The ROYAL MARSDEN
NHS Foundation Trust

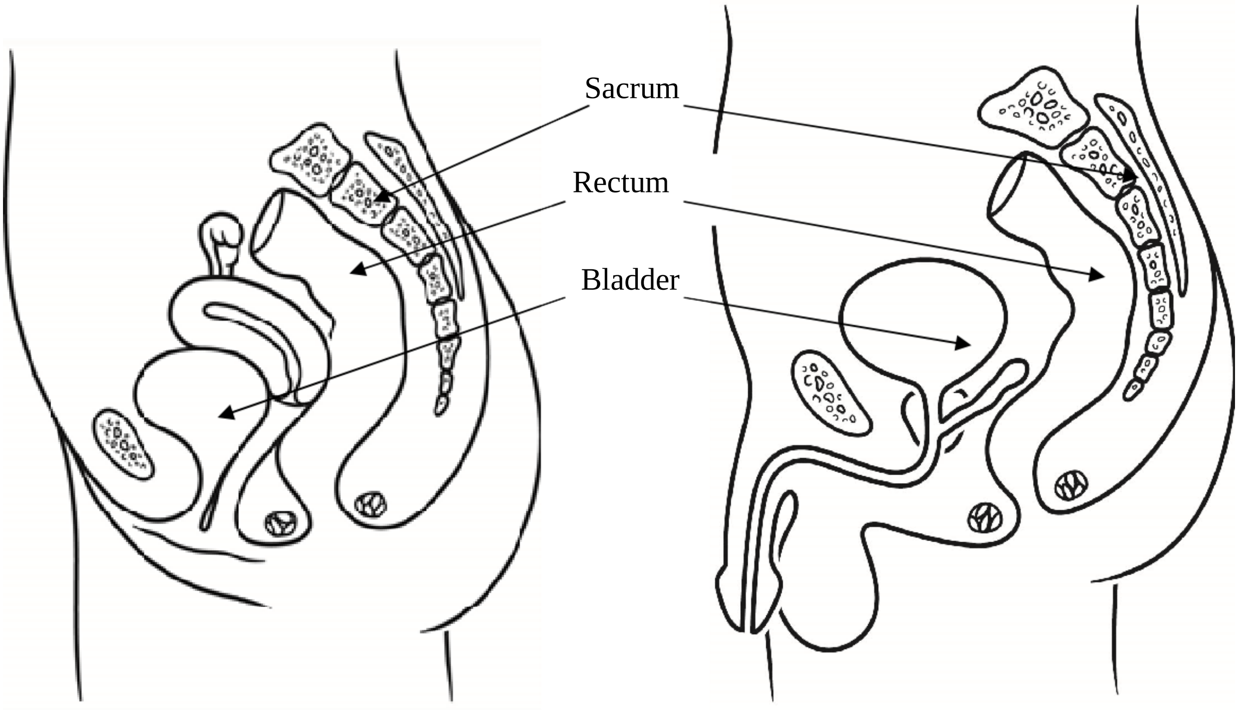
Patient information

Surgery for advanced or recurrent cancer of the pelvis

Your doctor has recommended that you have an operation called a total pelvic exenteration. This information explains what the operation involves and answers some common questions that you may have.

What does this operation involve?

A pelvic exenteration is carried out to remove cancer from the pelvis. It is a major operation in which all the organs of the pelvis are removed. In a man, this might involve removal of the rectum, the bladder, prostate gland and seminal vesicles. In a woman, this might involve removal of the rectum, bladder, uterus, ovaries and fallopian tubes.



Female pelvis **Male pelvis**

The removal of the bladder and the rectum requires the patient to have a urinary stoma (urostomy) and a bowel stoma (colostomy). Your doctor and specialist nurse will discuss these with you in more detail before your surgery.

The operation takes approximately 12 hours. The length of stay in hospital varies between individuals depending on their recovery but it is usually 14–21 days.

All the tissue removed is looked at under a microscope to check that the cancer has been completely removed. The result of this test (histology) takes about 2–3 weeks.

What are the risks and complications of surgery?

Complications can happen which will slow down recovery and if they become serious, can carry a small risk of death.

As with any major surgery, there are also risks related to having a general anaesthetic. You will meet with an anaesthetist before your operation to discuss your general health. Your surgeon will discuss other possible risks with you. You may find The Royal Marsden booklet *Your operation and anaesthetic* helpful. It gives general information about what happens before and after an operation.

