NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Information for patients and carers

Ovarian Debulking

Excellent care with compassion

Gynaecology, Women and Children's Health

@LancsHospitals

Introduction

If you have either recently been diagnosed with ovarian cancer, if it has recurred, or if it has only been suggested as a possibility, it is normal to experience a wide range of emotions. It can be a frightening and unsettling time. Whatever you may be feeling at present, try talking about it with someone who specialises in dealing with this condition, such as your Macmillan gynaecology oncology clinical nurse specialist (CNS).The CNS will listen, be able to answer any questions you may have and can put you in touch with other professionals or support agencies if you wish. Some useful contact numbers are also listed at the back of this booklet.

What is ovarian debulking surgery and why is it necessary?

Women with cancer of the ovaries or recurrence of the disease in the pelvic/abdominal region may need to undergo ovarian debulking surgery. ‘Debulking’ means that the surgeon aims to remove 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. This is done because ovarian cancer commonly spreads within these areas (see diagram).

When does ovarian debulking surgery take place?

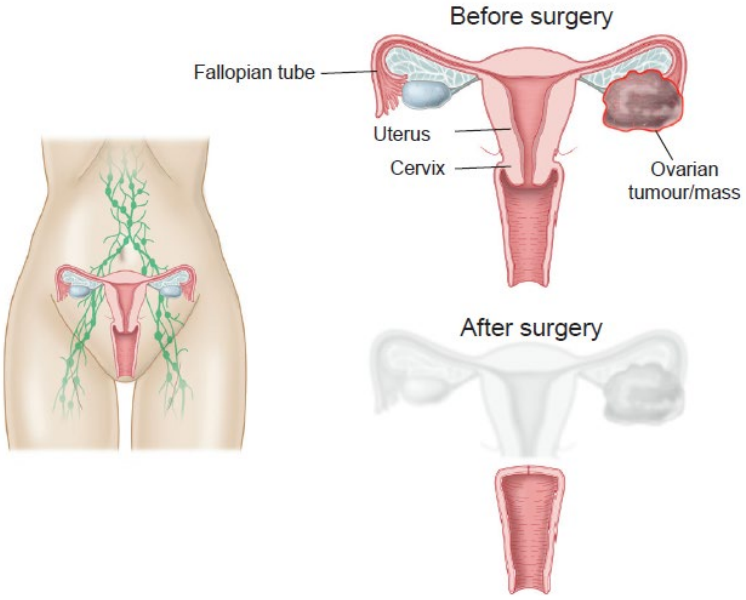
The aim of this operation is to remove as much of the cancer as possible so that any remaining cancer cells are more responsive to chemotherapy. Therefore, surgery is either before chemotherapy (primary debulking), in between courses of chemotherapy (interval debulking), or following chemotherapy (secondary debulking).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 woman to woman and you should discuss the options available to you with your specialist doctor or nurse.

Diagram showing organs removed during surgery



Are there any risks?

As with any operation, there is a risk associated with having a general anaesthetic. Also as with all major abdominal surgery, there is the risk of bruising or infection in the wound. Internal bruising and infection may also occur. Blood transfusion may be required to replace blood lost during the operation. Rarely, there may be internal bleeding after the operation, making a second operation necessary.

Patients occasionally suffer from blood clots in the leg or pelvis (deep vein thrombosis or DVT).This can lead to a blood clot in the lungs. Moving around as soon as possible after your operation can help prevent this. The ward nurse will show you some gentle leg exercises, safe ways to move in and out of bed and breathing exercises to reduce the risk of blood clots or a chest infection. You will also be given special surgical stockings (anti-embolism stockings) to wear whilst in hospital and injections to thin the blood.

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.

What are the risks associated with a general anaesthetic?

Please refer to the separate Trust leaflet “you and your anaesthetic”.

What else might happen as a result of my surgery?

Occasionally, depending on the extent and position of the cancer, ovarian debulking surgery requires operating close to the bowel. If an area of bowel affected by cancer must be removed, the sections of the unaffected bowel are re-joined, if possible .This is known as ‘anastamosis’.

However, if this is not possible, the bowel will be diverted to open on the surface of the abdomen. This is known as a ‘colostomy’ or ‘stoma’ and allows the stools (faeces) to be collected in a bag attached to your abdomen, which can be removed and emptied as necessary.

If this procedure is a likely possibility, it will be explained to you in more detail, either by the consultant performing the surgery, the stoma nurse, or by your clinical nurse specialist before your operation.

Will I have a scar?

Yes. Although it will fade. The surgeon will make a vertical midline incision (also known as an ‘up and down line’) and close the wound with either sutures (stitches) or clips. The area around the scar will feel numb for a while after the operation but sensation will return to it.

What about losing my fertility?

As both ovaries and the uterus (womb) are removed, this will result in immediate loss of fertility. At any age, having the ovaries removed can affect the way a woman feels about herself. The loss of fertility can have a huge impact, but reactions to this are personal and individual. You may feel the need to ensure that you have explored all the issues and any other options that may be available to you.

It is important that you have the opportunity to discuss these issues and feelings with your clinical nurse specialist before your operation and you are offered support afterwards.

Will I need hormone replacement therapy (HRT)?

You may need HRT if you have both your ovaries removed and have not already been through the menopause. HRT is available in many forms – as an implant, patches (similar to a nicotine replacement patch), tablets, gels, sprays and vaginal creams. There are also alternative ways of managing the potential symptoms. Please discuss the options available to you either with the gynaecological oncology team, before you are discharged from hospital, or with your GP.

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.

Will I need to have any tests before my operation?

