

Laparoscopic hysterectomy for endometrial cancer

With the Enhanced Recovery Programme

Patient Information

Women
and Children -
Obstetrics and
Gynaecology

Even if your surgeon has explained to you what the operation entails many of us do not take in everything mentioned in the clinic, so this booklet is to help you understand your condition and the reason for the intended treatment.

As we are all different, it is not possible to personalise this information, so there may be differences between your individual case and the information given here.

If you have any queries regarding the information please discuss them with the consultant or a member of his/her team (doctors or nursing staff).

Why do I need a laparoscopic hysterectomy?

You have been found to have endometrial cancer.

What is endometrial cancer?

The inside of the uterus (womb) is lined with tissue called endometrium which thickens every month under the influence of hormones, to prepare for pregnancy.

If no pregnancy occurs, the endometrium is shed, passes through the cervix (neck of the womb) and out through the vagina. This is recognised as a woman's period and the whole process is called the menstrual cycle.

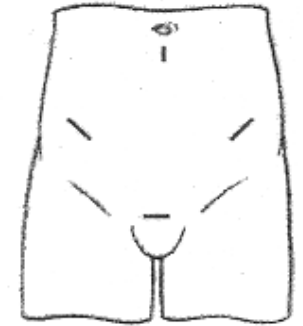
The endometrium, like other body parts, is made up of tiny cells. Normally, cells divide and reproduce themselves in a controlled manner. In cancer this process gets out of control and the cells continue to divide developing into a lump which is called a tumour. If untreated it may invade and destroy surrounding tissue.

Endometrial cancer most commonly occurs in women between the ages of 50-64.

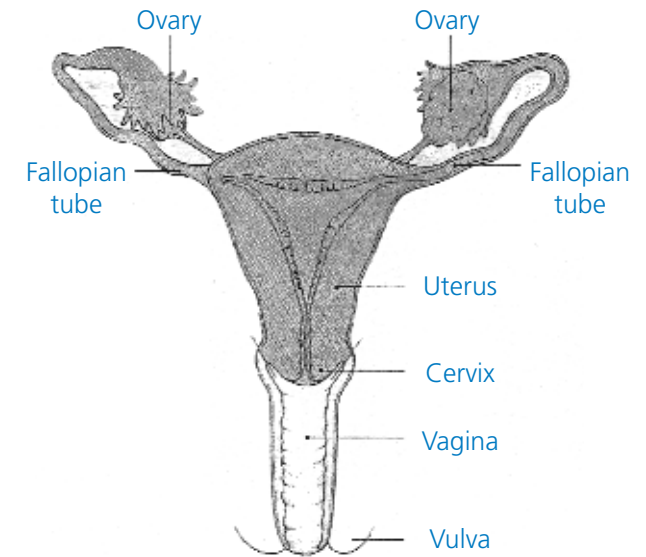
Most endometrial cancers are discovered at an early stage (when they have not spread beyond the uterus) and may be cured by having a hysterectomy performed.

What is a laparoscopic hysterectomy?

The operation is performed using five 'keyhole' cuts in the abdomen (tummy), so that a laparoscope (a long, pencil-slim telescope connected to a camera and television system) can be used to show the inside of the pelvis very clearly on screen.



The uterus (womb) is removed and, bilateral salpingo oophorectomy (removal of both ovaries and tubes) and removal of the cervix will often be performed.



The shaded area shows the organs that are removed

Are there any alternatives to a laparoscopic hysterectomy?

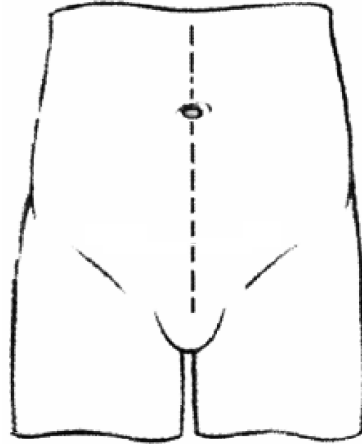
A laparotomy incision (cut) ...

