Wirral University Teaching Hospital NHS
NHS Foundation Trust

OG36 Laparoscopic Surgery for Endometrial Cancer

Expires end of July 2021

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit https://www.gov.uk/coronavirus for up-to-date information.

Information about your procedure

It is very important that your cancer surgery goes ahead as planned, and as soon as possible to prevent the spread of the disease. Following the Covid-19 (coronavirus) pandemic, some hospital processes have changed. Your healthcare team can talk to you about the risks of having your procedure if you have coronavirus.

If you decide to go ahead, you may need to self-isolate for a period of time beforehand (your healthcare team will confirm this with you). If you are not able to self-isolate, tell your healthcare team as soon as possible. You may need a coronavirus test 48 hours before the operation. If your test is positive (meaning you have coronavirus), the operation will be postponed until you have recovered.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched anyone or anything that has the virus on it.

Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

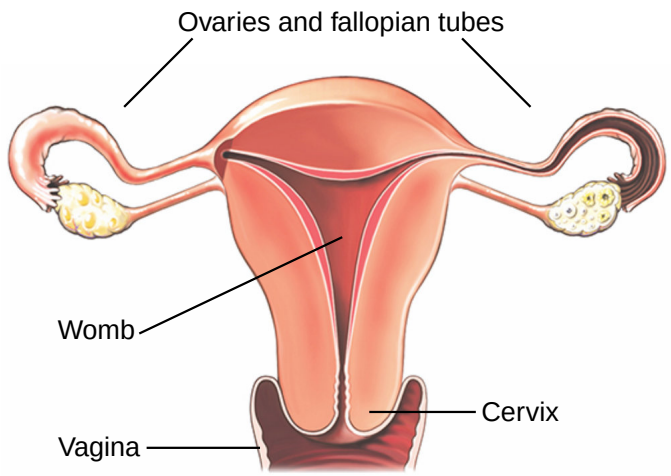
Even if you have had the first or both doses of a Covid vaccine, you will still need to practise social distancing, hand washing and wear a face covering when required.

If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. Chairs and beds will be spaced apart. You may not be allowed visitors, or your visiting may be restricted.

Your cancer surgery is essential and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly - your healthcare team will have the most up-to-date information.

What is endometrial cancer?

Endometrial cancer is cancer of the womb, it normally starts in the womb lining.



The womb and surrounding structures

Every year, about 9,300 women develop endometrial cancer in the United Kingdom. It is more common in women who have gone through the menopause. Only 1 in 100 endometrial cancers happen in women under the age of 40.

The first sign of endometrial cancer is usually abnormal vaginal bleeding.

What is a hysterectomy?

A hysterectomy is an operation to remove your uterus (womb) and cervix (neck of your womb). Your ovaries and fallopian tubes are also removed. Sometimes your surgeon may also remove lymph nodes (glands), perform biopsies (remove small pieces of tissue) and take fluid samples. This will help to plan any further treatment you may need.

Your tests have shown that having a hysterectomy offers the best chance of you being free of endometrial cancer. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your gynaecologist or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point before the procedure.

What are the benefits of surgery?

A hysterectomy gives you the best chance of being free of endometrial cancer.

The tissue that your surgeon removes will be examined under a microscope to help decide on the stage of the disease and whether you need any further treatment.

Are there any alternatives to a hysterectomy?

Radiotherapy, hormone therapy and sometimes chemotherapy may shrink the cancer or control it for a few years. These treatments on their own are unlikely to lead to you being cured and they also have side effects and complications.

You should discuss the options carefully with your gynaecologist.

What will happen if I decide not to have the operation?

If appropriate, your gynaecologist will discuss non-surgical treatments with you.

The cancer may not be controlled by other treatments, or it may be controlled at first and then spread in a few months or years.

If you do not have a hysterectomy to remove the cancer this will reduce the chance of you being cured and the abnormal bleeding might continue.

What happens before the operation?

Your gynaecologist may arrange for you to have an assessment before you are admitted to hospital. They will carry out several tests and checks to find out if you are fit enough for the operation. If you have any questions about the operation, you should ask the healthcare team at this visit.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

