

Information for patients and carers

Ovarian Cytoreductive Surgery

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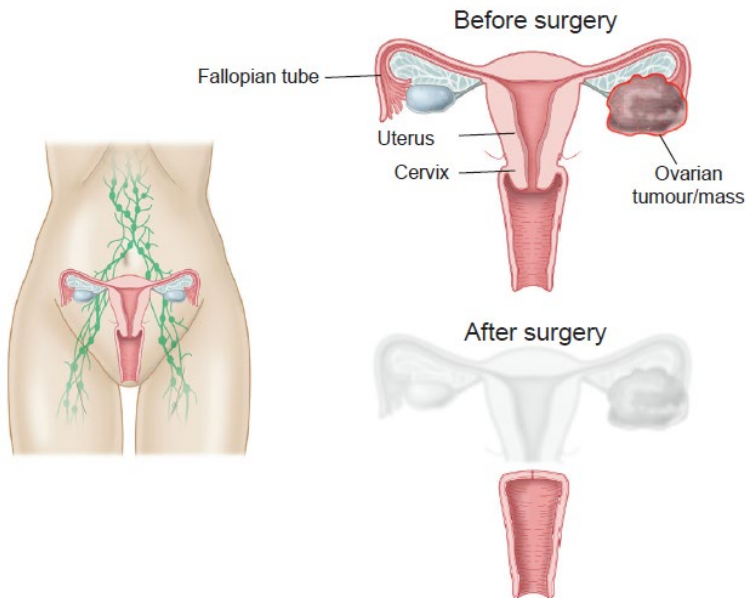
Introduction

Diagnosis and treatment of any type of cancer can be frightening for most people due to the uncertainty involved. This leaflet aims to ease your mind by answering commonly asked questions. However, your consultant and CNS will offer you time and support to discuss your worries and concerns.

Diagnosis can take time and it can be stressful and emotional, which is one of the difficulties with ovarian (fallopian tube or peritoneum) cancer. However, the time taken for these tests is very important in deciding the appropriate treatment for you. We understand your frustration but remember it is important to do everything correctly, not just quickly.

What is ovarian cytoreductive surgery and why is it necessary?

A person with cancer of the ovaries or recurrence of the disease in the pelvic/abdominal region may need to undergo ovarian cytoreductive surgery. 'Cytoreductive' means that the surgeon aims to remove all visible cancer cells. Most commonly this means the ovaries, the body of the uterus (womb), the cervix (neck of the womb), the fallopian tubes and the omentum (the fatty apron-like tissue surrounding these organs), along with any other visible deposits of cancer in the pelvic/abdominal area are removed. This is done because ovarian cancer commonly spreads within these areas (see diagram).



When does ovarian cytoreductive surgery take place?

The aim of this operation is to remove as much of the cancer as possible so that any remaining cancer cells are more responsive to chemotherapy. Therefore, surgery is either before chemotherapy (primary cytoreductive), in between courses of chemotherapy (interval cytoreductive sometimes referred to as interval debulking surgery or IDS) or following chemotherapy (delayed cytoreductive surgery or secondary cytoreductive surgery). This depends on the type of cells and extent of disease and is decided on an individual basis. If there is a need for further treatment, this will be discussed with you when all your results are available.

Are there any alternatives to surgery?

Yes. Chemotherapy is sometimes used alone. Very occasionally, radiotherapy can also be used to control symptoms, as can hormone therapy. These treatments vary from person to person, and you should discuss the options available to you with your specialist doctor or nurse.

Risks associated with surgery.

Minor risks

- Infections (such as wound, chest, or bladder)
- Bruising to any wound on the abdomen
- Haematoma (blood collecting in the wound)
- Hernia
- Adhesions (tissues sticking together)
- Constipation
- Delay in chemotherapy.

Major risks:

- Pain- Pain after surgery is common but can be managed and controlled. A particular issue after surgery for ovarian cancer can be painful breathing. Commonly the peritoneum (the internal skin) overlying the diaphragm (the muscle beneath the lungs) is involved in the cancer that needs removing. The diaphragm itself can often need removal as well, and both surgeries can mean breathing is difficult and painful after surgery. It does get better but can slow your recovery.
- Nausea/ vomiting- surgery, anaesthetics and many of the medicines used can make you feel sick. Please tell your anaesthetist if it has been a problem for you in the past, and they can try to reduce the nausea the treatment causes.

