). Moving around as soon as possible after your operation can help prevent this. You will be given surgical stockings (known as TEDS) to wear and injections to thin the blood which both help to reduce the risk of blood clots. These injections may continue for up to 4 weeks.
- **Incisional hernia** - A weakness in the wound, allowing tissue or bowel to push through and appear like a bulge. Incisional hernias can develop months or years after surgery and are repaired by another operation.
- **Lymphocyst** - This is a fluid collection at the site where lymph nodes have been removed. It is often naturally absorbed by your body but may require draining if large or causing you discomfort.
- **Lymphoedema** - If you have some lymph nodes removed during surgery there is a risk that in the future your body will find it harder to drain fluid from your legs and lower body.
- **Numbness at the tops of your legs or the inside of your thighs** - You may experience this after your operation. This usually improves after a while but occasionally there may be some permanent altered sensation.



What else may happen as a result of surgery?

- **Your bladder may take some time to begin working properly again** - Some women have a loss of feeling in their bladder and therefore do not know when their bladder is full. This may take some time to return to normal. During this time you need to go to the toilet regularly to empty your bladder.
- **Your bowels may take some time to begin working again** - Some women have a sluggish bowel for a number of days after surgery which can cause you to feel sick until it starts to work again. Passing wind is a good sign that your bowels are starting to work.
- **Trapped wind and pain** - This is a very common after surgery. Walking around as much as possible can help relieve this. You may find that peppermint tea and/or capsules helpful. Wind usually starts to improve once your bowels have opened.

What about losing my fertility?

At any age, having your ovaries and/or womb removed can affect the way you feel about yourself. You will not be able to become pregnant after having had a hysterectomy.

The loss of fertility can have a huge impact on you if you have not yet started or completed your family and you have an operation that takes that choice away. It is important that you have the opportunity to discuss this and your feelings with your clinical nurse specialist before your operation.

Will I need Hormone Replacement Therapy (HRT)?

The use of HRT for women with a gynaecological cancer is not straightforward. A number of different factors influence whether or not HRT is recommended. Please discuss the options available to you with your consultant or clinical nurse specialist.

Should I continue to have cervical smears?

Cervical smears are usually not necessary after this operation, as your cervix has been removed. In some circumstances you may need to have further smears.

What can I expect after my operation?

You will be brought back from the recovery room to the ward or high care unit. You will find that you are very sleepy for the first 24 hours.

You may have a plastic tube attached to a needle in a vein in your hand and a container of fluid on a stand. This is called a drip and it helps to replace fluid lost during or because of your operation.

Immediately after your operation you will have a dressing over your wound. The nurses on the ward will check that your wound is healing properly. Your sutures (stitches) will dissolve naturally and will therefore not need to be removed.

There may be a soft tube from your tummy leading to a drainage bottle. The drain will be removed once the doctor is satisfied that it is no longer needed.

When you wake up from your operation you will have a small tube leading from your bladder to a bag. This tube is called a catheter and it drains all your urine away automatically. This will

usually be removed the day after your operation. You should then be able to get out of bed and go to the toilet normally.

At first you might have pain; the anaesthetist will make sure that you have pain relief for this. If you are in any discomfort, please do not hesitate to tell the nurses looking after you. You can have pain relief as needed.

You will be very sleepy on the day of your operation and you are likely to remain in bed for the rest of the day. From the first day after your surgery you will be encouraged to be up and about as soon as possible. Getting mobile as soon as possible after the surgery helps to prevent blood clots and chest infections.

Is it normal to feel weepy after surgery?

Yes, it is a very common reaction to the operation. If these feelings carry on when you leave the hospital, you may wish to discuss them with your clinical specialist nurse. There are also local and national support groups that you can contact. Details are given at the end of this leaflet.

When can I go home?

Most women stay in hospital for 3-5 days with open surgery. However, if your surgery is performed laparoscopically (key hole) or vaginally, you will usually only require an overnight stay in hospital.

The majority of incisions are closed with dissolvable sutures and the ward nurses will be able to show you on how to care for your wound post operatively.

If you need a medical certificate to cover your length of illness and the post-operative recovery period, please ask your ward team or clinical nurse specialist for this.

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

Yes. A follow up appointment in the Gynaecology Outpatients Department (D3) will be arranged by your Clinical Nurse Specialist 10-14 days after your surgery. The tissue results (histology) from your operation will be available to discuss with you and if any further treatment is necessary.

