

# Total Laparoscopic Hysterectomy for Endometrial Cancer

## Patient Information – Gynaecologic Oncology

### Key messages

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- The goal of this patient information is to provide you with information prior to your upcoming surgery.
- Please read this information carefully and bring this paperwork with you when you come for pre-admission clinic.
- During the pre-admission clinic you will meet with the surgeon, anaesthetist, a junior doctor and pre-admission nurses. The surgeon will consent you for surgery and you will have an opportunity to ask any questions then. This clinic can be very busy, and you will receive a lot of information, hence why it is important to read this information prior to your clinic appointment. We also strongly recommend that you bring a support person to clinic with you.
- If you have any questions or concerns in the meantime, you can call our gynae-oncology clinical nurse specialist (CNS) on 027 905 8059, or our cancer nurse coordinator (CNC) on 021 824 694, between 8.00 am and 4.00 pm Monday to Friday.

### About surgery for endometrial cancer

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Your doctors have recommended an operation as part of your treatment of endometrial cancer or cancer of the 'lining of the womb'. The aim of surgery is to remove the cancer and establish the stage of your cancer.

During this procedure we shall remove the uterus (womb), cervix, ovaries, and fallopian tubes. In addition, we may remove the lymph nodes in the pelvis. This is either by removing all of the pelvic lymph nodes (full lymph node dissection) or at the time of surgery injecting a special dye into your cervix which allows us to remove only 1-2 lymph nodes (sentinel lymph node biopsy).

Laparoscopic surgery has been recommended as the technique for surgery. The aim is to use keyhole surgery (aided by the laparoscope/telescope) to remove the uterus, cervix, fallopian tubes, ovaries and possibly lymph nodes. In a total laparoscopic hysterectomy, all the operating is performed using the telescope and instruments from above and the uterus/tubes/ovaries are removed vaginally. There will be four incisions (cuts) made that you can see. The first is for the telescope and is within or close to the belly button. This is approximately 1 cm long. Three further cuts will be made in the lower half of your abdomen, which are approximately 5 mm long. An additional cut is made at the top of the vagina to remove the tissues.

### Some commonly asked questions about your upcoming surgery

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#### Who will perform my procedure?

A consultant gynaecological oncologist surgeon or a senior trainee in gynaecological oncology (working under supervision) will perform this procedure.

#### What type of anaesthetic will I have?

Your surgery will be performed under a general anaesthetic. This means you will be fully asleep for the duration of your surgery.

## What happens to my tissues after surgery?

All the tissue that is removed during the surgery is looked at under the microscope by a pathologist. After this you will get asked when are consented for surgery if you want your tissues returned to you or if you would like the hospital to dispose of it.

We would also like to invite you to donate a small amount of this spare tissue to be stored for future research and become a part of our gynae-oncology tissue bank. Studying tissue samples is useful for many things:

- Helping doctors and scientists work out why and how changes occur in tissue.
- Allowing us to understand how these changes are related to changes in your cells, chemical makeup or genetic information.
- Develop new medical treatments through the detailed study of samples.

If this is something you are interested in doing, we will speak to you in more detail about it at the pre-admission clinic.

## What are the risks of this surgery?

- Bleeding which may require a blood transfusion
- Infection – you will be given antibiotics at the start of surgery to reduce the risk of infection
- Blood clots forming in the legs or lungs – you will be given a month of once daily blood thinning treatment after your surgery to reduce the risk of clots
- Damage to surrounding structures in your abdomen like bowel, bladder or ureters (tubes that drain urine from kidneys to the bladder)
- Occasionally it is not possible to safely perform the surgery via keyhole then we may need to make a larger cut in your abdomen
- Need to have a second operation

## What happens after surgery?

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A catheter (tube) will be placed in your bladder during the operation. This might be taken out immediately after the operation or left until later, for example, when you are less sleepy. You will be supported to get out of bed and moving around soon after the surgery. After a total laparoscopic hysterectomy, you will usually be in hospital 1-2 days. Small dissolvable stitches are used to close the small skin wounds at the end of the operation. These sutures do not need to be removed. During your hospital stay you will be able to have a support person/support people present on the ward with you.

For more information about:

hospital and specialist services, go to [www.cdhb.health.nz](http://www.cdhb.health.nz) | your health and medication, go to [www.healthinfo.org.nz](http://www.healthinfo.org.nz)