

# **Laparotomy +/- Hysterectomy, Bilateral Salpingo-Oophorectomy and Omentectomy**

This leaflet has been written and produced to inform you, your partner and family in order to assist and support you if you are considering or have been recommended to have this surgery. It is not intended to replace verbal information with your surgeon and specialist nurse. You can access other information via websites available – see end of leaflet.

## **Benefits & Reasons for having a Laparotomy**

The aim of this surgery is to give the best possible outcome of your treatment management.

Your doctor will have explained that you have a cancer of the lining of the ovaries. The operation can be performed for diagnosis and/or treatment. It may also be performed after you have had some chemotherapy treatment. See leaflet (Cancer of the Ovary).

You may want to know whether your treatment will work or whether you can stay well without treatment.

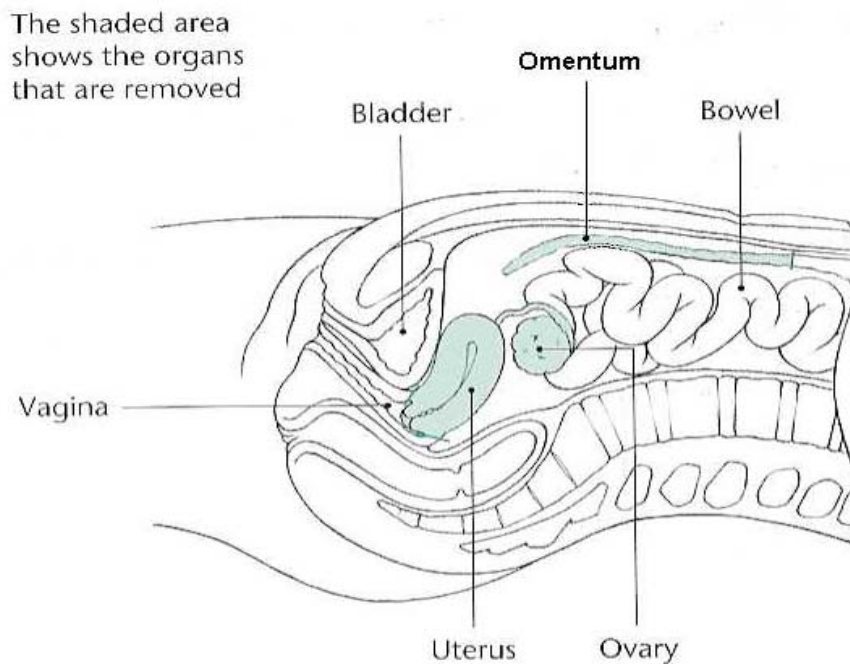
Your partner and carer may also have concerns and questions about how they can help you, and how your condition and treatment will affect them.

Try to find out as much as you can about your treatment options and make a list of questions you may want to ask your doctor.

## **What is a Laparotomy?**

A laparotomy means an operation to look inside the abdomen. Usually the ovaries and fallopian tubes and the Uterus (womb) are removed. Samples from other tissues such as the lymph glands and a fatty layer, called the omentum, may also be taken. It may sometimes be necessary to remove a small piece of bowel and rejoin the ends. Occasionally it is not possible to carry out the full operation and samples of tissue will be taken and sent away for examination.

The incision (cut) in your abdomen (tummy) will be vertical (up & down). This allows your consultant to assess thoroughly for any signs of the disease spreading. A sample of fluid may also be taken from the area in the operation.



## **What happens before the operation?**

Approximately 1-2 weeks before your operation you will be invited to attend the pre-operative assessment clinic. During this visit the staff will discuss the type of operation you will be having and what to expect before and after. You will have the opportunity to ask any questions that you may have.

The staff will take a full medical history from you. It would also be helpful if you would make a list of all the medicines and drugs you are currently taking. The staff may seek advice from an anaesthetist or physician before your operation. A few tests may be performed such as blood pressure, urine test, blood tests and sometimes a chest x-ray or heart tracing.

If you have any special requirements for your admission such as a special diet or religious/cultural needs please let the staff know during your visit so that all necessary arrangements can be made.

By attending the pre-operative clinic your future care can be jointly planned according to your individual needs, and all necessary steps taken to make your stay as comfortable as possible. If you feel you may need help following surgery please discuss this with your GP or the nurse at the pre-operative clinic.

## **In Hospital** **Before your operation**

You will be admitted to the hospital 1-2 days prior to the operation date. You may be given suppositories or an enema, if you have not had your bowels open. This is to help the doctor in the operation.

You will be shown to your bed by a nurse in your team. The nurse will introduce herself and show you the ward layout. (For further information about services available on the ward please see the information booklet by your bed). The physiotherapist may visit you before your operation to instruct you on beneficial exercises.