- Ileus- Surgery in the pelvis and bowel can lead the bowel to stop functioning for some time after the surgery. If this goes on for several days, we may need to drain the stomach with a tube through the nose (NG tube- nasogastric tube) and consider feeding you through a vein. This normally resolves within a few days but can go on for a couple of weeks or more.
- Poor appetite- As a response to everything else that has happened (pain, nausea, sickness, etc) it is not surprising your appetite may not be normal for some weeks. We may ask the Dietician to talk to you about how to get your appetite back and about the best foods to eat whilst you are recovering.
- Blood clots (DVT/PE)- Cancer, surgery, and immobility after the surgery all put you at risk of a blood clot either in your legs or lungs. The support stockings and the injections we give you after the surgery reduce the risks of a blood clot but do not remove it entirely. Please tell your doctor if you get a swollen leg or sudden onset of breathlessness.
- Slow recovery- The recovery process after a major operation takes time, which can be very frustrating for some people. Allow yourself time to recover; it will happen. But if you rush and push your body too hard, you may well find that you go backwards in the recovery process. Listen to your body and try to make your progress gradual.

Will I need a stoma?

When ovarian cancer is more advanced at the time of diagnosis it will have spread to the surface of the bowel (intestine). In these cases, to make sure that as much of cancer as possible is removed, your surgery may include removing a part of the bowel. Sometimes the affected area of the bowel can be removed, and the two ends joined back together. But if it is not possible, your body will need a new way to get rid of faeces (poo). In these cases, the surgeon will make an opening through your abdominal wall and bring the end of the bowel through the skin.

This is called the creation of an ostomy or stoma (an artificial opening). The faeces (poo) are then collected in a stoma bag which is attached to your abdomen (tummy). This may well be temporary (several months) or permanent.

Before your operation, a stoma nurse or a consultant will mark your abdomen with a skin marker pen (known as siting). This is to guide your surgeon to the best possible place to bring out the stoma if it is necessary. Your stoma nurse will also discuss with you, in more detail, what having a stoma will involve and answer any questions that you may have. In many cases of ovarian cancer, a stoma is intended to be temporary. This means that in the future you may be able to have further surgery that means you no longer have the stoma. It is important to remember that all cases are different, and you would need to discuss your case with your surgeon and the team.

How long will I be in hospital?

Recovery from such a major operation takes time; the length of hospital stay can be between 4-14 days depending on your surgery. And steady recovery after this at home. Most people feel very tired and lacking in energy after the operation and this may take several weeks to slowly improve. A lack of concentration is also common and can take some time to come back.

After surgery, it is crucial to get you fit again as soon as possible either for the remainder of your chemotherapy or to start the chemotherapy. The fitter you are before the surgery and the fewer the complications you get after the surgery, the quicker you will recover and get on to the next phase of your treatment. We will encourage you to move around as early as possible to help you to recover quickly.

The CNS team can provide you with a leaflet about physiotherapy exercises that may aid your recovery.

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

Make sure that all of your questions have been answered to your satisfaction and that you fully understand what is going to happen to you. You are more than welcome to visit the ward and meet the staff before you are admitted to hospital. Just ask your clinical nurse specialist to arrange this for you.

If you are a smoker, it would benefit you greatly to stop smoking or cut down before you have your operation. This will reduce the risk of chest problems as smoking makes your lungs sensitive to the anaesthetic.

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

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 bed sheets, vacuuming and gardening) and to look after your children if necessary. You may wish to discuss this further with your clinical nurse specialist.

If you have any concerns about your finances whilst you are recovering from surgery, you may wish to discuss this with your clinical nurse specialist or a social worker. You can do this either before admission to hospital or whilst you are recovering on the ward. Just ask the ward staff if you would like to see a social worker.

Pre-operative assessment

You will have a pre-operative assessment before your surgery. During this assessment, we will check your fitness for general anaesthetic and surgery. This will include recording a full medical history, any current medication, and arranging any investigations needed. Please tell the nurse if you have had problems with any previous surgery, anaesthetic or if you have any allergies- this is very important.

When will I come in for my operation?

You will be admitted to the ward on the day of your operation. We recommend that you shower on the morning of your surgery. Please also ensure all jewellery (except wedding rings, which can be taped into place), make up, nail varnish or gel/ acrylic nails are removed.

You will meet the ward nurses and doctors involved in your care and the anaesthetist will visit you to discuss the anaesthetic and to decide whether you will have a 'pre-med' (tablet or injection to relax you) before you go to the operating theatre. You can ask any further questions you have at this time.