The same operation could be performed through a 'midline' incision (a cut down towards your bikini line), known as an abdominal hysterectomy.

However, the overall recovery after an abdominal operation is known to be slower than after a laparoscopic operation and one of the important findings from National Institute for Health and Clinical Excellence (NICE) studies was that the chance of cure was the same.

Do nothing ... Sometimes patients choose not to have a hysterectomy. This can be a risk as any cancer present could continue to grow and spread whilst nothing was being done.

Radiotherapy ... This treatment path is usually only followed if the doctor does not think you are fit for surgery or if the tumour cannot be removed safely and may be used to try and control the disease.



Are there any complications or risks associated with a laparoscopic hysterectomy?

We know there may be complications following various gynaecological operations or procedures, that are not particularly serious but do happen more often.

These frequently occurring risks include: Pain, bruising, delayed wound healing, scarring of the skin or scar tissue inside (adhesions). Numbness, tingling or burning sensation around the scar which may take weeks or months to resolve. Anaemia, fatigue / tiredness. Ovarian failure, causing an early menopause. Urinary frequency or loss of control.

Wound infection, urinary tract infection or chest infection which is usually easily treated with antibiotics. Patients are encouraged to follow the recommended post-operative breathing exercises and to stop smoking.

Are there any 'more serious' risks?

There can be other complications following any gynaecological operation. Whilst these don't happen often when they do occur they can be serious. It is known some risks are increased if you already have underlying medical problems or if there is scar tissue (from previous operations or disease) which makes the hysterectomy more difficult. The risks are also increased if you are obese or if you smoke. The more serious risks include:

1) Pelvic Abscess/Infection. Occasionally an abscess may form which may require surgical drainage under an anaesthetic. All ladies having hysterectomy are given antibiotics during the operation to help prevent occurrence of infection.

2) Bleeding. This may occur during the operation or, rarely, afterwards and may be enough to need a blood transfusion. If you have had some internal bleeding and we find blood has collected in your pelvis, we call this a haematoma. A haematoma can usually be easily treated with antibiotics, to encourage the blood to drain out through your vagina, but occasionally it may need to be drained surgically under anaesthetic. A haematoma is often described as a blood clot, and this is quite a good description but must not be confused with the blood clots described in sections four and five.

3) Visceral injury. This means injury to the bowel, bladder or ureters (the two tubes coming from the kidneys into the bladder). If there is an injury, it may need to be repaired by laparotomy. This involves a much larger abdominal incision (tummy cut) and a longer stay in hospital.

These complications would usually be found during the operation and dealt with immediately. In rare cases the problem may not become apparent for a few days after the hysterectomy and this may require a second operation to resolve the problem.

The National Institute for Health and Clinical Excellence (NICE) studies showed:

- Injury to the bladder and the ureters were in some studies higher and in some studies the same as that for abdominal surgery
- Between one and two women in every 100 developed a fistula (an abnormal connection between the vagina and bladder or ureters)
- Between one and two women in every 100 had bowel injury
- Up to fifteen women in 100 needed a laparotomy during their operation.

4) Venous Thromboembolism. There are two types:

Deep vein thrombosis (DVT) ... following a hysterectomy, it is possible for clots of blood to form in the deep veins of the legs and pelvis. If this does occur, a deep vein thrombosis would cause pain and swelling in a leg and can be treated relatively simply with drugs. The risk of developing a DVT is minimal, as many precautions are taken to help prevent and minimise the risks such as: recommending you reduce your smoking in the weeks before your operation, the use of support stockings and/or medication to 'thin the blood', the use of special equipment in the operating theatre and also the recommended post-operative leg exercises.

Pulmonary embolism ... in rare cases, it is possible for a clot to break away and be deposited in the lungs and if this occurs it is a serious situation and will need immediate treatment with drugs. The precautions against pulmonary embolism are the same as for DVT.

5) Failed Laparoscopy ... There may be failure to gain entry into the abdomen and a laparotomy may have to be done.