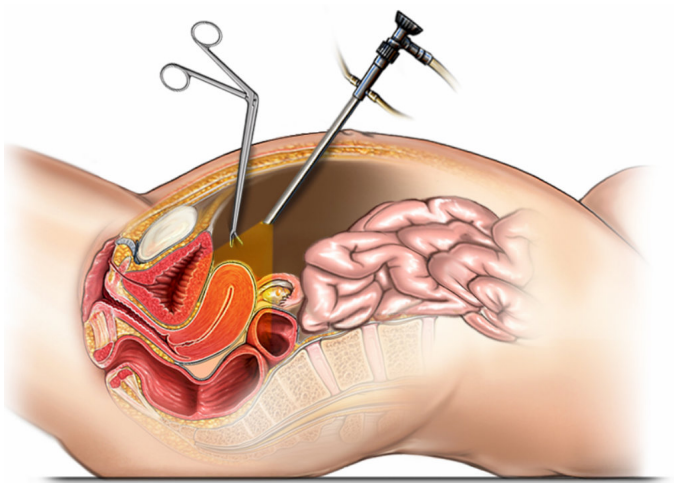
The operation will be performed under a general anaesthetic and usually takes about 90 minutes. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your gynaecologist will usually use laparoscopic (keyhole) surgery as this is associated with less pain, less scarring and a faster return to normal activities.

They will empty your bladder using a catheter (tube). They will also examine your vagina.

Your gynaecologist will make a small cut, usually on or near your belly button, so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your gynaecologist will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation.

Your gynaecologist may need to place instruments through your vagina to help them remove your womb. They will separate your womb, fallopian tubes and ovaries from surrounding structures.



Laparoscopic surgery

Your gynaecologist will usually complete the operation either using keyhole surgery only (total laparoscopic hysterectomy) or sometimes also through your vagina (laparoscopic hysterectomy or laparoscopic assisted vaginal hysterectomy). They will make a cut around your cervix at the top of your vagina so they can remove your womb and cervix. If your womb is too large to be removed through your vagina, your gynaecologist will remove it through a small cut on your bikini line. Your gynaecologist will also remove your fallopian tubes and ovaries.

Your gynaecologist may also need to remove some of your lymph nodes and the omentum (the pad of fat within the abdominal cavity), to perform biopsies of the peritoneum (the lining of the abdominal cavity) and take samples of the fluid from within the abdominal cavity.

Sometimes it will not be possible to complete the operation using keyhole surgery. The operation will be changed (converted) to open surgery, which involves a larger cut usually downwards from your belly button (and in some cases above your belly button).

Your gynaecologist may recommend that you have open surgery from the start. If so, they will talk to you about this.

Your gynaecologist will remove the instruments and close the cuts on your abdomen and the cut at the top of your vagina. They will usually stitch the support ligaments of your womb to the top of your vagina to reduce the risk of a future prolapse and may place a pack (like a large tampon) in your vagina.

Your gynaecologist may place a catheter in your bladder to help you to pass urine. They may insert a drain (tube) in your abdomen to drain away fluid that can sometimes collect.

Will I need more treatment?

All the tissue that have been removed will be examined under a microscope. Your surgeon will know the results 1 to 2 weeks later. Your gynaecologist and oncologist (doctor who specialises in treating cancer with medication and radiotherapy) may recommend that you have radiotherapy to reduce the risk of the cancer spreading or coming back.

These treatments also have side effects and complications. Your gynaecologist and oncologist will discuss the options with you and recommend the best treatment for you. You will be informed about these treatment options to make sure you get the best treatment to meet your needs.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

If you have not had the coronavirus (Covid-19) vaccine yet, ask your healthcare team if this can be done before your operation. This will reduce your risk of serious illness related to Covid-19 while you recover.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death (risk: 4 in 10,000). You should ask your doctor if there is anything you do not understand.

Using keyhole surgery means it is more difficult for your gynaecologist to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Bleeding during or after the operation. The healthcare team will try to avoid the need for you to have a blood transfusion, but you will be given one if you need one (risk: 4 to 5 in 100).
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your gynaecologist know if you have any allergies or if you have reacted to any medication or tests in the past.
- Acute kidney injury. A significant drop in your blood pressure during the operation can damage your kidneys. The healthcare team will monitor your condition closely to reduce the chance of this happening. Any kidney damage is usually short lived although some people may need to spend longer in hospital and a small number can go on to develop chronic kidney disease that may require dialysis.

- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 100). This can cause pain, swelling, heat or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

Keyhole surgery complications

- Surgical emphysema (a crackling sensation in your skin caused by trapped carbon dioxide), which settles quickly and is not serious.
- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your gynaecologist will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.
- Conversion to an abdominal hysterectomy. Your gynaecologist may need to make a cut on your abdomen if surrounding structures are damaged or if the operation is difficult to perform (risk: 5 in 100).