These are the most common complications:

- **Infection -** there is an increased risk of developing an infection after the operation. This can affect your chest, urinary tract or your wound. If you do develop an infection, we will treat it quickly, often by giving you antibiotics.
- **Blood clot (thrombosis)** - the risk of developing a deep vein thrombosis (DVT), a blood clot in the leg or a pulmonary embolism (PE), a blood clot in the lung increases after any surgery. To prevent this happening, you will be asked to wear special stockings while you are in hospital. We will also give you a small daily injection of an anticoagulant, which reduces the body's ability to form a DVT.
- **Slow bowel (ileus)** - occasionally the bowel is slow to start working again because of the effects of the anaesthetic, and the bowel being handled and repositioned during the operation. This may just take some time to get back to normal.
- **Sexual function -** during surgery, the surgeon comes into contact with important nerves responsible for sexual function. This will be discussed further with you at your clinic appointment.

What happens before my operation?

You will attend a pre-assessment clinic to check that you are fit enough to have a general anaesthetic and an operation. This check may include further tests such as heart and lung tests, and you are likely to be at the hospital for most of the day. If you have a history of heart problems, you may need to see a cardiologist (heart specialist) for assessment.

You will meet members of the team looking after you, including an anaesthetist, a clinical nurse specialist (CNS) and a sometimes a dietitian. You will see a physiotherapist either here or when you are admitted to the ward. The physiotherapist will talk to you about your general health and level of activity, and will assess your breathing and mobility. You will also be offered a visit to the Critical Care Unit (CCU) and the ward.

- **Bowel preparation**

You will need bowel preparation before surgery. You will be asked to take a laxative the day before your surgery. This will cause diarrhoea and empty the bowel. Your nurse will provide you with the information and advise you on what to eat and drink.

- **Stoma counselling**

You will meet with your specialist nurse/stoma care nurse to discuss what it means to have a stoma. This will give you an opportunity to look at some stoma bags and ask questions. The nurse will also mark two places on your abdomen where the stomas will be formed.

What happens immediately after the operation?

You will be taken to the CCU where nursing staff will watch you closely for several days and try to make you as comfortable as possible. During your stay on CCU, only two visitors are allowed at any one time. This is to allow both you and other patients, time to recover from surgery. Visiting times for CCU are restricted. Visitors can come to see you between 11am and 8pm. Unfortunately, flowers are not allowed on the unit (for infection control purposes). However, they can be kept on the ward for you to enjoy when you return there.

Good pain relief after surgery is important. It prevents discomfort and helps you recover more quickly. Normally before the operation, an anaesthetist will discuss with you the different ways your pain can be controlled. More information on pain relief after surgery is available in The Royal Marsden booklet *Your operation and anaesthetic.*

When you wake up after the operation you may be aware of several tubes coming out of your body. Some of them may provide fluid or nutrition and medication. Some of these tubes may be attached to monitors. These help the staff check your progress and provide you with fluids and medication. Some of the monitors and pumps may alarm at regular intervals. This does not necessarily mean something is wrong. Other tubes will drain away fluids.

You may notice the following tubes/drainage bags:

- **Intravenous cannulae/central venous catheter –** these tubes give fluids, pain relief and antibiotics directly into a vein. One is usually inserted into a vein in the side of your neck and another into a vein in your arm.
- **Nasogastric tube –** this tube is passed through your nose and down the back of your throat into your stomach. This is inserted during the operation and drains away secretions from your stomach. It can also help nausea and vomiting.
- **Epidural catheter –** an epidural catheter is a small plastic tube placed into the spinal column. Pain relief (analgesia) is slowly and continuously pumped through it. The epidural will be stopped when members of the specialist pain control team feel you no longer need it. Once the epidural has been stopped, you will be given pain medicines by mouth.
- **Wound drains –** these are put in to drain away any blood or fluid that collects around the operation site.
- **Bowel stoma (colostomy) –** we will keep an eye on your new stoma during your hospital stay to make sure that it is healing and working. You will have a clear drainable bag over it so that the stoma can be easily seen. You will have stitches which are normally soluble. If not, your nurse will remove them before you leave hospital. The stoma tends to be quite swollen initially after surgery. It will reduce in size over the first six weeks.
- **Urinary stoma (urostomy) –** if the bladder is removed during this operation, you will have a urostomy. This is an artificial opening on the front of the abdomen that allows urine to leave the body. The urostomy may have stents in place. These are small plastic tubes inserted to keep the new stoma patent. They will be removed after approximately 10 days. The stoma bag will

be connected to a urine catheter bag so that the nursing staff can measure your urine output. The nurses will closely monitor your urostomy during your stay in hospital.

