The Royal Wolverhampton
NHS Trust

Robotic-Assisted Laparoscopic Hysterectomy for Treatment of Endometrial Cancer

Gynaecology

Introduction

This information leaflet is intended for patients undergoing either a robot-assisted laparoscopic hysterectomy or radical hysterectomy.

The leaflet has been designed give you a better understanding of what the procedures involve, the benefits, risks and alternative treatments available to you. Please feel free to ask a member of the team if this leaflet does not answer all your questions.

What is robotic-assisted laparoscopic hysterectomy?

The surgery is carried out under general anaesthesia (you will be put to sleep). The procedure involves keyhole surgery (the surgeon inserts thin telescopes and surgical instruments through several small cuts in the abdomen) to remove the uterus (womb), cervix (neck of womb), and occasionally lymph glands in the pelvis, using robotic-assisted techniques. Patients may be offered to have their fallopian tubes and ovaries removed depending on their age and personal circumstances.

What is robotic-assisted radical hysterectomy?

The surgery is carried out as above except that tissues around the cervix, the upper third of the vagina and lymph glands in the pelvis are also removed.

Why do I need a hysterectomy?

The aim of the surgery is to treat endometrial cancer by removing all the cancer. Sometimes, removal of pelvic lymph glands is performed at the same time to assess if the cancer has spread.

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to ask for more information.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

What are the benefits of having my surgery by the robotic-assisted method?

- Quicker recovery period, faster return to normal activities
- Reduced pain and discomfort
- Reduced blood loss
- Minimal scaring
- Lower risk of infection
- Shorter hospital stay.

What are the possible risks and complications?

As with any operation, there are risks and complications which can occur, but it is important to remember that these risks are uncommon.

The anaesthetist will discuss risks associated with general anaesthetic and pain control after surgery.

You may have some blood loss at the time of your operation. A blood transfusion may be necessary to replace blood lost during the operation, although this is very unlikely. Very rarely, internal bleeding can occur after the operation and a second operation may be required to correct this.

There is a small risk of developing an infection in the chest (3 in 100 patients), wound (5 in 100 patients), pelvis (4 in 100 patients) or urine (10 in 100 patients). Antibiotics will be given at the start of your operation to help reduce these risks.

With any operation, there is a small risk of blood clots developing in the veins of the leg or pelvis which can travel to the lungs (pulmonary embolism), which could be serious. We will give you injections to thin the blood down and get you to mobilise early after your operation. This is to help minimise your risk of getting blood clots. You will need to continue taking these injections at home for up to 28 days after the surgery. The nurses will show you how to do this.

Bruising may develop around the wound site which should resolve in a few days. Some patients can experience numbness around the scar area, also at the top and outside of their legs. Sometimes, patients may develop a hernia over the scar, this is a bulging of the abdominal wall due to muscle weakness after the operation. This may require further surgical correction.

There is a small chance that we may have to convert to open surgery (laparotomy) if the surgery cannot be completed by keyhole surgery or when internal organ injuries occur. There is a risk of bowel and blood vessels injuries (2 in 1000) associated with laparoscopic surgery.

There is a risk that a small hole can develop in the bladder or in the ureter (tube which carries urine into the bladder). You may require a further procedure to correct this, either at the time of surgery or at a later date.

During this surgery, some nerves that supply the pelvis and bladder are damaged. This may affect your sensation and bladder function. It may take several weeks before your bladder begins to work normally again. Very occasionally, some changes in bladder sensation and bladder function may remain a long-term problem.

The nurses can teach you to catheterise yourself if necessary to help with bladder management. This means you will learn to insert a catheter (fine tube) to remove urine from your bladder. This is done by placing a catheter 2 - 3 times a day through the urethra (the tube that leads to the bladder to the outside opening) to empty your bladder until the bladder begins to work properly again.

After pelvic lymph glands removal, there is a small risk of developing swelling in the legs or lower abdomen (lymphoedema) or you can develop a fluid collection where the lymph glands were removed in the pelvis, this is called a lymphocyst. This normally resolves on its own, but occasionally may need surgical drainage. With any type of operation, there is a small risk of death.

What are the alternatives?

The alternative is to have an open hysterectomy or open radical hysterectomy and radical chemo-radiation therapy. Patients who have robotic-assisted laparoscopic (key-hole) surgery usually recover quicker and have a shorter hospital stay, which is usually two to three days compared to an open radical hysterectomy which usually requires a five to seven day stay in hospital.
Your surgeon will discuss these options with you. The choice about which treatment is best for you will be made together with your doctor based on the risks and benefits of the treatment and individual circumstances.

What should I expect before the operation?

Before admission for surgery you will be asked to attend a pre-admission clinic to ensure that you are fit and well for your surgery. A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking. Any necessary investigations will be organised, such as blood tests, ECG (heart trace) and chest X-rays.

You should have already signed a consent form, but this will be verified at this appointment.

You will receive information about your admission, hospital stay, operation and pre and post-operative care. You will also be given the opportunity to ask any further questions that you may have.

What do I need to do before I come into hospital?

Plan ahead; when you come out of hospital you are going to need extra help at home for the first two weeks. Make sure your family knows this.

If you smoke, try to stop completely. This will make your anesthetic safer, reduce the risk of complications after operation, and speed up the recovery time. If you are unable to stop completely, even doing so for few days will be helpful.