Yes. These tests will ensure that you are physically fit for surgery and help your doctor to choose the most appropriate treatment for your type of disease and stage (type of cells and the actual position of the cancer).You may have:

- An ECG (recordings of your heart)
- A Chest X-ray
- Respiratory function tests
- A blood sample to check that you are not anaemic and that the function of your kidneys and liver is normal
- An MRI, CT or ultrasound scan of abdomen, pelvis and chest
- CPEX (exercise tolerance test)

The blood samples will also be used will also be used to check for ovarian cancer tumour markers, such as CA125, which is often high in women with ovarian cancer.

Often the tests are arranged when you come to a pre-operative appointment in the out-patient department one or two weeks before surgery. You will be given the opportunity to ask the doctor and the clinical nurse specialist any questions that you may have. It may help to write them down before you come to hospital.

When will I come in for my operation?

You will be admitted to the ward on the day or the day before your operation.

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. You will be asked to sign a consent form to confirm that you understand and agree to the operation.

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.

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.

What happens on the day of my operation?

Before going to the operating theatre, you will be asked to take a bath or shower and change into a theatre gown. All make-up, nail varnish, jewellery (except wedding rings, which can be taped into place) and contact lenses must be removed. Wigs, scarves, hearing aids, glasses and dentures can be removed when you arrive in theatre.

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 and then back 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.

How will I feel after my operation?

Please tell us if you are in pain or feel sick when you return to the ward or HDU. We have tablets/injections that we can give you as and when required, so that you remain comfortable and pain free. An epidural may be inserted in your back at the time of your general anaesthetic to provide pain relief for between 24 - 48 hours. Alternatively, you may have a device that you use to control the pain yourself. This is known as patient controlled analgesia or a PCA and you will be shown how to use it. The anaesthetist will discuss these options with you before the operation.

You may have some vaginal bleeding or a blood stained discharge. The wound will have a special dressing on it to keep it clean and dry after the operation and, depending on the type of incision used, the sutures or clips will be removed 5-10 days later. Alternatively you may have dissolvable sutures, but you will be informed if this is the case.

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.

When can I go home?

You will be in hospital between 4 and 7 days, depending on the type of operation you have had, your individual recovery, how you feel physically and emotionally and the support available at home. This will be discussed with you before you have your operation and again whilst you are recovering.

When can I get back to normal?

It is usual to continue to feel tired when you go home. It can take up to 3 months to fully recover from this operation, sometimes longer, especially if you have had, or are still having, chemotherapy. However, your energy levels and what you feel able to do will usually increase with time. This differs for each individual, so you should listen to your body's reaction and rest when you need to.

This way, you will not cause yourself any harm or damage.

If chemotherapy is required, this is normally given on an outpatient basis, usually requiring 6 sessions, one session being provided every 3 weeks.

For the first 2 to 3 weeks after surgery lifting should be restricted. Light activities such as dusting and washing up can be started.

Break up your activities so that you are doing a small amount at a time. Limit your lifting to kettles, small saucepans and items weighing approximately the same as 1 litre water bottles. Gradually build up to more strenuous activities such as vacuuming after 4 weeks, but listen to your body and stop if you feel discomfort or pain.

Remember to lift correctly. Bend your knees. Keep your back straight and tighten your pelvic floor and abdominal muscles. This should be a habit for life.

Try not to stand for long periods at a time initially. Many everyday chores can be done sitting down such as ironing and peeling vegetables.

When can I start driving again?

Returning to driving will depend on the type of surgery you have had. This will vary between 4 - 6 weeks.

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 women will feel ready to return at 4-6 weeks if the job is not physically demanding or part time. 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 Macmillan gynaecology oncology clinical nurse specialist or GP.

Remember the return to normal life 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 they 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 women may feel ready after 2-3 weeks, but others may not feel ready till 6 weeks.

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

The physiotherapist or your clinical nurse specialist will be happy to give advice on your individual needs.

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.

Will I need to visit hospital again after my operation?

Yes. It is very important that you attend any further appointments arranged for you at the hospital.

An appointment will be made to discuss your results and any further treatment options, if necessary. You will need to attend for regular follow-up appointments in future at your local hospital.

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.

How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. If you have any suggestions or comments about your visit, please speak to the ward staff.

Contact details

Should you require further advice or information please contact the team on 01772 524211 - Monday to Friday (8 am to 5 pm).

You may also contact the following departments for advice:

Gynaecology Out Patient Department: 01772 524386

Gynaecology Ward: 01772 524231

Sources of further information

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

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

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

Ovacome (Ovarian Cancer Support Group)
52 – 54 Featherstone Street London EC1Y 8RT Freephone: 0800 008 7054 Tel: 0207 299 6654 Email: support@ovacome.org.uk www.ovacome.org.uk

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

Jo's Trust (Cervical Cancer)
CAN Mezzanine 7-14 Great Dover Street London SE1 4YR Helpline: 0808 802 8000 Tel: 020 3096 8100 www.jostrust.org.uk**5**

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

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:
આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપા|કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:
Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:
Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਚਿ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਚਿ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:
دو سر ی زبـــانوں او ر بـڑ ی اگـر آپ کـو ہی معلومات سـمجھنے کـے یـئےل مدد ی‌ک ضـرورت ہے تـو
ی‌ئ‌چھپا ی‌ہں ی‌بـھ ابی‌دست ہو ی‌سـکت ہے بـرا ۓ مہر ی‌بـان ہـو ےی‌چھ‌ہی۔ معلومات

Arabic:
مطبـو عةٌ بـأ حر ف كبـــير ة و بلغـــات إذا كنتَ تـر يـد مسا عدةً فـــي فهـم هذه لمعلـــو مات يُر جى أن .تطلـــب
أخرى يمـكن تـو فـــير هذه المعلـــو مات

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