

Total laparoscopic radical hysterectomy – bilateral salpingectomy, possible bilateral oophorectomy and pelvic lymph node dissection

(for cervical cancer)

*We dedicate this book to all of the women
who have entrusted their care to us.*

*By allowing us to take part in their surgery and after care,
they have shared an important time in their
lives with us and taught us a great deal.*



Table of contents	Page
Learning about the surgery	1
Preparing for surgery	7
What to expect after surgery	11
When you go home	12
When to call the surgeon	19

The purpose of this booklet is to help prepare you for your surgery and recover at home. Our Gynecologic Oncologist (the type of surgeon who will be doing your surgery) will explain the surgery in detail with you.

This book will not replace talking with your caregivers, but may make it easier. It contains answers to common questions women have about this surgery. Please share your concerns with us.

We encourage you to write down questions you wish to ask your health care team.

Questions:

Learning about the surgery

Who is a Gynecologic Oncologist?

Your doctor is a specialist called a Gynecologic Oncologist. Gynecologic Oncologists have extra training in gynecologic cancer surgery. Your Gynecologic Oncologist will coordinate with other medical specialists so you get the best possible care. These specialists include other doctors, nurses, social workers and dietitians.

At the Juravinski Cancer Centre (JCC), the Gynecologic Oncologist reviews your medical history to get a full picture of your situation. Before your surgery and depending on your needs, you may need to see other doctors to make sure that you are fit for surgery. These doctors are from: Anesthesia, Respiriology, Cardiology, Internal Medicine or the Thrombosis Team.

Who does my surgery?

A Gynecologic Oncologist does the surgery with the assistance of gynecologic residents (doctors in training to become gynecologic specialists).

Sometimes, the surgeon may be different than the one that you first met at the JCC. All the gynecologic oncologists are equally trained and qualified to do your surgery.

Why do I need surgery?

- This surgery is needed because there is evidence of cancer or possible cancer involving the cervix. This may have been determined before surgery by a biopsy done in your gynecologist's office.
- Surgery will remove the primary source of the cancer, and a sampling of other tissue to determine if there has been any evidence that the cancer has spread.

If the tumour is cancer, cancer cells may have spread to the nearby organs such as the uterus, ovaries, fallopian tubes or lymph nodes. To find out whether the cancer has spread the surgeon will remove the uterus, cervix, fallopian tubes and lymph nodes. The surgeon will also look at other organs to make sure they are healthy.

What is a total laparoscopic radical hysterectomy – bilateral salpingectomy, possible bilateral oophorectomy and pelvic lymph node dissection?

This surgery removes your uterus, cervix, fallopian tubes, ovaries (not always), and lymph nodes.

- **A radical hysterectomy** is surgery to remove the uterus (womb), the cervix, (lower part of the uterus) and extra tissue, like a collar all around the cervix. If there are no cancer cells in this tissue, this is called “clear margins”. This is a good sign that the surgery may have cured the cancer.

- **Bilateral salpingectomy** is the removal of the fallopian tubes. The importance of removing the fallopian tubes for this surgery is that new evidence is emerging that the fallopian tubes may actually be the primary source of ovarian cancer rather than the ovaries themselves. As the tubes have no hormonal function, removing them as part of this surgery may reduce your risk of developing another cancer in the future.
- **Bilateral oophorectomy** is the removal of the ovaries. Your surgeon will discuss this possibility with you.
- **Pelvic lymph node dissection** is the removal of lymph nodes in your pelvis. Lymph nodes are pea sized structures that are found all over the body. There are chains of lymph nodes – they move and filter lymph fluids and help prevent infection. Cancer cells can travel through these lymph nodes and spread to other areas of the body. As part of the surgery and figuring out whether the cancer has spread, a sampling of lymph nodes are removed and sent to the lab for testing.

After removal of lymph nodes in the pelvis, there is a small possibility that you may develop a condition after surgery called **lymphedema**.