Before you go into the operating theatre, you will be asked to take a bath or shower and some of your pubic hair may be shaved. You will not be allowed to eat or drink for several hours before your operation. About an hour before the operation you may be given a pre-medication, usually a tablet or small injection which will make you feel drowsy and relaxed, this is only given if prescribed by the anaesthetist.

You may be given support stockings to wear during and after your surgery and you may also be prescribed an injection to reduce the risk of blood clots in the post-operative period. This is given as prescribed by the doctor. A member of the ward team will escort you to theatre and they will complete a checklist prior to you leaving the ward. The nurse will stay with you until the theatre reception staff take over.

On arrival in theatre, you will meet the anaesthetist who will put you to sleep with an injection given via a small needle in the back of the hand. When you wake up the operation will have been completed and you will be in the recovery room which is alongside theatre. Here you will remain for a short while for observation, before being brought back to your bed on the ward.

### **After your operation**

You will probably feel some discomfort when you wake, and you will be given painkillers as required. You will have a drip in your arm and a catheter or small tube to drain urine from your bladder. You may also have a drainage tube in your abdomen to take away any blood from beneath your wound. These will be removed when the doctor instructs the staff to do so.

The physiotherapist will show you how to breathe properly and encourage you to do some simple exercises. Your surgeon will visit to explain exactly what happened during the operation and will be able to tell you when you can start to drink and get out of bed.

A slight discharge or slight bleeding from the vagina is normal but if this becomes heavy you should tell your nurse straight away. You may get griping wind pains caused by bowel and stomach gas, but there are medicines which can help. If

you are constipated you may be given a laxative. Your stitches or clips will be removed before you go home, or a district nurse will remove them if you are able to be discharged prior to the day when stitches are due to be removed. You will normally stay in hospital for 7-10 days.

## Possible Problems

### Possible complications of treatments

Although we try to make sure that any problems are reduced to a minimum, no surgical operation can be guaranteed free of complications and the operation itself or the general anaesthetic may occasionally give rise to difficulties which will make your stay in hospital longer or your recovery slower.

- **Anaesthetic risk** – you may feel sick, or have a sore throat. If you smoke you have an increased risk of chest infection.
- **Operative risks** – there is a chance of excessive bleeding, which may require a blood transfusion. There is occasionally damage to other structures (usually the bowel or bladder) there is a risk of wound or urinary infection which would be treated with antibiotics. There is a risk of a blood clot developing under the stitch line, however this usually heals without treatment. There is a risk of a blood clot in your leg so you may be given heparin injections or aspirin tablets during your hospital stay to reduce the chance of this developing.
- ‘Irritable bladder’ may develop, which will result in having to pass urine very frequently and may persist for several weeks after the operation has been performed.

### Frequency and pain on passing urine

Occasionally after a hysterectomy you may feel the need to pass urine more frequently. This is as a result of slight bruising and swelling of the bladder. Pain relief such as paracetamol is recommended.

### ‘Wind Pain’

The operation does result in a lot of wind floating about in the abdomen, which can cause pain in the shoulder, back and abdomen. Eating small quantities, especially of fruit and vegetables, and drinking plenty of fluid will help to re-establish your normal bowel movements. Painkillers and moving about will also ease the discomfort.

### Vaginal discharge

Some women have a small blood-stained vaginal discharge for up to 6 weeks after the operation. If this becomes a heavy loss or the discharge smells you are advised to contact your general practitioner or the gynaecology ward/emergency room.

## **Your Questions Answered**

### **When should I stop taking the oral contraceptive pill?**

You should stop taking it as soon as possible before your operation and use a barrier method instead. After the operation you will no longer be able to become pregnant.

### **How does having a hysterectomy bring about the menopause?**

The menopause happens when your ovaries stop producing eggs and therefore the hormones oestrogen and progesterone which control your monthly menstrual cycle are reduced. You may already have experienced the menopause naturally. If your ovaries are removed during your laparotomy and you have not already gone through the menopause then you will have your menopause straight away.

### **What are the symptoms of the menopause?**

Hot flushes and night sweats are the most common. These can be embarrassing, uncomfortable and can disturb your sleep. Dryness in the vagina can cause pain and discomfort when making love. Other problems are mood changes, tiredness, anxiety and loss of concentration. Hair and skin can become dry and joints may be painful. In time, low oestrogen levels can cause osteoporosis (thinning bones) and heart disease.

### **How can hormone replacement therapy help?**

Hormone replacement therapy (HRT) relieves menopausal symptoms and can prevent osteoporosis. As the name suggests this treatment replaces the oestrogen your ovaries no longer produce. There are many different types and strengths of HRT available. HRT can be given either as tablets to be taken every day, as implants which are inserted under the skin every 6 months or so and as skin patches which you change twice a week. Your doctor should be able to find a form of HRT to suit you.

### **When should you start HRT?**

Your consultant will decide when and whether it is appropriate for you to start taking HRT.

