

The ROYAL MARSDEN

NHS Foundation Trust

Instructions for patients after
gynaecology surgery at
The Royal Marsden

Gynaecology Department

Patient Information



NHS

Introduction

This booklet aims to advise you on your recovery after your gynaecology surgery.

Mobility

After two weeks, you can gradually start to do more. By six weeks, most women are back to regular activity except for heavy or prolonged lifting or strenuous sports. Listen to your body and use a common-sense approach, but do not push yourself too hard. It would be best if you avoided excessive pushing or stretching.

You should be able to manage self-care, including cooking light meals and making hot drinks. If you have young children, allow them to climb onto your lap while sitting rather than lifting them. You will continue to feel tired, but exercise is necessary, so gradually increase your exercise.

Sitting for extended periods can cause ankle, foot swelling, and increase your risk of deep vein thrombosis (clots in the veins of the legs). You may swim after six to eight weeks when your vaginal bleeding has stopped and when your wound has fully healed.

Medications

Medications, including pain medicine, laxatives and anti-sickness, may be prescribed before you leave the hospital. Use all medicines as directed.

- **Painkillers** – You may notice that as you become more active, you may have more pain; regular painkillers will help. You will, however, see that as your body heals, you will have less pain; therefore, you can start to reduce the frequency of medication. If you are taking Oramorph/Oxynorm, drop this first, followed by ibuprofen (if you are taking it) and paracetamol.

If you are taking pain medicine such as morphine or sleeping pills, do not drink any alcohol, drink plenty of fluids and laxatives to help prevent constipation and do not drive.

Contact your GP if you experience any side effects from your medications.

- **Tinzaparin** – This injection reduces the risk of developing blood clots. You or a relative will be shown how to administer this injection if preferred. If this is not possible, we will ask a practice/district nurse to give it to you.

The Tinzaparin injection will need to be administered 28 days post-surgery. It is important to complete this course of injections even if you are active. You can see a video on administering this injection following the link below.

Wound care

The type of dressing used on wounds depends on several factors. Please see below for instructions for your specific type of dressing:

- **Brown tape dressing** will fall off on its own and may take two to three weeks. Do not worry if it comes off sooner. It is essential to continue showering daily to prevent infection, and it is safe to get your dressing wet unless otherwise advised. After showering, dry the dressing and surrounding area with a clean dry towel. Avoid tight-fitting clothing over the wound area. After the brown tape falls off, you will notice that you do not have any stitches to be removed, as this is because the skin has been closed with dissolvable stitches and glues.
- **White dressing** usually comes off three days after surgery unless you have some wound discharge. You can shower with this dressing, but it must be replaced if it becomes wet. The ward nurses will give you some dressings before you go home if required, but you leave it uncovered to aid in healing when the wound is closed and clean. Avoid tight-fitting clothing over the wound area. If you have staples/clips, these will need to be removed 7 to 10 days after the surgery; you will be given a clip remover to give to the district or practice nurse so they can remove the clips/staples for you.

After removing the dressing, clean your wound with water, and avoid using an antiseptic or bubble bath until your wound has fully healed. Only apply creams or ointments to the wound site once reviewed by your surgical team. Avoid applying anything to the wound until reviewed by your surgical team.

Your wound will go through stages of healing. It is expected to feel tingling, itching and/or numbness. It may feel lumpy as new tissue forms, and you may experience some pulling as it heals.

Bowel function

Painkillers, reduced activity, changes in diet, having an operation and changes in your appetite can all affect your bowel function, and many patients experience constipation after surgery. You will be discharged from the hospital with laxatives, which include Docusate sodium, a stool softener type of laxative. This helpful medication ensures the stools remain soft and easier to pass.

If you are constipated following discharge from the hospital, you are likely to experience bloating, abdominal cramps and difficulty passing stools. If you have not moved your bowels for three days, please contact your GP or the Royal Marsden Macmillan Hotline for advice.

Bladder function

It is expected to have changes in bladder sensation, which will improve over time. If you were sent home with a catheter in your bladder, you would be given an appointment to return to the hospital for a TWOC (trial without catheter). This will involve a day of attendance at the hospital, during which your ability to empty the bladder fully will be assessed with the support of an ultrasound.