This will have been explained to you by your doctor when you were seen in the clinic but if you have any questions, please discuss them with the consultant or a member of his/her team (doctors or nursing staff) and your questions will be answered as clearly and as honestly as possible.

What happens before the operation?

For this operation, you will be taking part in an enhanced recovery programme with the aim of helping you recover quickly and safely. During your short stay in hospital there will be goals which you will be encouraged to achieve. A team of doctors, nurses, physiotherapists and other healthcare professionals will be monitoring your progress and will support you in reaching your goals.

In most cases you will be asked to attend a pre-admission session shortly before you are due to have your operation. You will be seen by a nurse who will begin your plan of care by reviewing your medical history. You will have your weight and height, blood pressure and pulse and some blood samples taken. Depending on your age or medical history you might also be requested to attend other departments on the same day for investigations such as an ECG – Electrocardiogram (heart tracing), a lung function test or a chest X-ray.

You may also need to see a doctor for a more detailed medical examination. You will need to take all your medicines to pre-admission with you as most should be continued before your operation and throughout your hospital stay but some may need to be stopped to reduce any risks and to avoid your operation being delayed or cancelled. The pre-admission team will advise you and also give you a bag to bring your medicines into hospital.

This is also an opportunity for you to tell us about your own individual needs and circumstances. It is our aim for you to have a speedy recovery and safe discharge so it is important you tell us as early as possible if you have any concerns about whether or not you will be able to manage your daily activities when you go home. You may wish to bring along a relative or close friend to pre-admission who can also be involved and support you in planning your enhanced recovery. You will have the opportunity to ask the nurse any questions.

Your anaesthetist would prefer you to stop cigarette and cannabis smoking in the weeks before your operation, as this is known to increase the risk of anaesthetic complications, e.g. breathing difficulties, coughing, nausea and sickness and chest infection. On the day before your operation you will be able to eat and drink as normal but please avoid drinking alcohol on the evening before your operation as this may lead to dehydration.

To reduce the possibility of skin infection, we request you do not shave your bikini-line or your legs during the week before your operation but some 'trimming back' of excess pubic hair may be required, you can do this yourself at home or the nursing staff will help you after you are admitted.

Admission into hospital

A key aspect of the enhanced recovery programme is that you will be given clear carbohydrate drinks before your surgery. These drinks will help to give you the much needed energy which you will require to help you recover.

Please do not eat and drink after on your operation day. Do not suck sweets or chew gum. As you will be admitted on the day of your operation, you will need to take a bath or shower at home and take off as much of your jewellery as possible although we are able to cover wedding rings/bangles if you are unable to remove them. To reduce the possibility of any damage to your eyes, it is very important you remove all mascara and wear glasses instead of any type of contact lenses. Please wear comfortable clothes that are not tight around the waist.

You will need to bring a packet of sanitary towels into hospital with you, toiletries, dressing gown, nightgown and slippers, and you may also choose to bring in a book or magazine.

Please be aware that South Tees Hospitals NHS Trust cannot be held responsible for any personal belongings, valuables or money you bring in with you.

Please read your admission letter carefully to see where you are being admitted to. If you are unsure, you may phone the nursing staff as follows:

- **Women's Health Unit / Ward 27 at The James Cook University Hospital: 01642 854527**
- **The Surgical Admissions Unit at The James Cook University Hospital: 01642 854603**

If you have not already signed your consent form for the operation, you will be seen by your consultant or a member of his/her team who will explain your operation in detail and answer any questions you may have. You will then be required to sign the consent form. You will also have the chance to speak to your anaesthetist before your operation so that you can discuss any concerns about your anaesthetic. Because of the extent of the surgery it may be advised that you have a spinal or epidural anaesthetic. This will depend on discussion between you and your anaesthetist. You will still be sedated but a spinal (epidural) may be advised to aid a speedy recovery and pain management. The nurses will give you 'support socks' and a small injection may be given to thin the blood, helping to reduce the risk of a blood clot developing in your legs during the operation. You will then be transferred to the theatre area by a nurse and or porter.

