Pelvic Mass/Staging laparotomy

Information for patients who have been recommended an operation for a pelvic mass or lump

Pan-Birmingham Gynaecological Cancer Centre

Introduction

This booklet has been written to answer questions you, or those who care for you, may have about an operation to remove a pelvic mass (or lump). The medical term for this is a staging laparotomy which means a cut into the tummy to explore and remove the lump, look at the rest of the organs in the pelvis and to take any biopsies necessary to make a diagnosis. 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 leaflet does not replace the discussion between you and your doctor but aims to help you understand more about your condition and the purpose of this treatment.

Why does a staging laparotomy operation take place?

A mass or lump has been found in your pelvis, it may be causing some symptoms and the cause of the mass or lump is being investigated. The mass is likely to come from either an ovary, fallopian tube or the peritoneum (a membrane which lines the abdominal cavity). The aim of the surgery is to remove the mass, to explore to see if there are any similar cells or lumps anywhere else in the pelvis, and to make a diagnosis as to what the lump is.

At this stage we do not know what the lump is and by removing it we can make a diagnosis. You are being looked after by a specialist team who care for women with pelvic masses regularly.

It is normal to experience a wide range of emotions. This can be a very unsettling time for you and those close to you. It may help to talk with the Macmillan Clinical Nurse Specialist (CNS) for gynae-oncology who will listen and answer any questions you have and can put you in touch with other professionals and support agencies. The ward nurses are also experienced in caring for women having this operation and are available 24 hours a day to discuss any queries you may have.

What could the outcomes be from this operation?

We can make a diagnosis by removing the pelvic mass and examining it under the microscope. There are usually three possible outcomes of an operation to remove a pelvic mass:

- A diagnosis of a benign mass, which is not cancer. There is no need for further treatment and you will be discharged from our care.
- A diagnosis of borderline ovarian tumour (BOT), also not cancer. You may be discharged from follow up visits to the hospital but keep open access to the specialist team if you have any concerns in the future. We call this patient initiated follow up.
- A diagnosis of cancer where this operation may be all the treatment required or where there may be the need for further treatment, such as chemotherapy.

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What is staging laparotomy surgery?

A laparotomy is an operation to look inside your abdomen. The surgeon will make an up and down cut from the pubic hair line to above your belly button and examine inside the abdomen and pelvis. If the lump is very large the cut will need to be longer.

The mass will be carefully removed, usually, along with the uterus (womb) and the cervix (neck of the womb) and both ovaries and fallopian tubes. This is called a total abdominal hysterectomy and bilateral salpingo-oophorectomy. The omentum (a fatty apron-like organ that hangs from the stomach and shielding the pelvic organs) is also biopsied or removed. The rest of the tummy will also be explored and other areas may be biopsied or removed. For example, lymph nodes and tummy lining (peritoneum) to assess if they are concerning. Fluid from the tummy will also be sent off to be tested (peritoneal washings).

For some younger women, fertility sparing surgery may be possible and could include preserving a normal looking ovary and the womb. Your options will be discussed prior to consent.

The exact operation will depend on what is found during surgery.

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. The report will provide detailed information about the mass and whether further treatment will be needed or not.

Your results may not be available before you are discharged home, so we will give you an appointment at your referring hospital to discuss the results and plan any on-going care.

What are the benefits of staging laparotomy surgery?

- Obtaining a diagnosis
- Determining if further treatment is needed
- If cancer is suspected; determining the origin of the cancer and removing all the possible cancer cells
- The opportunity to individualise treatment
- Alleviating any symptoms from this mass

Are there any alternatives to surgery?

Usually we do not biopsy masses where the diagnosis is uncertain as abnormal cells could be spilled into the tummy.

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You can choose to not have an operation; this means we will be unable to advise you as to the nature of the lump and depending on its size it is likely to continue to cause symptoms or, if the lump is cancerous, it may also spread. We will discuss with you follow up options. You may be followed up with surveillance.

Are there any benefits to not having surgery?

By not having an operation you avoid the risks of surgery.

Are there any risks to not having surgery?