Your temperature, pulse, blood pressure, respiration rate, height, weight and urine are measured to give the nurses and doctors a base line (normal reading) from which to work.

Before going to the operating theatre, you will be asked to change into a theatre gown. Wigs, scarves, hearing aids, glasses and dentures can be removed when you arrive in theatre.

You will be given special surgical stockings (anti-embolism stockings) to wear and may start having injections to prevent blood clots (also known as DVT or deep vein thrombosis) forming after surgery. This is necessary because when you are recovering from the operation, you may be less able to walk around and keep the blood circulating in your legs.

You may be given carbohydrate enriched supplement drinks to take at home and drink the night before surgery and on the morning of surgery. The nurse will give you instructions and tell you what time to take them.

Before your operation, you may be given a powder mixed in water to drink during the 24 hours before your operation. This drink has a strong laxative effective and is given to clear your bowel so that it is empty during surgery, enabling a safer and easier operation. If your bowel is not clear on the morning of surgery, you may need a small enema to help empty it.

You will be asked to have only clear fluids up until 2 hours before surgery. You will not be allowed to have anything to eat or drink after this time, including chewing gum or sweets. A 'drip' may be attached to your hand / arm to provide you with fluids and prevent dehydration during this time.

The Day of Surgery

An anaesthetist and your surgeon (or a member of the team) will explain to you what will happen during your operation and check if you have any questions or if anything has changed. We want you to fully understand why you are having the surgery and the possible risks involved. You will be asked to confirm you consent form, and you will have the opportunity to ask any questions that you may have.

All surgeries are carried out under a general anaesthetic (while you are asleep). A narrow plastic tube called a cannula will be inserted into a vein in your arm or hand using a needle. This is used to give you fluids and medications. Before having the general anaesthetic, your anaesthetist may give you an epidural (small plastic catheter) into your spine (backbone) to help control pain after your surgery. Also, an arterial line (a plastic tube) may be introduced into one of your radial arteries (vessel supplying blood to arm) to monitor your blood pressure continuously if you are required to stay in ITU/HDU after the surgery. After you have been given a general anaesthetic and you are asleep, a catheter (a tube to drain urine) will be inserted into your bladder. While under general

anaesthetic your surgeon will make a cut on your abdomen which can be from the top of your abdomen down to your pelvis. This is called a laparotomy.

All the organs and cancer removed during your operation will be sent to the laboratory for examination. The wound will be closed with dissolvable stitches or staples. The procedure can take 4-6 hours, but you should expect to be in the theatre and recovery for longer.

What happens after my operation?

You will wake up in the recovery room before returning to the ward, occasionally you may go to the high dependency unit (HDU) which is part of the critical care unit (CrCU) for 24 hours before returning to the ward. This will depend on how long the surgery has taken and the level of nursing and medical support needed after the operation, but this will be discussed prior to surgery if it is likely to happen.

You may still be very sleepy and need the support of oxygen which will be given through a clear facemask to help you breathe comfortably immediately after your operation. Your blood pressure, heart rate and breathing rate will be monitored regularly. A 'drip' will be attached to your hand or arm to provide you with fluids and prevent dehydration. You will be encouraged to eat and drink as soon as you are able.

A catheter (tube) will be inside your bladder to drain urine away and allow your bladder to rest. The catheter will need to stay in until you are taking oral fluids adequately and you are able to walk to the toilet (usually 2-5 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 or painkillers if you need them.

Is it normal to feel weepy or depressed afterward?

Yes. It is a very common reaction to the diagnosis, to the operation and to being away from your family and friends. If these feelings persist when you leave hospital, the advice and support of your friends, family, GP, your clinical nurse specialist or the specialist social worker may be able to help you.

There are also a number of local and national support groups. Details are given at the end of this booklet.

Going home

You may still have some discomfort when you leave the hospital, but you will be given a supply of pain relief medication to take regularly to help with this. You will be given a supply of daily anticoagulation injections (blood-thinning medication) to reduce the risk of a blood clot (DVT/PE). A nurse will show you how to inject yourself. If you are not able to inject yourself, they will show a relative or friend how to do this. Or they will arrange for a district nurse to do it for you. You may have some light vaginal bleeding (spotting) for up to 6 weeks after the surgery. This is normal but if the bleeding becomes heavy and has an offensive smell or if you are concerned, please contact your GP and let your oncologist know during your chemotherapy assessment.

When can I start driving again?