What can I expect after the operation

When the operation is completed you will be woken by the anaesthetist and transferred, on your trolley, to the recovery area in theatre. Your recovery nurse will look after you and stay with you until he/she is satisfied with your condition. You will be transferred to the ward on your trolley and the ward staff, with the help of the theatre porter, will transfer you into your bed. You will probably feel drowsy for a few hours afterwards.

You are likely to have a 'drip' (also known as an I.V.) to give you intravenous fluids. A few hours after your operation you will be able to start drinking and you may even have something to eat if you are not feeling sick. It is important you eat and drink early after your operation so we will encourage you to have normal food as well as nourishing drinks which will be available for you while you are in hospital.

Effective pain and sickness control is an important part of the enhanced recovery programme as this will allow you to start walking around, breathe deeply, eat and drink, feel relaxed and sleep well. If your pain is too great or if you are feeling too sick to allow you to do any of these activities, please speak to the nursing staff caring for you so your pain control or anti-sickness medication can be reviewed.

You may have a drainage tube, usually leading from one of the laparoscopy cuts in your abdomen, to help drain away any excess fluid and reduce the risk of haematoma. It also helps drain any lymphatic fluid produced which will form if you have had any lymph glands removed.

The nurses will check to see if you are passing urine successfully by measuring the amount of urine you pass then performing a simple scan which shows how much urine is left in your bladder each time.

If you are not able to pass urine or if the scans reveal that too much urine is being retained, you will be taught to insert a catheter through your urethra into your bladder to allow the urine to flow out and so emptying the bladder. This is known as Intermittent Self Catheterisation or ISC.

Most ISC catheters are very slim and are made of soft plastic. They are usually pre lubricated or have a special lubricating coating that is activated when immersed in water and this makes insertion more comfortable.

To enhance your recovery it is important you start doing the recommended breathing exercises, as described in the back of this booklet, as soon as you wake up and the staff will help you out of bed later in the day.

You may feel much more tired than usual after your operation as your body is using a lot of energy to heal itself. You may need to take a nap for the first few days. A hysterectomy can also be emotionally stressful and many women feel tearful and emotional at first – when you are tired these feelings can seem worse. For many women this is often the last symptom to improve.

It may take a few days before your bowels start to work normally and you may experience discomfort associated with a build-up of wind. This usually resolves itself, but if it becomes a problem the nursing staff may provide some peppermint water to drink and encourage taking gentle exercise. You may want to bring a bottle of baby's gripe water into hospital with you as many women feel that this is effective in relieving wind pain.

It is important to keep your genital area and any abdominal wounds clean. A daily bath or shower is advisable paying particular attention to these areas. Avoid the use of highly scented soaps, bubble bath and vaginal deodorants, etc. We will provide a separate sterile towel to dry the wound and a sterile dressing to cover the wound after bathing. If dressings are still needed on discharge they will be provided by the nursing staff. You may have dissolving sutures (stitches) in your wound, in which case you will be advised by the nursing staff how to care for them. If you have clips, staples or sutures which need to be removed, the nursing staff will explain how to care for your wound and advise you when they will be removed.

You should expect to have some vaginal bleeding in the first few days after the operation. The bleeding normally turns into a red/brownish discharge before stopping completely and

can last anything from a few days to a few weeks. If bleeding becomes heavier than a period or smells very offensive, let the doctor or nursing staff know as it may mean that you have an infection. We advise you to use sanitary towels in preference to tampons whilst the bleeding persists, as this will help you to keep a check on the amount you are losing and will help to reduce the risk of infection associated with tampon use. Some further, slight, bleeding may occur about four to six weeks after your operation. This can happen because your internal stitches are dissolving. As long as this bleeding only lasts for a day or two do not worry, but if it becomes very heavy and you are worried, please contact your GP.

How long can I expect to be in hospital after the operation?

After a laparoscopic procedure we expect all patients to go home the next day.

Will I get any medication to take home on discharge?