What to expect before and after you go home

You will follow the enhanced recovery programme while an inpatient. Below is what to expect once you are home.

Your guide to recovery after laparoscopic (keyhole) surgery or vaginally

Days after my operation	How might I feel?	What is safe to do?	Fit for work?
0-2 days	You will have some aches and pains in your tummy. You will feel sore moving in and out of bed.	Get out of bed and move about. Go to the toilet. Get yourself dressed.	No



	<p>You may have some light bleeding like a period.</p> <p>You will feel tired and may feel like a sleep in the afternoon.</p> <p>You will usually go home in this time.</p> <p>The second or third day is often the most challenging for you and this is normal.</p>	<p>Eat and drink normally.</p>	
3-7 days	<p>Your pains should be reducing in intensity and you will be able to move about more comfortably.</p> <p>You will still tire easily.</p>	<p>Go for short walks.</p> <p>Wash and shower as normal.</p>	No
1-2 weeks	<p>Your energy levels will be increasing.</p> <p>There will be less pain as you move about.</p>	<p>Build up your activity slowly and steadily.</p> <p>Go for longer and more frequent walks.</p>	No
2-6 weeks	<p>There will be even less pain now as you move about.</p> <p>You will find your energy levels are returning to normal.</p> <p>You should feel stronger every day.</p>	<p>Return to work depending on your occupation.</p> <p>Carry out more daily activities such as shopping, vacuuming, ironing, light gardening, gentle exercise and driving, if you feel ready</p> <p>Check with your insurance company before you drive and make sure you can do an emergency stop without any pain.</p>	<p>Yes, possibly on reduced hours or lighter duties at first.</p> <p>Some women will be fit for full time work after 4 weeks.</p>

6-12 weeks	<p>Almost back to normal.</p> <p>You may still feel tired and need to rest more than usual.</p>	<p>Usual exercise.</p> <p>Have sex if you feel ready and your bleeding has settled.</p> <p>Swimming if your bleeding has settled.</p>	Yes
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Your guide to recovery after a laparotomy (open) surgery

Days after my operation	How might I feel?	What is safe to do?	Fit for work?
0-2 days	<p>You will have some aches and pains in your tummy.</p> <p>You will feel sore moving in and out of bed.</p> <p>You may have some light bleeding like a period.</p> <p>You will feel tired and may feel like a sleep in the afternoon.</p> <p>The second or third day after surgery is often the most challenging for you and this is expected.</p>	<p>Get out of bed and walk about.</p> <p>Go to the toilet.</p> <p>Get yourself dressed.</p> <p>Start eating and drinking as usual.</p> <p>Gentle exercises when lying or sitting like moving your ankles up and down to help with circulation.</p> <p>Deep breathing exercises.</p>	No
3-7 days	<p>You will usually return home.</p> <p>Your pains should be settling now which will allow you to move about more easily.</p>	<p>Go for short walks.</p> <p>Wash and shower as normal.</p> <p>Continue with exercises that have been</p>	No



	You will still tire easily.	recommended to you.	
1-2 weeks	You will have less pain as you move about.	Slowly build up your activity levels (longer walks).	No
2-4 weeks	You should feel stronger every day.	Continue to build up the amount of gentle activity you do. Plan for your return to work.	No
4-6 weeks	You should continue to feel stronger every day. Any vaginal bleeding should have settled or be very little.	Carry out more daily activities like shopping, vacuuming, ironing, light gardening, gentle exercise and driving, if you feel ready Swimming if your bleeding has settled and wound healed Check with your insurance company before you drive and make sure you can do an emergency stop without any pain.	Possible, but not heavy work.
6 weeks onwards	Almost back to normal. You may still feel tired. It is ok to rest.	Carry out most normal daily activities. Have sex if you feel ready. Sport. You may start gently after 6-8 weeks. Leave competitive or high impact sport for at least 3 months.	Possibly, but does depend on your work and whether you need further treatments. Some patients need up to 12 weeks off work.

Charities where you can also access help and support, these are not verified or by the RUH so information may not be directly relevant. If you are concerned or confused by information on these websites please contact the CNS team.

<https://eveappeal.org.uk/>

<https://www.macmillan.org.uk/cancer-information-and-support/womb-cancer>

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.pals@nhs.net or telephone 01225 825656.

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