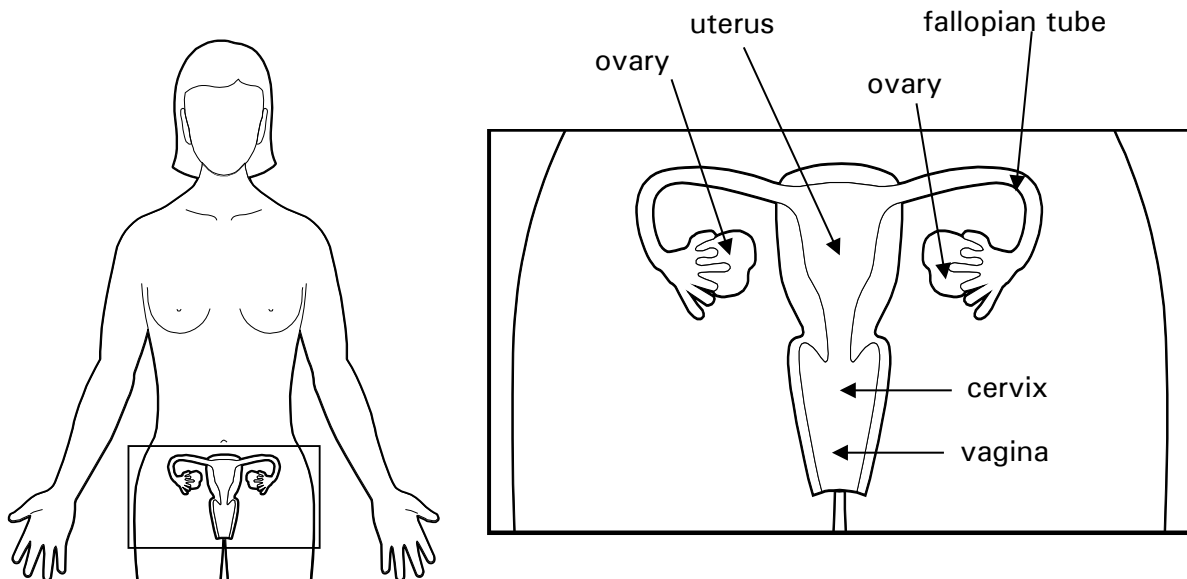
Lymphedema is a build up of fluids. This can cause permanent swelling to the legs. If identified early, this can be managed with massage and/or compression stockings.

Some women may have a **sentinel lymph node biopsy**.

This procedure involves injecting the cervix before starting the operation. The substance in the injection helps to identify the lymph nodes that drain the cervix and this lymph node is representative of the whole region. If it does not contain cancer cells, it means none of the others do. Once this has been identified, it is removed for testing. Having this procedure reduces the risk of possible long term side effects such as lymphedema since fewer lymph nodes need to be removed.

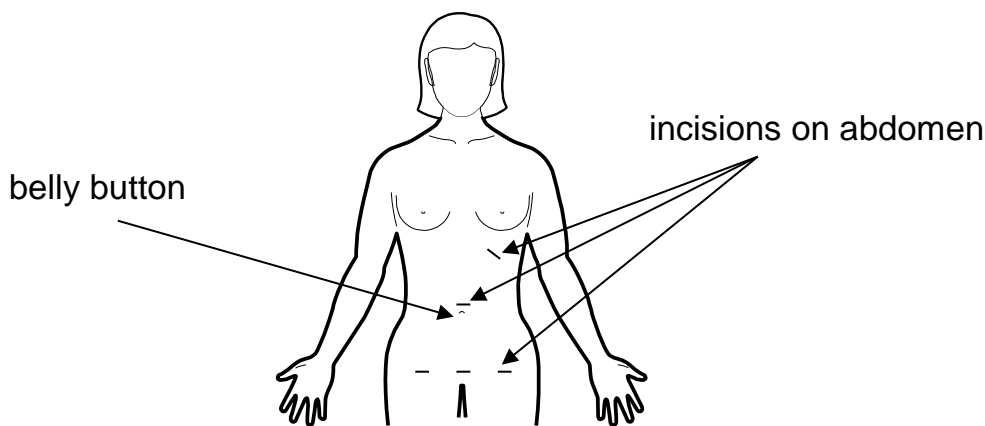
After a sentinel node procedure your urine and skin may change colour. This goes away in less than 24 hours.