You will take home the medicines you brought in with you. We will provide any extra medicines you may need, such as painkillers or antibiotics, from the hospital pharmacy.

How will my care continue?

After your operation, the tissues taken away will be fully analysed then discussed at our Multidisciplinary Team (MDT) meeting and this can take up to four weeks.

We will have asked you, at pre assessment, how you would like to receive your results, either by a formal visit to out-patients clinic or by a telephone call from the specialist nurse.

If there has been spread of the cancer beyond the womb or if there are features of your cancer that are concerning, you may need further treatment (chemo-radiotherapy) and you will be given more information about this by the team of doctors and nurses who are treating you.

You will be followed up in the Gynae/Oncology clinic for five years following your surgery. Follow-up is three monthly, then four monthly, then six monthly, then yearly, but always remember if you have any problems contact your GP.

What happens when I go home?

You will go home wearing support stockings and are advised to wear them for **at least six weeks**, until you are back to your full mobility.

Many women lose their interest in sex during cancer treatment. Any form of surgery can affect the desire for sex. During the operation the surgeon removes part of the vagina, reducing its length, but once the scars heal this is not usually a problem. Early on whilst the surgery scars heal it is not advisable to have penetrative sex (three to four weeks). The surgery should not affect a women's ability to have an orgasm if this is a normal experience during sexual activity. If you experience any discomfort or dryness (which is more common if your ovaries have been removed at the time of the hysterectomy) you may wish to try a vaginal lubricant. You can buy this from your local pharmacy.

The following information is from the publication, "Recovering Well", produced by the Royal College of Obstetricians and Gynaecologists:

What can help me recover?

It takes time for your body to heal and for you to get fit and well again after any type of hysterectomy. There are a number of positive steps you can take at this time.

Rest: Rest as much as you can for the first few days after you get home. It is good to relax, but avoid crossing your legs for too long when you are lying down. Rest doesn't mean doing nothing at all throughout the day, as it is important to start exercising and doing light activities around the house within the first few days.

A pelvic-floor muscle exercise programme: Your pelvic-floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder and bowel (stop urinary or anal incontinence) and improve sexual satisfaction.

It is important for you to get these muscles working properly after your operation, even if you have stitches.

To identify your pelvic-floor muscles, imagine you are trying to stop yourself from passing wind or you could think of yourself squeezing tightly inside your vagina. When you do this you should feel your muscles 'lift and squeeze'.

It is important to breathe normally while you are doing pelvic-floor muscle exercises. You may also feel some gentle tightening in your lower abdominal muscles. This is normal. Women used to be told to practise their pelvic-floor muscle exercises by stopping the flow of urine midstream. This is no

longer recommended, as your bladder function could be affected in the longer term.

You can begin these exercises gently once you are able to pass urine on your own. You need to practise short squeezes as well as long squeezes: Short squeezes are when you tighten your pelvic-floor muscles for one second and then relax. Long squeezes are when you tighten your pelvic-floor muscles, hold for several seconds and then relax. Start with what is comfortable and then gradually increase – aiming for ten long squeezes, up to ten seconds each, followed by ten short squeezes.

You should do pelvic-floor muscle exercises at least three times a day. At first you may find it easier to do them when you are lying down or sitting. As your muscles improve, aim to do your exercises when you are standing up. It is very important to tighten your pelvic-floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing.

Make these exercises part of your daily routine for the rest of your life. Some women use triggers to remind themselves such as, brushing their teeth, washing up or commercial breaks on television.

Straining to empty your bowels (constipation) may also weaken your pelvic-floor muscles and should be avoided. If you suffer from constipation or find the pelvic-floor muscle exercises difficult, you may benefit from seeing a specialist women's health physiotherapist.

A daily routine: Establish a daily routine and keep it up. For example, try to get up at your usual time, have a wash and get dressed, move about and so on. Sleeping in and staying in bed can make you feel depressed. Try to complete your routine and rest later if you need to.

