

Gynaecology Enhanced Recovery

Information for patients undergoing
surgery for gynaecological cancer



What is the Enhanced Recovery Programme?

The Enhanced Recovery Programme aims to improve your recovery after an operation. To achieve this the programme focuses on making sure you are actively involved in your own recovery process.

This leaflet explains how being on your feet early, good nutrition, exercise and adequate pain control will enhance your recovery.

What can I do before admission?

It is important that you think about what will happen when you are discharged home from hospital, including:

- who will be available to collect you?
- who will be able to help you at home for a short while?

If you have any concerns about needing help on discharge you need to discuss them with your family/carers/GP or clinical nurse specialist before your admission.

What is the pre-op assessment?

You will either need to attend the hospital pre-admission clinic or you will have a telephone appointment to discuss pre-admission information. The nursing staff in this clinic will ask you about your general health and any current medications - it is important that you bring these with you. It may be that some of your regular medications cannot be taken on the day of surgery or that some medications need to be stopped for a short period of time before your operation.

You will have some routine investigations such as: blood tests (if over the telephone you will be advised to visit your GP), a tracing of your heart (ECG) and blood pressure.

These investigations are to ensure that you are in optimum health for the planned operation.

A chest X-ray may also be done before the operation (to exclude any spread of cancer to the chest). This is **important** as your course of treatment may be changed according to the results. If you have had a recent CT scan this will not be required.

Will I be able to eat and drink before the operation?

It is important that you continue to eat a normal, healthy, well balanced diet prior to your admission. Usually you will be able to:

- eat until midnight on the night before your admission to hospital
- drink clear fluids (not drinks containing milk) until 6am on the day of admission.

You can continue to sip plain water until your operation.

You may be given nutritional drinks to take for 24 hours before the surgery.

What will happen on the day of admission?

You will be asked to arrive at the hospital at either 7am or 11am on the day of your operation. You will be seen by the gynae cancer team at around 8am, when you will have the chance to ask any last minute questions. You will also be seen by an anaesthetist. You may need some more blood tests, provide a urine specimen and then you will be prepared for theatre.

Following the operation it is likely that you will be transferred to the Eden ward or EPOC ward for your recovery and ongoing care.

How long can I expect to be in hospital?

For keyhole surgery we hope that you will only need to remain in hospital on the night of your surgery and you should be able to go home the following afternoon.

If you have an open operation you will need to be in hospital for between 3 -7 days depending on the procedure - we will advise you when we see you in the clinic.

Will I have any pain or discomfort?

We want you to be pain free and comfortable following your operation and we aim to keep you as comfortable as we can. There are various methods that we use, including:

- A PCA (patient controlled analgesia) pump – this syringe will contain strong pain relief that you administer by pressing a button.

You will not be able to overdose on this pain relief so you can push the button as much as you want – this will give an indication to nursing staff on how well your pain is being controlled. You will also be able to ask for additional pain relief if this is not as effective as you need.

- Spinal anaesthetic - this is an injection into the back performed prior to the surgery. It helps you feel more comfortable when you wake up after the operation.
- Oral medication – you may just need regular tablet pain relief such as paracetamol and ibuprofen.

If you have a PCA or epidural you will be reviewed by the pain team.

We do not want you to be in pain so please remember to tell ward staff if your pain is not controlled. It is also important that your pain is controlled so that you can be on your feet early, eat and drink, feel more relaxed, are able to sleep and more inclined to do your post-op exercises.

Will I need a catheter?

When you wake up from the operation you may have a urine catheter (tube) into your bladder so that you do not need to get up to the toilet for the first night and to enable us to monitor your urine output. This is usually removed the following morning if you have had keyhole surgery, but will be in for a couple of days if you have an open procedure.

You may or may not have a vaginal pack inserted at the time of surgery and this will be removed on the morning following your operation.

Will I have any drips or drains?

You may have some intravenous fluid (bag of fluid going into a vein) attached and once you have started to eat, drink and pass urine adequately these will be stopped.

You may have a drain (tube) inserted into your tummy or into the wound, this will be monitored closely. Once drainage has become minimal this will also be removed.

What about my bowels?

It may take 2–3 days before your bowels open and you may experience some 'wind' pains in your tummy.

To help get your bowels moving again it is important to drink plenty, mobilise gently and begin to eat a balanced diet, as advised by the team. You may find that peppermint drinks or mints help with wind discomfort.

When will I be able to get out of bed?