If this procedure is right for you, your surgeon will review it with you.



What is a laparoscopy?

This is surgery that uses very small incisions or cuts instead of one big incision on your abdomen. You will have 3 to 5 incisions (less than ½ inch or 1 cm). Through an incision, gas (CO₂) is put into the abdomen. The gas inflates the abdomen so that the body parts can be seen. A small telescope is inserted in your belly button or just above it. The surgeon can see inside your body through the telescope.



A port is used in each incision to insert instruments during the operation. Long, narrow instruments are inserted through these ports to detach the uterus, cervix, tubes, and ovaries. The tissue is then removed through the vagina. The top of the vagina is closed with stitches that dissolve over time. The gas is then released and the instruments and ports removed.

If it is not possible to do the surgery by laparoscopy, for medical or surgical reasons, an open surgery is needed. This means that the laparoscopy is stopped and an open incision is made in the abdomen to do the surgery. The name of this open surgery is called a laparotomy.

How long will I be in hospital?

Usually you will go home the same day as your surgery. There are times when you may need to spend the night in the hospital. This is called Same Day Overnight. Most patients leave by 6:30 am the day after surgery.

Will I have a lot of pain?

Most women feel bloated and a sense that their insides feel bruised for a few days after surgery. The small incisions may bruise and cause discomfort.

You may have some shoulder pain for a few days. This is pressure from the gas that was used during the surgery. Sometimes, the gas leaks under the skin and it causes swelling and crackling when touched. Discomfort from the gas usually goes away in 1 to 2 days. Your doctor will give you a prescription for pain medication.

Benefits of laparoscopy

- No large incision in the abdomen.
- Less blood loss during surgery.
- Less risk of infection.
- Less risk of developing adhesions (scarring of tissues or organs inside the body which causes them to stick together).
- You can eat sooner – sometimes the same night of your surgery.
- Your bowel function returns to normal more quickly – 1 to 2 days after surgery.
- You will need less pain medication after surgery.
- Shorter time spent in the hospital.
- Your recovery time is much shorter. You should be able to return to your normal, daily, professional and social activities in less than a month.

Preparing for surgery

Planning ahead

- It is important to plan for your healthy recovery before surgery. Be sure to get groceries and banking done a few days before hand.
- Also, arrange for help with meals, child care, pets, gardening and housework because rest is most important for the first few weeks after surgery.
- Be sure you have someone to drive you where you need to go. After surgery your doctor may not advise driving for a couple of weeks while on prescription pain medications. Once you are off these and comfortable with twisting movements, you may slowly resume driving. You must wear your seatbelt as a passenger or driver. We also advise that you have someone with you for the first few times you try to drive to take over if you become tired or have pain.
- Always make sure that you are safe!

What should I expect before surgery?

Your surgeon may require that you have some tests done before surgery to help plan your care. These may include:

- Bloodwork
- CT scan
- Ultrasound
- MRI
- Sleep studies — tests to see how well you breathe while sleeping
- Pulmonary function tests (PFT's) — tests used to measure how well the lungs are working
- ECHO (echocardiography) — a procedure that uses ultrasound to view the size, shape and function of the heart

Pre-op Clinic

Up to 2 weeks before your surgery you will need to go to the Pre-op Clinic at McMaster Hospital. There, the nurse will discuss your surgery and health and what you need to do just before surgery. You may have blood taken as well as other tests. An ECG (electrocardiogram) may also be done to check your heart. The team needs this information to plan your care. The information is also helpful to see your progress as you heal.