Hysterectomy complications

- Pelvic infection or abscess (risk: 2 in 1,000). You will need further treatment. Let your gynaecologist know if you get an unpleasant-smelling vaginal discharge.
- Vaginal cuff dehiscence, where the cut at the top of your vagina opens (risk: 5 to 13 in 1,000). You will need another operation.
- Damage to structures close to your womb such as your bladder or ureters (tubes that carry urine from your kidneys to your bladder), bowel and blood vessels (risk: 1 to 5 in 100). Your gynaecologist will usually notice any damage and repair it during the operation. However, damage may not be obvious until after the operation and you may need another operation (risk: less than 4 in 100).
- Developing an abnormal connection (fistula) between your bowel, bladder or ureters and your vagina (risk: less than 1 in 1,000). You will need another operation.
- Developing a collection of blood (haematoma) inside your abdomen where your womb used to be (risk: less than 6 in 100). Most haematomas are small and may cause only a mildly high temperature that may need treatment with antibiotics. If the haematoma is large and causing symptoms, it may need to be drained under an anaesthetic. Sometimes a haematoma will drain through your vagina, usually causing bleeding similar to a period for up to 6 weeks.
- Lymphoedema (swelling of the legs and genital area) (risk: 1 in 5). This complication can happen if your lymph nodes have been removed as part of the surgery (lymphadenectomy). Lymphoedema can be a long-term complication and you may need further treatment.
- Pelvic lymphocoele (a collection of lymph fluid in your pelvis) (risk: 1 in 10) if your lymph nodes were removed during surgery. 2 in 3 people who experience pelvic lymphocoele have short-term pain and feelings of pressure inside the abdomen. You may need further treatment.

Long-term problems

Most women who have a hysterectomy do not have any long-term problems. A small number of women may get the following problems.

- A hysterectomy can weaken the supports of your vagina, which can cause a prolapse (a bulge of your vagina caused by internal structures dropping down). The risk of a prolapse increases if you had a degree of prolapse before the operation.
- You may need to pass urine more often, have uncontrolled urges to pass urine or urine may leak from your bladder when you exercise, laugh, cough or sneeze (stress incontinence).
- Difficulty or pain having sex.
- Tissues can join together in an abnormal way (adhesions) when scar tissue develops inside your abdomen. The risk is higher if you get a pelvic infection or haematoma. Adhesions do not usually cause any serious problems but can lead to complications such as bowel obstruction and pelvic pain. You may need another operation.
- Feelings of loss. If you have not yet gone through the menopause a hysterectomy will make you infertile (you will not be able to get pregnant). This may be more important for you if you have not had children. It is normal to experience feelings of loss even if you are postmenopausal (that is, if you have been through the menopause).
- Menopausal symptoms.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Unsightly scarring of your skin.
- If you have not yet gone through a natural menopause, surgery for endometrial cancer will make you menopausal. Discuss with the healthcare team ways to manage this along with other treatments you may need.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You may be given fluid for a few hours through a drip (small tube) in a vein in your arm.

You will probably feel some pain or discomfort when you wake and you may be given strong painkillers. Good pain relief is important to help you to recover. If you are in pain, let the healthcare team know.

The drip will usually be removed after a few hours. If you had a catheter or drain, they are usually removed the next day. The healthcare team will allow you to start drinking and to eat light meals. Good nutrition is important in speeding up your recovery.

Drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation.

The healthcare team may recommend exercises to help you to recover. Getting out of bed and walking is an important part of your recovery. You may also be given breathing or other exercises to do. It is important that you do these even though you may not feel like it.

You should expect a slight discharge or bleeding from your vagina. Use sanitary pads, not tampons.

You will be able to go home when your gynaecologist decides you are medically fit enough, which is usually the same day or after 1 to 2 days.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A heavy discharge or bleeding from your vagina.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first 1 to 2 days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your gynaecologist or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Rest for 2 weeks and continue to do the exercises that you were shown in hospital. You should continue to improve.

Try to take a short walk every day, eat healthily, drink plenty of fluid and rest when you need to.

Do not have sex for at least 8 to 12 weeks and until any bleeding or discharge has stopped. It is not unusual to have some discomfort at first or need to use a lubricant.

Do not stand for too long or lift anything heavy. You can return to work once your doctor has said you are well enough to do so (usually after 4 to 6 weeks, depending on your type of work). You should be feeling more or less back to normal after 2 to 3 months.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

The healthcare team will arrange for you to come back to the clinic within 3 weeks. The tissues that your surgeon removed will have been examined under a microscope. Your surgeon will tell you the results and discuss with you any treatment or follow-up you need.

Most women make a good recovery and return to normal activities.

Summary

A hysterectomy gives you the best chance of you being free of endometrial cancer. The tissue that your surgeon removes will be examined under a microscope to help decide on any further treatment.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements
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