

# Ovarian Debulking

Your Operation Explained

**Patient Information**

## **Introduction**

This booklet has been written to answer questions you, or those who care for you, may have about ovarian debulking surgery. Every woman is different and there may be differences between the information given here and your individual case. The doctors and nurses will talk to you about your surgery. This booklet does not replace the discussion between you and your doctor but helps you to understand more about your condition and the purpose of this treatment.

If you have been diagnosed with ovarian cancer or it has come back, or the possibility of you having a diagnosis of cancer has been suggested, it is normal to experience a wide range of emotions. This can be a very unsettling and frightening time for you and those close to you. It may help to talk with the clinical nurse specialist (CNS) for gynaecology who will listen and answer any questions you have and can put you in touch with other professionals and support agencies. There is a list of organisations that you may find helpful at the back of this booklet. The ward nurses are also experienced in caring for women with this condition and are available 24 hours a day to discuss any queries you may have.

## **Why does ovarian debulking surgery take place?**

Ovarian debulking surgery can be done because a diagnosis of cancer is suspected, possibly originating from the ovary or peritoneum. You are likely to have been found to have a mass or lump in your pelvis and the cause of the mass or lump is being investigated. The term used to describe a mass or lump is a tumour. The way to be certain whether the cause of the pelvic tumour is benign (not cancer) or malignant (cancer) is by having an operation and the tumour or parts of the tumour removed being looked at under the microscope.

Ovarian cancer is treated with surgery and chemotherapy. Sequence of treatment may vary. Some patients may have surgery first followed by chemotherapy. Other patients may be offered chemotherapy first to shrink the tumour and then offered surgery followed by some more chemotherapy. The decision regarding what is offered first – surgery or chemotherapy – is based on clinical judgement of an individual case. When a diagnosis of ovarian cancer has been made, the aim of the surgery is to remove as much of the cancer as possible and help the chemotherapy work more effectively. Surgery is either before chemotherapy (primary debulking) or

after three to six cycles of chemotherapy depending upon response (interval/delayed debulking).

### **What is ovarian debulking surgery?**

'Debulking' means the removal of tumour from the ovaries and any other sites of tumour deposit within the abdomen/tummy. Ovarian debulking surgery usually involves removal of the ovaries, uterus (womb), cervix (neck of the womb) and the fallopian tubes. This is called a total abdominal hysterectomy and bi-lateral salpingo-oophorectomy. The omentum (a fatty apron like tissue hanging from the stomach and surrounding these organs) if involved is also removed or biopsied. Tumour deposits involving the bowel can require bowel surgery and removal of part of the bowel which carries a small risk of requiring a stoma (see page 4 for more detail). The stoma may be temporary or permanent depending upon an individual case. Biopsies will also be taken from other tissues such as the lymph nodes and tummy lining (peritoneum) to check whether ovarian cancer has spread within these areas.

The exact operation will depend on what is found during surgery. If cancer is found, as much as possible of the tumour will be removed. In some cases it may only be possible to remove a small amount of the tumour.

Following the operation your doctor will discuss with you the details of your surgery. The full information regarding the diagnosis will only be available when the tissue removed has been looked at under a microscope in the laboratory and a histology report (tissue analysis) made.

The histology report will provide detailed information about the type of tumour removed and whether further treatment will be needed.

Your results may not be available before you are discharged home, so we will give you an outpatients appointment to discuss the results and possible future treatment options with you.

### **Are there any alternatives to surgery?**

Yes, if you have a diagnosis of ovarian cancer, this is sometimes treated with chemotherapy alone.

The treatment options vary from one woman to another and your doctor will discuss all the possible options with you beforehand.

## **Are there any risks or complications associated with the surgery?**

As with any operation and general anaesthetic there are risks but it is important to realise that most women do not have complications and no one will develop all complications.

### **Bruising or infection**

There is a risk of bruising or infection at the wound site. Internal bruising and infection may also occur. The risk of developing post-operative infections is reduced by giving preventative antibiotics for about three days following surgery.

### **Bleeding**

Bleeding may occur during the operation and often a blood transfusion is given at the time of surgery to replace the blood lost during the operation. There may be internal bleeding after the surgery, making a second operation necessary but this is rare.