The anesthesiologist will:

- review your medications with you
- discuss what will be done to put you to sleep for the surgery
- discuss how your pain will be controlled after surgery

The nurse will also review with you:

- the consent form you signed at the doctor's office
- how to clean your bowels out
- when to stop eating and drinking
- what medications you take the night before or the morning of your surgery
- what medications you stop before surgery



The day before your surgery

- Only drink clear fluids the day before your surgery. A clear fluid is anything you can see through when poured in a glass.
- **Do not eat or drink any food or fluids after midnight** the night before your surgery. Even if your surgery is planned for the following afternoon, sometimes there are unavoidable cancellations which might move your surgery forward. By fasting after midnight, this allows your surgery to proceed in the event of a last minute cancellation.

Morning of surgery

- Have a shower or bath.
- Remove nail polish from fingers and toes.
- Remove all rings, jewelry and piercings. Keep them at home for safekeeping.

On the day of your surgery

- On the day of surgery, you will check in at Patient Registration and then go to the Same Day Surgery Unit at the Juravinski Hospital.
- There they will take your belongings and put your name on them and take them to the area you will be staying after surgery. It is important not to bring anything of value (money or personal).
- You will change into a hospital gown, empty your bladder and remove your dentures and contact lenses if you wear them. An intravenous (IV) will be started to give you fluids and some medications that are needed before, during and after surgery.

- Once these preparations are completed, you will go to the holding area about one half hour before your surgery. Usually, one person may stay with you at this time.

We cannot be sure of the exact time of your surgery. The time may be slightly earlier or later than planned.

Once you go into the operating room, your family members or friends can wait in the waiting room to talk to the surgeon after the surgery or they can leave a contact number on the chart or with the volunteer. It is best for your family to get coffee/snacks when you go into surgery.

The surgery may be done earlier than expected and the surgeon cannot wait to speak with family if they are not in the waiting room as he or she needs to prepare for the next patient.



What to expect after surgery

After the surgery, you will go to the recovery room, which is called the Post Anesthetic Care Unit, (PACU) where the nurses will look after you. When you are fully awake, you will go back to Same Day Surgery to complete your recovery from anesthesia. Most patients go home the same day as their surgery, but sometimes staying in the hospital is needed.

How will I feel after my surgery?

For the few hours after surgery, you may feel pain and/or sick to your stomach (nausea). Patients feel pain after surgery in different ways. You may have some crampy belly pain or you may have pain in your shoulder. This is due to the gas that was put into your abdomen.

How can I relieve my pain?

Tell your nurse that you feel pain and/or are sick to your stomach. Your nurse will give some medication. Other ways to relieve pain are:

- ✓ drinking warm fluids
- ✓ moving around and walking
- ✓ any method of relaxation, such as listening to music or deep breathing

Urinary catheter

You will also have a urinary catheter in place to drain urine from your bladder. This allows the bladder to heal after the surgery and will remain in place for 7 days after surgery. It will then be taken out by home care nurses. The nurses are given instruction to check the amount of urine that may be left in the bladder after you pee in order to ensure that the bladder is emptying properly. If there is any concern, sometimes the catheter is put back in the bladder for a longer period of time to allow for additional healing.

When you go home ...

Pain

Your doctor will give you a prescription for pain pills. When you have less pain, you may prefer to take plain Tylenol. If you find that an activity gives you pain, stop and rest. Wait a few days before trying that activity again. Walking and moving around can help with the shoulder pain from the gas.

Activity

For several days after your surgery, your activity will be less than normal. Do light activities during the first week after surgery. This can be walking or your daily house activities. Moving around reduces the chance of a clot forming in your legs and will rebuild muscle strength.

Gradually increase your level of activity daily until you resume your normal activities. Walking is a great physical exercise that helps with circulation, your bowel health and general well being. At least 20 minutes of daily exercise should be part of your recovery plan.

You will use a lot of emotional energy during this time. Rest and relaxation will help your recovery. Activities you enjoy will also renew your energy and sense of well being.