This operation has been recommended after careful consideration within a multidisciplinary team of clinicians and is considered the best treatment for your type of mass/lump to support making a diagnosis and to alleviate any pressure symptoms you may have. If you choose not to have surgery, the mass may continue to grow and cause pain and pressure symptoms in the pelvis that may affect your bladder or bowel. If the lump is cancerous, it may even spread beyond cure.

Are there any risks or complications associated with the surgery?

There are risks, but it's important to realise that most women do not have complications after this procedure. However, risks do increase with age and for those who already have heart, chest, or other medical conditions such as diabetes, or if you are overweight or smoke.

The identified risks associated with this surgery include general risks that can occur after any operation and those risks specific to this operation.

Generic risks:

- Bruising or bleeding, rarely requiring a blood transfusion
- Infection of the wound, urine or chest
- Blood clots in vessels in the legs (thrombosis) (2%) or lungs (embolism)
- Risks of anaesthetic
- Very rarely patients may die from major surgery (1:400)

Specific risks:

- Injury to the structures near to the pelvic mass including bladder, bowel, ureters (kidney pipes)
- You may require a bowel resection (removing a part of the bowel) if it is inseparable from the mass. After this we may join the bowel back together or you may require a stoma bag.
- Problems with emptying bladder or bowels
- Leakage of urine or faeces
- Hernia formation at the surgical incision

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Will I have a scar?

Yes, although it will fade. The surgeon will make a vertical up and down incision. The wound will be closed together with clips or staples, which will remain for around 14 days. The area around the scar will feel numb for a while after the operation, but the sensation will usually return. The clips can be removed at your GP surgery by the nurse, and we will give you a letter and clip remover to take with you.

What about losing my fertility?

At any age having the womb and/or ovaries removed may affect the way you feel about yourself. Removal of the womb and ovaries means that you will not be able to become pregnant in the future. Loss of fertility can have a huge impact if you have not started or completed a family. You will be given the opportunity to explore all fertility sparing options where possible. It is important to have the opportunity to discuss this and express your feelings about it with the CNS before the operation. The CNS team will also continue to offer support during the recovery phase of the operation. Advice is also available from our specialist fertility teams and the CNS team can help arrange a consultation with fertility specialists where feasible.

Will I need Hormone Replacement Therapy (HRT)?

If you have not gone through the menopause before surgery, you will become menopausal if having both ovaries removed. Symptoms of the menopause can include hot flushes, night sweats and loss of concentration, dry skin, mood changes, vaginal dryness and being less interested in sex.

Menopausal symptoms can be managed naturally or with the use of hormone replacement therapy (HRT). Your choices will be discussed once the final results from testing the lump are received and we can advise on the risks and benefits of HRT for you.

HRT is available in many forms – as implants, patches, tablets, gels, sprays and vaginal creams. Please discuss the available options with the doctors and CNS team for further information.

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

Yes. Make sure that:

- All your questions have been answered and that you fully understand what is going to happen to you.
- If you smoke, please try to stop or cut down. This will reduce the risk of developing a chest infection. Ask the gynae team about smoking cessation services that could support you to give up smoking.
- Eat a well-balanced diet, introducing more protein, vitamin C and some fats to help recovery.

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- Increase your water intake, aim for two litres (about eight – ten glasses) per day, which will help with bowel movement and prevent dehydration.
- Some pre-operative nutrition drinks will be given to you to drink the day before, and the morning of the procedure (if you are not diabetic) to support your recovery after the operation.
- Remain as active as you can in preparation for the operation. This allows for better energy levels, more positive mood and reduced tiredness. Moderate exercise to raise your heart rate is the recommended amount; however any amount of increased activity will help, gradually build up and do what you can. Brisk walking before surgery is helpful.
- Prepare for when you leave hospital. 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, hoovering and gardening) and to look after children if necessary. You may wish to discuss this further with your CNS.

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 the pre-admission clinic about one or two weeks 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 have enough red blood cells and to check kidney function. We may also store a blood sample in the lab in case you need a blood transfusion. The nurses in pre-admission 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 doctor a base line (normal reading). The nurses will explain to you about the post-operative care following your operation. You will also 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.