## **Are there any side effects with HRT?**

Some women have nausea, breast tenderness or leg cramps at first, but this normally settles down quickly within the first three months. Others find that their skin becomes sensitive to skin patches. Occasionally headaches can become a problem. HRT does not cause you to put on weight.

## **What about breast cancer?**

Breast cancer is a common disease in older women and 1 in 12 women in the UK will suffer from it. Studies show that taking HRT for up to 5 years does not appear to change the risk of getting the disease. Experts believe that if you have had your ovaries removed you can take HRT up to the time you would have had your menopause and then for an additional five years before there is any likelihood of change in risk.

## **Returning to work**

Recovery time is variable for patients, a degree of tiredness is experienced for sometime. Return to work depends on the nature of your job. You must feel comfortable at work and be able to cope. You will probably feel tired at first. You will need to refrain from work for at least 12 weeks but your GP will give you advice, or if you are attending for a gynaecology out-patient appointment you may discuss this with the doctor.

## **Driving**

Your movement and strength must be able to cope with an emergency stop before you return to driving. You should feel comfortable behind the wheel, with a seat belt over your abdomen. Recommended guidelines suggest 4-6 weeks. Or you could check with your insurance company.

## **Sex**

It is advisable to refrain from intercourse for at least 6 weeks, this is to prevent infection and to reduce trauma. Resuming sexual intercourse will depend on the type and extent of surgery you have had and if you are worried about this then please speak to a member of staff before you are discharged.

## **Emotional Health**

### **What will I feel like?**

After your operation, as after any big operation, you may feel depressed and tearful. This is a normal reaction, which the doctors and nurses understand. You may find it helps to talk with the staff caring for you so don't bottle up your feelings.

As time passes, you will begin to feel better but you may still have 'up' days and 'down' days. It may take 6-12 months before you feel you have really adjusted physically and emotionally to what has happened. This is also normal. Some women find it helps to talk to their doctor, a specialist nurse or to one of the organisations listed at the back of this booklet. Please feel free to discuss your concerns.

### **Follow up appointment**

You will be given a follow up appointment for approximately 3 weeks after your operation. At this appointment your doctor will have the report from the laboratory about the tissue from the operation. Depending on these results, you may need further treatment with chemotherapy (drugs) or radiotherapy (X-rays). If this is recommended, your surgeon will discuss the treatment individually with you.

### **Will I come back for check ups?**

Yes, after your hysterectomy the doctors will ask you to attend hospital at regular intervals. You will be given an appointment for the outpatient clinic and as time passes the appointments will probably become less frequent. The follow up appointment will involve regular clinical assessment and vaginal examinations.

Your family doctor will have received details of your operation, so if you feel that things are not gradually returning to normal when you are at home, you might like to discuss this with him/her. Well-meaning friends, relatives and even other patients can give inaccurate and sometimes alarming information. Although many women are sometimes embarrassed to talk about themselves after this operation, it may be helpful for you to share your concerns with your family doctor or practice nurse. If you are still worried you may wish to contact the hospital.



## **Where can I get help?**

If you have queries or problems regarding your illness or operation, or experience any unexpected problems, please contact:

Your hospital doctor (Consultant)  
or one of his team  
or specialist nurse  
or your family doctor/ practice nurse / community nurse

## **Further Help**

The social worker attached to the hospital may be able to arrange practical assistance for permanent or temporary help in the form of home help/home care plan/age concern/visitors/nursery schools/convalescent/nursing/residential home/sheltered accommodation/financial assistance/bus fares/social security claims.

The staff on the ward are always available to discuss these and any other issues with you fully, please do not hesitate to ask.

A cancer information service is also provided by two separate charities:

CancerLink  
17 Britannia St  
London  
WC1X 9JN

Tel: 0808 808 0000  
[www.cancerlink.org](http://www.cancerlink.org)

CancerBACUP  
3 Bath Place  
Rivington St  
London  
EC2A 3JR

Tel: 0808 800 1234  
[www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)

Ovacome  
The Basement East Wing  
St Bartholomew's Hospital  
West Smithfield,  
London EC1A 7BE

Telephone 020 7600 5141

Email [ovacome@ovacome.org.uk](mailto:ovacome@ovacome.org.uk)  
<http://www.ovacome.org.uk/ovacome>

## **References:**

Gynaecology  
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Our bodies Ourselves  
Jill Rakusen & Angela Phillips  
Published by Penguin

Hysterectomy – The emotional  
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Dennerstein, Wood & Burrows

The Menopause  
Rosetta Reitta  
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Natural Alternatives to HRT  
Marilyn Glenville  
Published by Kyle Cathie Ltd  
ISBN -1 -8 5626- 254- 5

A Woman's Guide to  
Hysterectomy – Expectations &  
Options  
A Hass & S Puretz  
Published by Celestial Arts  
ISBN 1-58761 - 105 - 8