Do not do activities that use a lot of your stomach muscles for 3 to 4 weeks after surgery. These include:

- heavy lifting – greater than 5 kgs or 10 lbs
- vacuuming, mowing the lawn, and heavy household chores
- weight training, high impact sports

Vaginal bleeding

The nurses will check for vaginal bleeding before you leave. A pad is worn to check this and for comfort. Some vaginal bleeding and spotting is normal for up to 4 to 6 weeks after surgery.

Shower

You may shower the day after surgery. Gently pat dry your incisions. The small steri-strips on your wounds will come off by themselves. If they begin to fall off, you can pull them off without any worry. If they have not come off 2 to 3 days after surgery, please remove them gently when they are dry.

The stitches underneath will dissolve on their own. If the stitches feel like they are getting caught on your clothing, you may cover them with a dry bandaid. Do not apply polysporin products to the area without direction from your health care team.

Eating

Slowly return to your normal diet over a few days. Drink plenty of fluids. Healthy eating can help give you energy and strength. A balanced diet of protein, fruit, vegetables and whole grains will help your body heal. Your diet can also prevent problems with constipation. Eat foods with fibre such as bran, whole grains, fruits and vegetables to keep your bowels healthy and regular.

Sex

You should not have sexual intercourse until your doctor has examined the top of your vagina at your post-op appointment in order to ensure that it has healed enough to attempt sex.

Follow-up visits

Make sure that you have a follow-up appointment about 4 weeks after surgery. If you do not have a follow-up before leaving the hospital, call the Gynecologic Oncologist's office at 905-387-9495 to book an appointment to review your results.

What fills the empty space when everything is removed?

Normally, the uterus, ovaries and tubes fill a space in your lower abdomen about the size of your hand. The small bowel or intestines are just above. After surgery, the intestines will dip down to fill the space.

Will I have to take hormones if my ovaries are removed?

There is no single answer to this question.

During the years when you can have children, you produce hormones each month. They prepare your body for pregnancy and also maintain the health of your bones, vagina and breasts.

If the ovaries stop working early either through surgery or in menopause, you will no longer produce the same amount of hormones. This may lead to side effects such as hot flashes, thinning of the bones or dryness in the vagina. Changes made to diet and lifestyle can help lessen some of these side effects or you may choose to take hormones.

There are times when a doctor would not recommend hormones. There is some evidence (proof) that certain cancers or medical conditions get worse when taking hormones. There are some medications that are not hormones that can be taken to ease the symptoms of menopause if you need them.

It is very important to discuss all these issues openly with your nurse and doctor to make the best decision for yourself.

If you cannot or choose not to take hormones:

- For vaginal dryness, use a water-soluble lubricant such as K-Y Jelly and spend more time becoming aroused before intercourse. Please be sure to use water-based lubricants. **Do not use Vaseline in the vaginal area.**
- To keep your bones strong, walk or exercise briskly for 20 minutes – 3 times a week. Be sure to maintain a healthy well balanced diet including vitamins such as Calcium and Vitamin D and limit salt, alcohol and caffeine to help keep your bones healthy and strong. Also, talk with your family doctor about having routine bone density exams.

How long does recovery take?

Total recovery has 3 parts: physical, emotional and sexual. These 3 parts of the recovery period may happen at different times.

Physical

Physical recovery includes healing of the incisions, and a return to your normal energy level. This can take 4 to 6 weeks. At the end of this time, most women will be back to their usual work and social activities.

Emotional

Emotional recovery means perhaps adjusting to the shock of having cancer, being away from home and believing you can become well again. It also means feeling comfortable with yourself and the changes in the appearance of your body after your surgery. Emotional recovery may happen at the same time as physical recovery, or it may take longer.

Sexual

Sexual recovery involves a return to your previous patterns of intimacy, or making changes that fit with you and your partner's needs.

Absence of the uterus and cervix should not alter your ability to engage in sexual activity. The other sexual organs, the vagina and the brain remain the same. So does your normal human need to feel loved and cared for.