Recovering from your operation
Most patients stay in hospital for 14–21 days after surgery.

Physiotherapy – after your operation you will be encouraged to start moving about as soon as possible. This is an important part of your recovery and helps to reduce the risk of complications. The physiotherapist will encourage regular leg exercises and deep breathing.

Eating and drinking – your surgeon will advise you on when you can start eating and drinking. You will usually be allowed to start sipping water within one to two days and then build up slowly to a light diet. Due to your bowel being handled and repositioned during the operation, it may be slow to start working again, so you should not start eating and drinking straight away.

Bowels – your bowels will usually start to make sounds after 2–3 days and you may have a bowel movement after 4–5 days. This varies between individuals. Usually the first sign that your bowel is beginning to work is when you notice air in the bag over your stoma. The stool may be liquid to begin with. This will start to thicken as you start eating and drinking normally. You will be taught how to change and manage your new stoma bag before you go home.

Urinary function – if you have a urostomy you will notice urine in your stoma bag soon after your operation. The stents may require flushing during the first two weeks. Once the stents have been removed, this will not be necessary. You will be taught how to change the bag and manage your new urostomy before you go home.

Going home

You will be given contact numbers and names of your specialist nurse and doctors so you can continue to receive information and support. Please call them if you have any problems once you are at home. District nurses/stoma care nurses and any other support you require will be arranged by the ward nurses before you go home.

When will I be able to start doing normal daily activities?

Although you are well enough to go home it will be a few months before you recover fully. Expect to feel tired up to several months after your operation. Gradually increase your activity every couple of days. Try to alternate periods of gentle activity, such as walking and climbing stairs. Listen to your body and increase any activity gradually.

It is important to rest regularly. The general rule is to go gently for the first six weeks after your operation while your wound and muscles have time to heal. Do not do anything that includes pushing, pulling, stretching or twisting activities. You should not lift anything heavier than 1kg (equivalent to a bag of sugar).

Do not carry out activities such as carrying shopping, lifting children, lifting wet washing, and ironing, vacuuming or moving furniture for the first six weeks. After this time, introduce these activities gradually and slowly build up the amount you do.

Returning to work – this will depend on your job and how quickly you recover from your operation. Your doctor and specialist nurse will be able to advise you.

Driving – you may resume driving from about six weeks, once you are able to move freely and quickly, concentrate sufficiently and tolerate the pressure of the seat belt on your wound. You should be able to react and move fast enough should you need to make an emergency stop. Also check that your insurance is valid after major surgery.

Diet – after having an operation on your bowel there are no particular changes that you should make to what you eat and drink. You should eat a healthy balanced diet. If you have any concerns, please talk to your doctor or specialist nurse.

Bowels/stoma – you may continue to experience unpredictable bowel habits whilst your body gets used to having a stoma. These may be improved by altering your diet and medication or they may just take time to settle down. You should always inform your doctor and specialist stoma care nurse so that they can advise you appropriately.

Urinary function – if you are having any problems with your urostomy you should contact your doctor or specialist nurse so that they can carry out the necessary investigations.

Stoma care – if you are experiencing any problems with managing your stoma(s) physically or psychologically, please contact your specialist nurse or your community stoma care nurse.

Rectal pain – some patients suffer from rectal pain following this surgery. This can be a result of the perineal wound which can be painful until it heals completely. Some patients continue to experience an unpleasant sensation of wanting to have their bowels opened which is referred to as phantom rectum syndrome. This is thought to be caused by damage to the pelvic nerves during surgery. If you experience this, please inform your doctor or specialist nurse as this needs to be investigated before we can suggest what might help.

Psychological issues – having an operation can be very stressful and some days you may feel tearful, sluggish and low in mood. This is perfectly normal and you should start to feel better as your fitness returns to normal. If you are finding it difficult to cope or would just like someone to talk to, please inform your specialist nurse.

Outpatients follow up – we expect your recovery to continue when you go home. You will be given your first outpatients appointment for 2–3 weeks' time. Here your progress will be monitored and the pathology results discussed with you. If you have any problems, please contact your team.

Contact details

Often you may have questions you wish to ask. Writing these down beforehand may help you to remember them. You are also welcome to bring someone with you to your appointments.

Your key worker will give you their contact card with their details.

Alternatively, please call:

The Royal Marsden Macmillan Hotline: 020 8915 6899

(available 24 hours a day, 7 days a week)

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