Eat a healthy balanced diet: Ensure that your body has all the nutrients it needs by eating a healthy balanced diet. A healthy diet is a high-fibre diet (fruit, vegetables, wholegrain bread and cereal) with up to two litres a day of fluid intake, mainly water. Remember to eat at least five portions of fruit and vegetables each day. You will only gain weight if you eat more than you need to and you are not exercising enough.

Keep your bowels working: Your bowels may take time to return to normal after your operation. Your motions should be soft and easy to pass. You may initially need to take laxatives to avoid straining and constipation. You may find it more comfortable to hold your abdomen (provide support) the first one or two times your bowels move. If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet so your knees are higher than your hips. If possible, lean forwards and rest your arms on top of your legs to avoid straining.

Stop smoking: Stopping smoking will benefit your health in all sorts of ways such as lessening the risk of a wound infection or chest problems after your anaesthetic. By not smoking – even if it is just while you are recovering – you will bring immediate benefits to your health. If you are unable to stop smoking before your operation, you may need to bring nicotine replacements for use during your hospital stay. You will not be able to smoke in hospital. If you would like information about a smoking cessation clinic in your area speak with the nurse in your GP surgery.

Support from your family and friends: You may be offered support from your family and friends in lots of different ways. It could be practical support with things like shopping, housework or preparing meals. Most people are only too happy to help – even if it means you having to ask them!

Having company when you are recovering gives you a chance to say how you are feeling after your operation and can help to lift your mood. If you live alone, plan in advance to have someone stay with you for the first few days when you are at home.

A positive outlook: Your attitude towards how you are recovering is an important factor in determining how your body heals and how you feel in yourself. You may want to use your recovery time as a chance to make some longer term positive lifestyle choices such as: starting to exercise regularly if you are not doing so already and gradually building up the levels of exercise that you take. Eating a healthy diet: if you are overweight it is best to eat healthily without trying to lose weight for the first couple of weeks after the operation. After that you may want to lose weight by combining a healthy diet with exercise. Whatever your situation and however you are feeling, try to continue to do the things that are helpful to your long-term recovery.

What can slow down my recovery?

It can take longer to recover from a hysterectomy if you had health problems before your operation; for example, women with diabetes may heal more slowly and may be more prone to infection. If you smoke; some women who smoke are at increased risk of getting a chest or wound infection during their recovery: smoking can delay the healing process.

If you were overweight at the time of your operation it can take longer to recover from the effects of anaesthesia and there can be a higher risk of complications such as infection and thrombosis. It can also take longer to recover if there were any complications during your operation.

Recovering after an operation is a very personal experience. If you are following all the advice you have been given but do not think you are at the stage you ought to be, talk with your GP.

When should I seek medical advice after an abdominal hysterectomy?

While most women recover well after a hysterectomy, complications can occur – as with any operation. You should seek medical advice from your GP, the hospital where you had your operation, NHS Direct or NHS 24 if you experience:

- burning and stinging when you pass urine or pass urine frequently: this may be due to a urine infection. Treatment is with a course of antibiotics.
- heavy or smelly vaginal bleeding or bleeding which starts again: if you are also feeling unwell and have a temperature (fever), this may be because of an infection or a small collection of blood at the top of the vagina, called a vault haematoma. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, this may need to be drained.
- red and painful skin around your scars: this may be caused by a wound infection. Treatment is with a course of antibiotics.
- increasing abdominal pain: if you also have a temperature (fever), have lost your appetite and are vomiting, this may be because of damage to your bowel or bladder, in which case you will need to be admitted to hospital.

- a painful, red, swollen, hot leg or difficulty bearing weight on your legs: this may be caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have these symptoms, you should seek medical help immediately.