If you would like, we can talk with you about positions and activities that can help you and your partner enjoy a comfortable relationship. The length of time for this recovery varies, but it is possible with patience and care. It is recommended that you not attempt intercourse for 6 to 8 weeks after surgery to allow the tissues to heal completely at the top of the vagina.

Women may notice the following changes:

- The vagina may be shorter in its relaxed state if the top section has been removed with the uterus. As the vagina is very stretchy, most people cannot tell the difference during lovemaking. In the “aroused” state, the vagina naturally lengthens.
- The operation should not affect your ability to have an orgasm or sexual climax. However, a climax causes muscle contractions in the uterus as well as other parts of the body. Since the uterus is no longer there, some women have said there is a slight difference in their orgasms.

- If menopause had not previously started and your ovaries were removed, it will now. Many women find the vagina is not as lubricated as it was before menopause. It is therefore a good idea to spend more time becoming aroused before lovemaking so the vagina can lubricate. It also helps to use a water-soluble lubricant such as K-Y Jelly. Oil based lotions and Vaseline will not flow freely out of the body and should not be used.
- There are a number of over-the-counter products available to women that provide hormone free moisture replacement to the vagina. These include Replens, Repagyne, Gyne Moisterin, Lubrin and others. These products are inserted into the vagina at night (but not before intercourse) and help plump up the water content of the cells lining the vagina to reduce vaginal dryness and discomfort with intercourse. A prescription is not needed for these products as many of them are not covered by insurance plans. You do need to use them fairly consistently to see any benefit.
- A cancer diagnosis and surgery is stressful. If you are tired, anxious or worried, you may find that your interest in sex is decreased. Talking with your partner or health care providers along with time and patience will often help your sexual feelings return. By 6 months, most women report a return to their usual lovemaking.



Why does it take so long after surgery to get results?

After the surgery a doctor called a pathologist examines all of the tissues that were removed under a microscope. This is done to determine the extent of any cancer found. The pathologist needs to look at the tissues very carefully to give your oncologist all the information that is needed. It can take up to 3 to 4 weeks to process the sample and give your oncologist a detailed report.

Your doctors and other health care providers will discuss all treatment plans with you. They may use these words to describe what you have:

Tumour: an abnormal growth or mass. The word tumour does not mean that you definitely have cancer.

Benign: is not cancer.

Malignant: it is cancer.

If the tumour is not cancer or is confined to tissues that were removed, the surgery will be the only treatment you will need. If the tumour is found to be cancer, you may need to have further treatment such as chemotherapy, radiation, or both. Each person's treatment plan is different so that you can get the best results possible.

When to call the surgeon

Call the surgeon, if you have:

- **any bright red bleeding or clots (size of a walnut or larger) from your vagina that looks like a period or soaking more than one pad (regular maxi pad) every hour or passing clots of blood from your vagina**
- fever 38.3°C (101°F) or higher
- chest pain, cough, difficulty breathing or coughing up blood
- pain, swelling or tenderness in your calf or thigh
- dizziness that does not get better or fainting
- concerns about your incisions such as:
 - incision coming apart
 - swelling, hardness or leaking
 - redness, bleeding or drainage of pus
 - pain, which does not get better with pain pills
 - increasing abdominal pain or bloating
- burning or bleeding when you pass urine, passing urine often or difficulty starting flow
- foul smelling discharge from the vagina, or an increased amount of discharge
- nausea and vomiting that lasts more than 24 hours
- change in bowel habits

Phone numbers

Office: 905-387-9495

Gynecologic Oncologist: _____

Nurse: _____

Follow-up appointment: _____

Questions



699 Concession Street
Hamilton, Ontario L8V 5C2
905-387-9495

© Hamilton Health Sciences, 2007
PD 5703 – 06/2017
dt/June 20, 2017

WPC\PtEd\LrgBk\Gynecology\
TotalAbdomHysterBilateralSalpingoPelvicNodeDissectionCervicalCancer-th-PD5703.docx

Brant · Burlington · Haldimand · Hamilton · Niagara · Norfolk