### **Deep vein thrombosis and pulmonary embolism**

Occasionally, blood clots may develop in the leg or pelvis (deep vein thrombosis or DVT). If this does occur, it will normally cause swelling and pain in the legs. Rarely a clot can break away and be deposited in the lung (pulmonary embolism). These conditions are treated with medication.

Moving around as soon as possible after your operation can help prevent this. The physiotherapist will visit and show you some leg exercises to prevent blood clots. Before the operation you will be given surgical stockings (known as 'TED' stockings) to wear whilst you are in hospital and a small daily injection to thin the blood. On discharge from hospital the district nurse may continue to give you these injections at home for a short time.

### **Bladder or ureter injury**

Rarely the bladder or ureter (tube which brings urine to the bladder) may be damaged. If this is the case, a catheter (tube) will be inserted into your bladder to drain away the urine and will stay in place for five to ten days after the operation to allow healing to take place. Further surgery in some instances is needed though this is rare.

## **What else might happen as a result of the surgery?**

When cancer is present the surgery can involve working close to or

including the bowel. If an injury during surgery affects the bowel, or an area of bowel affected by cancer must be removed, it may be possible to join the unaffected parts of the bowel together. This is called 'anastomosis'.

If this is not possible the bowel will be diverted to open on the surface of the tummy. This is known as a 'colostomy' or 'stoma' and allows the faeces (stools) to be collected in a bag attached to your tummy which can be removed and emptied.

If this procedure is a likely possibility it will be explained to you in more detail by the doctors and nurses before the operation. Most patients do not need this type of surgery.

### **Will I have a scar?**

Yes, although it will fade. The surgeon will make a vertical midline incision (or 'up and down line') starting at the top of the pubic hairline and going up to and sometimes beyond the belly button (umbilicus). The wound will be closed with clips or sutures (stitches) and these will be removed between 10 and 14 days following surgery.

### **What about losing my fertility?**

If both ovaries and the uterus (womb) are removed, this will result in an immediate loss of fertility. At any age having to have your ovaries or womb removed can affect how you feel about yourself. You can discuss any of these issues and feelings with the cancer nurse specialist for gynaecology who will offer ongoing support.

### **Will I need Hormone Replacement Therapy (HRT)?**

If you have not already gone through the menopause and you have had both ovaries removed you may need hormone replacement therapy (HRT). HRT is available in many forms: as an implant, patches, tablets, gels, sprays and vaginal creams. There are also alternative ways of managing the potential symptoms.

### **Is there anything I should do to prepare for the operation?**

Yes, make sure all your questions have been answered and that you 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. Ask your CNS who will 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 troubles as smoking makes your lungs sensitive to the anaesthetic.

You should also eat a well 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, the practice nurse at his or her surgery or the 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 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 any children. You may wish to discuss this further with the cancer nurse specialist for gynaecology.

If you have any concerns about your finances whilst you are recovering from your operation, you may wish to discuss this with your CNS. You can do this either before you come into hospital or whilst you are recovering on the ward.

### **What tests will I need before my operation?**

You will be asked to attend a pre-admission clinic about a week or two before your operation. Tests will be arranged to ensure you are physically fit for surgery. Recordings of your heart (ECG) may be taken as well as a chest X-ray. A blood sample will also be taken to check that you do not have anaemia. The nurses on the ward will then take some details and ask some questions about your general health.

Your temperature, pulse, blood pressure, respiration, weight and urine are measured to give the nurses and doctors a base line (normal reading) from which to work.

The nurses will explain to you about the care you will receive following your operation. You will have the opportunity to ask any questions that you or your family may have. It may help to write them down before you come to the clinic.

### **When will I come in to hospital for my operation?**

You will be admitted to the ward the day before, or on the day of your operation. You will be asked to ring the ward on the morning of your admission. The ward clerk or nurse will give you a time when to come into the ward. On your arrival, the ward clerk or one of the nurses will greet you and show you to your bed. If your bed is not ready you will be given a seat on the ward until it becomes available.