Some medicines need to be stopped or altered before the operation. You should check with your GP and bring your list of medications with you when you come to the pre-admission clinic. If you are on a contraceptive pill, you should stop it at least four weeks before the operation and you should use another method of contraception.

What happens on my admission to hospital?

You are usually admitted to hospital on the day of your surgery but admission times may vary. You will be informed by letter when you will need to come in.

What happens on the day of my operation?

On the day of your operation, you will not be able to eat or drink for a specified time prior to your surgery. You will be informed of the time at your pre-operative assessment and the time will be on your admission letter. A doctor will see you prior to your operation and your written consent will be required before your operation can take place. (This should already have been obtained at the pre-admission clinic). You will have the opportunity to ask any questions not covered during your pre-admission clinic appointment.

You will be asked to put on a theatre gown and a pair of elasticated stockings (TEDS). The stockings help to prevent clots (thrombosis) in your legs. You will need to keep these on all the time you are in hospital and the nurses will inform you how long you will need to keep them on following your discharge.

You will be escorted to theatre. If a pre-med has been given, a theatre trolley will be arranged to collect you from the ward. Otherwise, a team member will walk to theatre with you.

You will be taken to the anaesthetic room where you will be asked a few questions. If you are having general anaesthesia, you will be given an injection into a vein usually in the back of your hand. Once you are asleep, you will be taken into theatre.

You will wake up in the recovery area once your operation is finished. A team member will then escort you back to your bed on the ward.

What should I expect after the operation?

You will return to the Elective Surgical Ward after the operation. You may be given a patient-controlled analgesia (PCA) device where you control the amount of pain relief according to your needs. After stopping the PCA, you will be commenced on appropriate pain relief. It is important to let us know if you have pain or sickness, as this can be controlled with medication.

Your bowel and bladder may take time to work normally following your operation. You may need medication to help to get your bowel back to normal function. Some women may experience wind pain, shoulder tip pain and this normally improves with increased mobility and adequate diet. However, your doctor may need to give you medication to help with this.

A urethral catheter (a tube that drains urine from the bladder) will be inserted at the start of the operation.

The catheter will be removed on the following day after your operation. If you have problems passing urine, you may require self-catherisation. The nurses on the ward will teach you to catheterise yourself.

How long will my recovery take?

It can take up to six weeks or sometimes longer to fully recover from your operation. The ward staff will give you further information about your recovery prior to discharge from the ward.

What about emotions?

We understand that having surgery can be a very emotional time for both you and your family. If you need to talk about how you feel, both the medical team and our nurse specialists are available to discuss any concerns you may have.

What about sex?

After the operation, avoid having penetrative sex for about six weeks to allow the top of the vagina to heal.

What about my loss of fertility?

The loss of fertility can have a big impact if you have not started or completed your family. You may want to explore this further, before or after your operation. Your consultant or nurse specialist will be happy to discuss this with you.

Will I need Hormone Replacement Therapy?

The ovaries make the female hormones, oestrogen and progesterone. If the ovaries are removed, you may experience menopausal symptoms, for example, hot flushes, night sweats palpitations, vaginal dryness, mood change and difficulty in sleeping. You may be offered hormone replacement therapy (HRT). More information is available about HRT; please ask your doctor or specialist nurse if you require further information.

If your ovaries are not removed, you will continue to produce eggs, however, you will not have a monthly period and the eggs will be absorbed by your body.

Do I get a follow-up appointment?

You will receive a follow up appointment in the post. In some cases, a course of radiotherapy may be necessary after surgery. Your doctor will explain to you if and when this is necessary, depending on your results. This can take up to two weeks and you may be called back to clinic to discuss this further.

When should I seek medical advice after my operation?

You should seek medical advice from the Elective Surgical Ward at New Cross Hospital, Wolverhampton (24 hours a day on 01902 694034) if you experience:

- Burning, stinging and increased frequency of passing urine. This may be due to urine infection and treatment is with a course of antibiotics
- Heavy or offensive smelling vaginal bleeding or any bleeding which starts again and is associated with feeling unwell with a temperature (fever). This could be due to a small collection of blood at the top of the vagina and is usually treated with a course of antibiotics. Occasionally, you may need to be admitted to hospital for antibiotics to be administered into a vein and, rarely, the collection may need to be drained
- Red, painful and discharging scar. This may be caused by a wound infection and treatment is with a course of antibiotics
- Increasing abdominal pain with fever and vomiting. This may be due to damage to your bowel or bladder, in which case, you will need to be admitted to hospital
- Constant or abnormal fluid loss from the vagina. This may be due to damage to your bladder or ureter. You will need to be admitted to the hospital for further assessment and investigations
- Painful, red and swollen leg and difficulty in bearing weight on your legs. This may be caused by deep vein thrombosis (DVT). If you develop 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). You need to seek medical help immediately.

Useful telephone numbers

Main Hospital Number:	01902 307999
The Elective Surgical Ward:	01902 694034 or 01902 695034 (24 hours a day)
Clinical Nurse Specialists (CNS) Gynaecological Oncology:	01902 695164 - Office hours

For further information:

www.cancercarewolverhampton.nhs.uk

www.Jotrust.co.uk

www.macmillan.org.uk

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

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