The nurses will give you a body wash to use when bathing or showering the night before, and on the morning of your operation. All make-up, nail varnish, jewellery (except wedding rings which can be taped over), must be removed.

You may be advised to take a laxative e.g. Senna for 3 nights before your operation to clear your bowel.

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When will I come into hospital for my operation?

You will come to the admission ward on the day of surgery, usually around 7.30am. On your arrival, the ward clerk or one of the nurses will greet you and show you to your bed. You will meet the ward nurses and doctors involved in your care.

You will be asked to confirm that you understand and agree to have the operation and checks will be made that you have signed a consent form for the operation.

The anaesthetist will visit you to discuss the anaesthetic and pain relief during and after your operation. You can bring your own medicines with you and discuss with the anaesthetist if you should take them before the operation. After the operation, you will be taken to the gynaecology ward.

When do I need to stop eating and drinking?

You can eat up till midnight the day before your operation.
From midnight to 6am on the day of your operation you can drink sips of water only or your pre op nutrition drink.

From 6am nothing to drink or eat.

If you are on any medication, you may need to take your tablets in the morning with a little water, but you can do this at the hospital.

What will happen on the day of the operation?

Before going to the operating theatre, you will be asked to change into a theatre gown and be helped to apply your stockings. False teeth, contact lenses, wigs and scarves must be removed before going to theatre, and can be given back to you as soon as you are awake.

The surgery can last anything between 2-4 hours. There will be time in the anaesthetic room before the operation and you will be monitored closely after your operation as you wake up in the recovery room.

What happens after the operation?

One of the nurses will collect you from the recovery ward and escort you to the gynaecology ward.

When you return from theatre, please tell us if you are in pain or feel sick. We have pain medicines and anti-sickness medicines that we can give to relieve these symptoms. Above all, we want you to be as comfortable as possible. You may have a device that you use to control your pain yourself. This is known as a PCA (Patient Controlled Analgesia), a simple button to release pain medicine via a drip in your arm into your bloodstream. We will explain to you how to use this device.

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Alternatively, an epidural tube 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 mask to help you breathe comfortably.

Once you are awake take several deep breaths, breathe deeply, feeling the lower ribs move out sideways. Repeat this 4-5 times, every hour and when you wake up. A rolled-up towel or pillow across your tummy will help support your abdomen if you need to cough. For circulation and mobility move your ankles up and down for 30 seconds, and once sitting bend and straighten your knees (one at a time) for 30 seconds.

While you are not able to drink, a drip will be attached to your arm or hand to give you fluids to prevent dehydration. This will remain in until you are drinking and eating well.

You may have a drain in your abdomen so that any blood or fluid that collects in the tummy area can drain away safely. 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 1-2 days after your operation and the wound left exposed. You will be asked to take a shower to help keep your wound clean. Avoid highly scented soaps. When drying, pat the area dry and avoid rubbing the wound. You may shower daily. The stitches or clips can be removed around 10-14 days following surgery. Please book in to see your practice nurse for this and a letter with the equipment will be given to you. It is advisable to book your appointment before leaving the hospital, just in case you encounter any difficulties.

A catheter (tube) will be inserted into your bladder in theatre to drain urine away. As the bladder is positioned close to the cervix, uterus and vagina, where the surgery has taken place, the catheter will allow the area to recover. The catheter will be removed when you are moving around and can get to the bathroom independently.

Bowel movements can be slow initially before resuming your usual pattern. You may have discomfort due to the build-up of wind for the first few weeks following surgery. This is temporary and sometimes laxatives are needed. Hot peppermint water or peppermint tea is also helpful to relieve wind pain, as is walking, steadily build up your walking distance daily.

Risk Management of Blood clots

Patients having this surgery are at risk of getting a blood clot in the blood vessels of the legs, or pelvis, known as deep vein thrombosis (DVT). This can lead to a clot travelling to the lungs called pulmonary embolus. To prevent this, we will ask you to:

- Move around as soon as possible after your operation.