You will meet the ward nurses and doctors involved in your care. If you have not signed a consent form in the clinic, you will be asked to sign a consent form on admission to confirm that you understand and agree to the operation. The anaesthetist will visit you to discuss the anaesthetic and to decide whether you will have a 'pre-med' (tablet to relax you) before you go to the operating theatre.

Before your operation, you will not be allowed to have anything to eat or drink (nil by mouth), including chewing gum or sweets, for at least six hours before your operation. If you are on any medication you may need to take your tablets in the morning with a little water. The nurses on the ward will tell you which medication you need to take.

You will be given special stockings to wear and start having a small injection daily on the day of admission and until you are discharged to prevent blood clots (also known as DVT or deep vein thrombosis) from forming after surgery. This is necessary because when recovering from the operation you may be less able to walk around and keep the blood circulating in your legs. In selected cases, bowel preparation with enemas/laxatives may be required. Enemas are used to promote bowel movement and are usually given the night before and in the morning of the surgery.

### **What will happen the day of the operation?**

Before going to the operating theatre, you may 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), contact lenses, wigs and scarves must be removed.

### **What happens after the operation?**

One of the nurses will collect you from recovery department (where you wake up after your surgery) and escort you back to the ward.

When you return from theatre please tell us if you are in pain or feel sick. We have tablets/injections that we can give you to relieve these symptoms as and when required. Above all we want you to remain comfortable and pain free. You may have a device that you use to control your pain yourself. This is known as a PCA (Patient Controlled Analgesia) and you will be shown how to use it before you go into the theatre. Alternatively, an epidural may be inserted in your back for pain relief. The anaesthetist will discuss the choice between a PCA and epidural with you before surgery.

You may still be very sleepy and be given oxygen through a clear mask to help you breathe comfortably immediately after your operation. To allow your abdomen to recover from surgery and while you are nil by mouth a drip will be attached to your arm or hand to give you fluids and prevent dehydration. This will remain in for a couple of days.

You may have a drain in your tummy so that any blood or fluid that collects in the area can drain away safely and will help prevent swelling. The tube will be removed when it is no longer draining any fluid, which can take a few days.

Your wound will be covered with a dressing. This will be removed a few days after your operation and the wound is left exposed. You will be asked to take a shower to help keep your wound clean. Avoid highly scented soaps and do not rub the area. When drying pat the area dry and avoid rubbing the wound. Your wound will be looked at regularly to ensure it is healing. The stitches or clips will be removed seven to 14 days following surgery. If you are discharged a district nurse will be booked to do this at your home or you may be asked to return to the ward.

A catheter (tube) will be inserted into your bladder in theatre to drain urine away. The catheter will need to stay in until you are mobile, or possibly longer. If this is necessary then the reasons will be explained to you. When the catheter is removed the nurses will monitor how much urine you are passing to ensure you are emptying your bladder properly.

You may also have trouble opening your bowels, as it takes a few days before they start to work properly. You may have discomfort due to the build up of wind for the first few days following surgery. This is temporary and we can give laxatives if needed and hot peppermint water to help relieve wind pain.

You may have some vaginal bleeding for the first few days following surgery. The bleeding normally turns to a red/brownish discharge before disappearing after a few days to a few weeks.

### **How long will I be in hospital?**

You will be in hospital for approximately five to 10 days depending on the type of surgery and 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 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 three 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.

Rest as much as possible, gradually increasing your level of activity. Continue with gentle activities such as making cups of tea, light dusting and washing up. Avoid lifting or carrying anything heavy (including children, shopping and vacuuming).

Generally, within six to eight weeks you should be able to return to your normal activities

### **When can I return to work?**

If you work, when you can return 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 further treatment, such as chemotherapy, after your operation.

Most women need approximately 2 to 3 months away from work to recover fully before returning to work or their usual routine. However, this will depend upon your recovery and you can discuss it further with your doctor.

### **What about exercise?**

It is important to continue doing the exercises shown to you by the physiotherapist for at least six weeks after your operation. Ideally, you should carry on doing them for the rest of your life, particularly the pelvic floor exercises. **Avoid** all aerobic exercise, jogging and swimming until advised. The physiotherapist will be happy to advise you on your individual

needs.