Getting back to normal

Around the house: While it is important to take enough rest, you should start some of your normal daily activities when you get home and build up slowly. You will find you are able to do more as the days and weeks pass. It is helpful to break jobs up into smaller parts, such as ironing a couple of items of clothing at a time and taking rests regularly. You can also try sitting down while preparing food or sorting laundry. For the first one to two weeks you should restrict lifting to light loads such as a litre bottle of water, kettles or small saucepans. You should not lift heavy objects, such as full shopping bags or children, or do any strenuous housework like vacuuming, until three to four weeks after your operation, as this may affect how you heal internally. Try getting down to your children rather than lifting them up to you. If you feel pain you should try doing a little less for another few days. Remember to lift correctly by having your feet slightly apart, bending your knees, keeping your back straight and bracing (tightening or strengthening) your pelvic floor and stomach muscles as you lift. Hold the object close to you and lift by straightening your knees.

Exercise: While everyone will recover at a different rate, there is no reason why you should not start walking on the day you return home. You should be able to increase your activity

levels quite rapidly over the first few weeks. There is no evidence that normal physical activity levels are in any way harmful and a regular and gradual build-up of activity will assist your recovery. If you are unsure, start with short steady walks close to your home a couple of times a day for the first few days. When this is comfortable you can gradually increase the time while walking at a relaxed steady pace. Many women should be able to walk for 30 to 60 minutes after two or three weeks.

Swimming is an ideal exercise that can usually be resumed within two to three weeks as long as vaginal bleeding and discharge has stopped. If you build up gradually the majority of women should be back to previous activity levels within four to six weeks.

Contact sports and power sports should be avoided for at least six weeks, although this will depend on your level of fitness before your surgery.

Driving: You should not drive for 24 hours after a general anaesthetic. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Before you drive you should be:

- free from the sedative effects of any painkillers
- able to sit in the car comfortably and work the controls
- able to wear the seatbelt comfortably
- able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

In general, it can take three to six weeks before you are able to do all of the above. It is a good idea to practise without the keys in the ignition. See if you can do the movements you would need for an emergency stop and a three-point turn without causing yourself any discomfort or pain. When you are ready to start driving again, build up gradually, starting with a short journey.

Travel plans: If you are considering travelling during your recovery, it is helpful to think about:

- The length of your journey: journeys over four hours where you are not able to move around (in a car, coach, train or plane) can increase your risk of deep vein thrombosis (DVT). This is especially so if you are travelling soon after your operation.
- How comfortable you will be during your journey, particularly if you are wearing a seatbelt.

Overseas travel:

- Would you have access to appropriate medical advice at your destination if you were to have a problem after your operation?
- Does your travel insurance policy cover any necessary medical treatment in the event of a problem after your operation?
- Are your plans in line with the levels of activity recommended in this information?

If you have concerns about your travel plans, it is important to discuss these with your GP or the hospital where you have your operation before travelling.

Returning to work: Everyone recovers at a different rate, so when you are ready to return to work will depend on the type of work you do, the number of hours you work and how you get to and from work. You may experience more tiredness than normal after any operation, so your return to work should be like your return to physical activity, with a gradual increase in the hours and activities at work. If you have an occupational health department they will advise on this.

Some women are fit to work after three to four weeks and will not be harmed by this if there are no complications from surgery. Many women are able to go back to normal work after six to eight weeks if they have been building up their levels of physical activity at home.

Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be symptom free before you go back to work. It is normal to have some discomfort as you are adjusting to working life.

It might be possible for you to return to work by doing shorter hours or lighter duties and building up gradually over a period of time. Consider starting partway through your normal working week so you have a planned break quite soon.

You might also wish to see your GP or your occupational health department before you go back and do certain jobs – discuss this with them before your operation. You should not feel pressurised by family, friends or your employer to return to work before you feel ready. You do not need your GP’s permission to go back to work. The decision is yours.