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- Wear special surgical stockings whilst in hospital and for about 4 weeks after your operation, until you are moving around more.
- Give yourself a small daily injection of (heparin) a medicine that thins the blood. These will continue for 28 days following your operation to prevent clots. It is a simple technique and the ward nurses will teach you or a family member how to administer the injections prior to discharge. Sometimes the district nurse can come and help you with these injections. A physiotherapist will visit and show you some leg exercises to prevent blood clots.

You may have some vaginal bleeding for the first few days following surgery and it may appear again at around 10 days after surgery. The initial bright red bleeding usually turns to a red/ brownish discharge before disappearing after a few days to a few weeks. If there is a lot of bleeding, like a heavy period and soaking pads, then please call us for advice. If there is an offensive smelling discharge please call for advice.

What about exercise?

There are specific recovery exercises for gynaecological surgery, a leaflet will be given to you.

You will meet the physiotherapist on the ward, who will help with mobility and breathing exercises. Please ask any individual questions to them, the nurses or the CNS team.

When can I go home?

You will be in hospital for an average 5 days (between 3 and 7 days), depending on 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 6 to 8 weeks to fully recover from this operation. However, your energy levels and what you feel able to do will usually increase with time. For the first 6 weeks avoid lifting or carrying anything heavy.

When can I return to work?

This depends on the type of work you do, how well you are recovering and how you feel physically and emotionally. Any job requiring heavy lifting may take a bit longer to return to, but you are the best judge of how you feel. A medical certificate (sick note) can be provided from hospital for the initial time after your surgery and your GP can provide further notes if necessary.

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Most women need approximately 6-8 weeks away from work to recover fully before returning to work or their usual routine. You can discuss it further with your doctor, specialist nurse or GP. Remember, the return to normal life takes time, it is a gradual process and involves a period of readjustment and will be individual to you.

When can I start driving again?

We advise you not to drive for at least 6 weeks after your operation. However, this will depend on the extent of your surgery and how you are recovering. You can normally resume driving when you can stamp your feet hard on the ground without causing any pain or 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.

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 up to 3 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, despite refraining from penetrative sexual intercourse. The vagina needs to heal before resuming penetrative sex allow about 6-8 weeks. If you have any individual worries or concerns, please discuss them with your CNS.

It can 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.

If you do not have a partner, you may have concerns either now or in the future about starting a relationship after having an operation. Please do not hesitate to contact your CNS if you have any queries or concerns about your sexuality, change in body image or your sexual relationship either before or after surgery.

Do I need to have cervical smears?

No, cervical smears are usually not necessary after this operation, as your cervix has been removed.

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

Possibly, you may either have a telephone appointment or an appointment arranged either at City Hospital or back at your referring hospital to discuss the results of the surgery and any further treatment plan.

It is helpful if 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,

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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 outpatient appointments.

Symptoms to report post operatively:

Anything that worries you should be reported. You can call the CNS team on 0121 507 5511 weekdays during the day or call the ward at any time.

Look out for:

- New unexplained pain
- Signs of infection, for example a high temperature, shivering when you are warm, a cough, burning sensation when you pass water, redness or leakage of the wound
- Shortness of breath, redness or swelling to a calf, bruising (the injections for thinning your blood cause bruising which is normal)
- Leakage of either urine or faeces
- It is common to have some vaginal bleeding post operatively and this may go away and come back for a few days, much like a scab healing. Please call if the bleeding is fresh, persistent or heavy- soaking pads quickly
- Vomiting, especially if your bowels aren't working
- Oozing or breakdown of the wound

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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.

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.

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.

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Support

Ask your CNS for the latest information on support groups.

Various apps such as Squeezy – the NHS Physiotherapy app for pelvic floor exercises can be downloaded from your usual app store.

Further information

Royal College of Obstetricians and Gynaecologists (RCOG)
https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/recovering-well-from-gynaecological-procedures/
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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.

This information was produced by the Pan Birmingham Gynae Cancer Team and was written by Macmillan Clinical Nurse Specialists, Consultant Surgeons, Allied Health Professionals, with support from Patients and Carers.

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