We want you to regain your independence as soon as possible following your operation. It is important that we get you out of bed and begin to mobilise you to aim to prevent complications such as:

- blood clots
- chest infections
- pressure sores
- loss of confidence.

What can I do to try to prevent any complications?

It is not always possible that you will be seen by a physiotherapist while you are in hospital so here are a few exercises that you can begin to do once you wake from your operation:

1. Legs – point your feet up and down and circle your ankles to help prevent any clots in your legs. Repeat this hourly until you are mobile.
2. Breathing – relax your shoulders, take a normal breath in, allow your abdomen to move outwards, then relax and breath out.
3. Deep breathing exercises – these are very important to help prevent a chest infection. Support your abdomen with a towel if necessary, bring knees up slightly and relax your shoulders, then breathe in through your nose and out through your mouth slowly. Repeat this between 3-5 times.
4. Huff – take a normal breath in and imagine you are misting a mirror in front of you, open your mouth and forcefully exhale. Repeat this and try to do hourly.

How do you reduce the risk of clots?

We want to reduce the risk of you having a blood clot following your surgery, therefore you will be given anti-embolic stockings to wear. You will need to wear these for four weeks.

You will also be given an injection in your tummy whilst you are an inpatient and they will probably be given to you to have at home for up to four weeks.

If you do not wish to do these injections yourself we can arrange for the district nurses to visit you at home.

What about my wound?

You may have clips to help your wound heal and these will remain in place for about 10 days following your operation. You will not need to stay in hospital until these are removed – the district nurses will come and remove these for you if you are unable to attend your GP surgery. If you are able to get to your GP surgery, the practice nurse can remove these for you. The ward staff will give you a staple remover on discharge to give to the nurse who removes them.

You may have stitches both inside and outside and these should dissolve on their own.

Your wound may appear red for a couple of weeks following your surgery and it may also be tender – this is normal. However, if the wound:

- becomes hot, inflamed, painful or swollen
- begins to discharge fluid or pus
- begins to open

please call your GP, Gynaecological Ward or Clinical Nurse Specialist for advice.

What should I expect when I am discharged?

Before you are discharged home you should be walking gently around the ward area and be eating and drinking and passing urine. We like you to have your pain under control so we will send you home with pain relief.

Once home you should be able to undertake your own personal care but you may need someone to go shopping for you, to do the washing and to clean for a few weeks.

When can I resume normal activities?

Exercise – once you are at home it is important that you have some gentle exercise on a daily basis and that you gradually increase this until you return to 'normal'. We would hope that this will only take about 4–6 weeks.

Work – most people return to work about 4–6 weeks following their surgery. If you have a job that requires heavy lifting you may need longer. Your GP will be able to issue you with a sickness certificate.

Driving – you are advised to speak to your car insurance company before you begin driving again. You must feel comfortable to be able to drive and be able to do the emergency stop if required.

Emotions and sex – we recognise 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 the nurse specialists are available to discuss any concerns you may have.

Following your operation, avoid having penetrative sex for about six weeks to allow the top of the vagina to heal fully. If you have any concerns please discuss this with your nurse specialist.

All of the above information is aimed at enhancing your recovery from your operation and trying to prevent complications.

What if I have any problems?

It is not expected that there will be problems once you go home. However, if you do experience any especially in the first two weeks following your operation we advise you to telephone your GP. You are also given “open access” to the gynaecology ward so if you need emergency advice you can telephone the ward and speak to the on-call team. They may ask you to attend the ward for a review.

Will I have a follow-up appointment?

You will be contacted by telephone to discuss results and next steps once the final results have been discussed in the multi-disciplinary team meeting (MDT). Follow-up appointments will be arranged for you after this.

If you need to have any further treatment following surgery appropriate referrals will be made in a timely manner once your case has been discussed at the Multidisciplinary Team Meeting. We will discuss this with you.

If you have been diagnosed with a cancer you will need regular follow-up for a 5 year period.

Useful Numbers

GP out of hours – contact your surgery

Eden Ward – 01872 253163

Enhance Perioperative Care Ward (EPOC) - 01872 253832

Clinical Nurse Specialist - 01872 252037 (Mon-Fri only)

Further information

www.macmillan.org.uk

Falmouth based Charity

www.pantsmatters.org.uk

Local Support

www.falcancersupport.org.uk

Groups run by CNS's

Cornwall Gynae Cancer Support Group held alternate months. Please ask Clinical Nurse Specialist.

Facebook Group www.facebook.com/groups/61326018745939

Royal Cornwall Hospital NHS Trust

TRURO TR1 3LJ

Telephone: 01872 250000

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