Recovery tracker

Days after operation	How might I feel?	What is safe to do?	Fit to work?
1–2 days	You will have some pain and discomfort in your abdomen. You may feel sore moving in and out of bed. You may have some bleeding like a light period. Laparoscopy as planned: You will go home the next morning with a catheter in place. If Laparotomy was done: You are likely to be in hospital during this time.	Get up and move about. Go to the toilet. Get yourself dressed. Start eating and drinking as usual. You will feel tired and perhaps feel like a sleep in the afternoon.	No
3–7 days	You should be at home by now. Your pains should be reducing in intensity now and you will be able to move about more comfortably. You will still tire easily and may require a nap during the day.	Continue as days 1–4. Go for short walks. Continue with exercises that have been recommended to you. Wash and shower as normal. Have a rest or sleep in the day if you need to.	No
1–2 weeks	There will be less pain as you move about and you will find your energy levels slowly returning. Bleeding should have settled or be very little.	Build up your activity slowly and steadily. Restrict lifting to light loads.	No
2–4 weeks	There will be even less pain now as you move about more and more. You will find your energy levels are returning to normal. You should feel stronger every day.	Continue to build up the amount of activity you are doing towards your normal levels. You can start to do low impact sport. Make a plan for going back to work.	Yes, possibly, on reduced hours or lighter duties at first; some women will be fit for full-time work after 4 weeks.
4–6 weeks	Almost back to normal. You may still feel tired and need to rest more than usual.	All daily activities including lifting. Usual exercise. Driving. Have sex if you feel ready.	Yes; if you don’t feel ready to go to work, talk to your GP or employer about the reasons for this.

Breathing exercises

The recommended breathing exercises mentioned should help maintain a clear chest, tone up muscles and ease wind pain following surgery. Start this exercise as soon as you wake up from the anaesthetic and do regularly until you increase your walking.

Bend your knees up with feet flat on the bed, breathe in through your nose until your lungs are as full as possible, then relax as you breathe out through your mouth. Repeat five times every half hour or so, and follow with two huffs.

Huff: Position as above with hands or pillows supporting any area of discomfort. Take a medium breath in, then force the air out quickly through an open mouth, as though you are trying to mist up a large mirror. Follow this with a cough – take a big breath in first, and do not worry about this doing any damage in the area of your surgery.

Foot and knee exercises: These should help the circulation and help prevent clots from forming in your legs. Repeat every time you do your breathing exercises and until you are walking about. Bend feet up and down at the ankle firmly and quickly. Draw circles with your feet. Press back of the knees into the bed and tighten up the thigh muscles.

We hope you have found this information helpful.

Please remember our staff will be happy to answer any questions you have about any aspect of your care and welcome any comments about this leaflet.



Ova The Rainbow is a support group for anyone who would like support for themselves or their friends and family due to any gynaecological cancer.

Registered charity number 105560061

It was established at the end of 2001 by two specialist oncology nurses, Jane McNeil and Lynne Wright out of The James Cook University Hospital. The Friarage branch was established in 2005 by Maggie Wright.

We are a registered charity and our meetings are held monthly for friends, family and any other supporters.

First Friday of the month,
11am – 1pm
The Trinity Centre,
James Street,
North Ormesby,
Middlesbrough TS3 6LD

For further details please
contact: **01642 282418**

First Tuesday of the month,
2pm – 3:30
Allerton Court Hotel
Darlington Road
Northallerton
North Yorkshire DL6 2XF

For further details please
contact: **01609 764688**

Hospital contact information

The James Cook University Hospital

Appointments Desk: 01642 854861 / 282714 / 854883

Gynaecology Outpatients Department: 01642 854243

Surgical Admissions Unit: 01642 854603

Women's Health Unit / Ward 27: 01642 854527

Gynae Oncology Nurses (Monday – Friday 8:30am – 5pm):
01642 282418

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

Authors: The Gynaecology Cancer Nurse Specialist and the Gynaecology Oncology Team

Acknowledgements: The Royal College of Obstetricians and Gynaecologists

The Royal College of Obstetricians and Gynaecologists guidance on recovering well can be accessed by using the following address: <http://www.rcog.org.uk/recovering-well>

The National Institute for Health and Clinical Excellence guidance on laparoscopic radical hysterectomy may be accessed by using the following address: <http://www.nice.org.uk/guidance/index.jsp?action=article&o=46759>

The Jo's cervical cancer trust website may be a helpful resource: www.jostrust.org.uk

The James Cook University Hospital

Marton Road, Middlesbrough, TS4 3BW. Tel: 01642 850850

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