Returning to driving will depend on the type of surgery you have had. This is usually at least 6 weeks after surgery.

You may feel more comfortable if a folded towel is placed under the seat belt across your abdomen. You need to be able to fully concentrate, make an emergency stop and look over your shoulder to manoeuvre. It is a good idea to check your insurance policy.

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 chemotherapy) after your operation.

Some people will feel ready to return at 6 weeks if the job is part time or not physically demanding. However, if your work is more physically demanding, 6-12 weeks is recommended. It may be helpful to slowly increase your hours and duties over a period of time.

This can be discussed further with your doctor, your Gynae-oncology clinical nurse specialist or GP.

Remember that returning to a normal lifestyle takes time. It is a gradual process and involves a period of readjustment which will be individual to you.

What about exercise?

It is important to continue doing gentle exercises shown to you by the ward nurses for at least 6 weeks after your operation.

Walking: It is important to continue with the regular walking you were doing whilst in hospital. Start with 10-minute walks 1-2 times per day and gradually increase the pace and distance you walk. You may find you can walk 30-60 minutes after 2-3 weeks.

Gentle, low impact exercises: such as pilates and yoga may be enjoyable and beneficial and can be started as soon as you feel able, usually from 4 weeks.

Swimming: You may resume or start swimming once your wound has completely healed, and once any vaginal bleeding or discharge has stopped. Some people may feel ready after 2-3 weeks, but others may not feel ready until 6 weeks.

Competitive sport and high impact exercises: are best avoided for 6-12 weeks, depending on your previous level of fitness.

Your clinical nurse specialist can provide an information leaflet about physiotherapy exercise.

When can I have sex?

Following the diagnosis of and treatment for ovarian cancer, you may not feel physically or emotionally ready to start having sex again for a while. It can take at least 2 months to physically recover from the operation and even longer for energy levels and sexual desire to improve. During this time, it may feel important for you and your partner to maintain intimacy, despite refraining from sexual intercourse. However, some couples are both physically and emotionally ready to resume having sex much sooner and this can feel like a positive step. If you have any individual worries or concerns, please do discuss them with your clinical nurse specialist.

It can also be a worrying time for your partner. They should be encouraged to be involved in discussions about the operation and how it is likely to affect your relationship afterwards. Their involvement can have a positive influence on your recovery.

If you do not have a partner at the moment, you may have concerns either now or in the future about starting a relationship after having this operation. Your clinical nurse specialist may be able to offer support or be able to refer you to someone who can help. Please do not hesitate to ask them if you have any queries or concerns about your sexuality, change in body image or your sexual relationship either before or after surgery.

Should I continue to have cervical smears?

No. Cervical smear tests are not necessary after this operation, as the womb and cervix have been removed. However, it is important to come to regular examinations in the outpatient clinic.

Contact details

Should you require further advice or information please contact the team on 01772 524211 - Monday to Friday (8:30 am to 4:30pm).

You may also contact the following departments for advice:

Gynaecology Outpatient Department: 01772 524386
Gynaecology Ward: 01772 524231

(We recommend you contact the Gynaecology ward if you are unwell during the first 7 days after your hospital discharge)

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.accessable.co.uk
www.patient.co.uk

There are many organisations that provide information, support and advice. These include:

Macmillan Cancer Support

89 Albert Embankment London SE1 7UQ Tel: 0808 808 2020
www.macmillan.org.uk

Ovacom (Ovarian Cancer Support Group)

52 – 54 Featherstone Street London EC1Y 8RT Freephone: 0800 008 7054
Tel: 0207 299 6654 Email: support@ovacom.org.uk
www.ovacom.org.uk

Target Ovarian Cancer

2 Angel Gate, London EC1V 2PT Tel: 020 7923 5470
www.targetovariancancer.org.uk

The Eve Appeal

15B Berghem Mews Blythe Road London W14 0HN Tel: 020 7605 0100
www.eveappeal.org.uk

Cancer Help Preston (Cancer Advice, Information and Day Centre)
Vine House 22 Cromwell Road, Ribbleton Preston Tel: 01772 793344
www.cancerhelppreston.co.uk

Cancer Help Preston (Cancer Advice, Information and Day Centre)
Croston House 113 Croston Road, Garstang PR3 1HB

Information on support groups

GYNAE-CAN Support Group

Held every third Wednesday 7pm – 9pm at Cancer Help Preston, Vine House, Cromwell Road, Preston

If interested in attending the support group just turn up to the next meeting or get in touch through Vine House on 01772 793344

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Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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