### **When can I have sex?**

Following your surgery you may not feel physically or emotionally ready to start having sex again for a while. It can take at least two months to physically recover from the operation and even longer for the energy and sexual desire to improve.

During this time, it may feel important for you and your partner to maintain intimacy, even if you choose not to have 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 discuss them with your CNS.

### **When can I start driving again?**

You are advised not to start driving for at least four weeks following your operation. However this will depend on the extent of surgery you have had and your recovery.

As a guide, you can normally start driving when you can stamp your foot on the ground hard without causing pain and discomfort as this movement is required in an emergency stop. It is advisable to check the details of your car insurance policy, as some contain clauses about driving following an operation.

### **Will I need to visit the hospital again after my operation?**

Yes, it is very important that you attend any further appointments arranged either at City Hospital or back at the hospital which referred you for treatment. If the histology (tissue analysis) is not available before you are discharged home, an early appointment for the outpatients clinic will be made to discuss the results and your treatment plan if further treatment is necessary.

### **Will I need to continue with cervical smears?**

If during the operation your cervix has been removed (the cervix is removed along with the womb in a total abdominal hysterectomy) then you will no longer need to have cervical smears.

**It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have**

**any questions at all, please ask your surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatients appointments.**

### **Glossary of medical terms used in this information**

**Anaemia:** a condition in which the blood is lacking in red blood cells.

**Biopsy:** a procedure in which a small piece of tissue is removed and examined under a microscope.

**Catheter:** a flexible tube used to drain fluid from the bladder.

**Cervix:** the narrow outer end of the uterus or womb.

**Chemotherapy:** the treatment of cancer with drugs.

**ECG:** also known as an electrocardiogram, is a test which measures the electrical activity of the heart.

**Epidural:** a pain relieving injection into the spinal column.

**Fallopian tubes:** one of a pair of long, slender tubes that transport eggs released from the ovary to the womb.

**Histology:** the study of cells and tissues on a microscopic level.

**Lymph nodes:** hundreds of small oval bodies that contain lymph. These act as a first line of defence against infections.

**Omentum:** a fold of fatty tissue in the peritoneum which hangs from the stomach and connects and supports the stomach and other organs in the abdomen.

**Ovary:** one of two small oval bodies in which eggs and hormones are developed.

**Peritoneum:** a smooth membrane which lines the cavity of the abdomen.

**Physiotherapist:** a therapist who treats injury or dysfunction with exercises and other physical treatments of the disorder.

**Uterus:** a hollow muscular organ in the female pelvis, in which a fertilised egg develops into an embryo.

### **Local sources of further information**

You can visit any of the health/cancer information centres listed below:

#### **Birmingham Women's NHS Foundation Trust**

Health Information Centre  
Birmingham Women's Healthcare NHS Foundation Trust  
Metchley Park Road  
Edgbaston  
Birmingham B15 2TG  
Telephone: 0121 627 2608

#### **Heart of England NHS Foundation Trust**

Health Information Centre  
Birmingham Heartlands Hospital  
Bordesley Green  
Birmingham B9 5SS  
Telephone: 0121 424 2280

Cancer Information and Support Centre  
Good Hope Hospital  
Rectory Road  
Sutton Coldfield B75 7RR  
Telephone: 0121 424 9486

#### **Sandwell and West Birmingham Hospitals NHS Trust**

The Courtyard Centre  
Sandwell General Hospital (Main Reception)  
Lyndon  
West Bromwich B71 4HJ  
Telephone: 0121 507 3792  
Fax: 0121 507 3816

#### **University Hospital Birmingham NHS Foundation Trust**

The Patrick Room

Cancer Centre  
Queen Elizabeth Hospital  
Edgbaston  
Birmingham B15 2TH  
Telephone: 0121 697 8417

**Walsall Primary Care Trust**  
Cancer Information & Support Services  
Challenge Building  
Hatherton Street  
Walsall WS1 1YB  
Freephone: 0800 783 9050

### **About this information**

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website: <http://www.birminghamcancer.nhs.uk>.

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, Patients and Carers from the following Trusts:

Heart of England NHS Foundation Trust  
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