If you do not have a catheter and experience burning when passing urine or have to pass urine frequently, this could mean you have a urine infection. Please see your GP for this.

Vaginal discharge

Slight vaginal discharge/bleeding can be normal for the first six weeks after surgery. The discharge may appear dark red or brown and contain threads from dissolving vaginal stitches. You may find that the amount of discharge may vary and even increase when you go home and are more active; this is part of the normal healing process.

If your discharge becomes offensive, call the Royal Marsden Macmillan Hotline or see your GP, as you may have an infection. Do not use tampons as this may cause infection to the vagina and change any sanitary towels you may use regularly.

Lymphoedema

If some of your lymph nodes had to be sampled or removed as part of your surgery, you might be at risk of developing swelling in your legs; this is called **lymphoedema**. You will be given a leaflet on reducing the risk of lymphoedema.

Fatigue

You may feel like you have no energy and find it difficult to do simple everyday things that we usually take for granted. This is quite common following surgical treatment, and this may leave you feeling frustrated and overwhelmed. This is temporary and improves with time.

Diet, exercise, relaxation, and effective planning of your day, allowing for periods of rest between activities, can all contribute to easing fatigue. Your sleeping patterns may change due to a change in routine. Sleeping patterns will return to normal, and strength and stamina will return.

You may notice that if you require additional treatment, such as radiotherapy or chemotherapy, this may delay your recovery from surgery and make you feel more tired.

Anti-embolism stockings

You will be given two pairs of stockings on discharge from the hospital. We recommend that you wear them during the day and at night until you return to your normal level of physical activity. Wear a clean pair of stockings daily and wash and moisturise your legs daily.

Psychological well-being

Your operation has been a stressful event, both physically and emotionally. It is sometimes difficult for family/friends to understand your feelings. You must talk about your feelings concerning this operation and seek help and support from the Clinical Nurse Specialists (CNS) if necessary.

Sexuality and relationships

Your operation can affect your sexuality, fertility, femininity, and relationships. Sometimes, it is not easy to separate which aspects impact you more. It is expected to have good and bad days, a sense of loss and helplessness, and not recognise your usual self.

You may find talking to someone you know (friend/partner/relative) helpful. Your CNS may also offer support and guide you during this period of change and adjustment.

Pre-menopausal women who have had their ovaries removed will go into early menopause and will experience menopausal symptoms such as hot flushes, night sweats and vaginal dryness. You may notice a quick onset of symptoms compared to the gradual onset with natural menopause. Discuss HRT (hormone replacement therapy) with your consultant or GP. HRT replaces the body's natural supply of oestrogen to help restore your body's normal balance. HRT might trigger some types of cancer, so please discuss this specifically with your surgeon, as alternatives to HRT are available.

We advise you to avoid penetrative intercourse for about six weeks after surgery. This will allow vaginal tissues to heal.

It is normal to feel anxious about having sexual contact again, to fear sex being painful or to worry about what changes your partner might be aware of now that you had surgery. If you have any concerns, feel free to refrain from sex until you have the opportunity to discuss your concerns with a healthcare professional. You may need to contact your CNS separately to discuss any concerns.

Sexual difficulties are often made worse by vaginal dryness, worries, low mood, and relationship dynamics. Your CNS can provide a list of high-quality products for which your GP can give ongoing prescriptions. Often the use of vaginal moisturisers and lubricants is advised long-term.

Some women/couples will benefit from psychological support or psychosexual support. If you want to consider this, your team can refer you to these services.

If you had the cervix removed during your surgery, you no longer need regular smear tests at your GP practice unless otherwise advised by your medical team.

Community services

If you were expecting a visit from your district nurse and have not, you can call them if you have the number. If you do not, please let your CNS know.

Driving

Going anywhere as a passenger in a car is acceptable. Stretch your legs regularly if you are going long distances. It is important to consider the safety of yourself and others. You can start driving again only when you:

- can fully concentrate
- have stopped medication that may affect your driving ability
- are comfortable with doing an emergency stop
- when you have checked with your insurance company, you have insurance coverage.

Returning to work

You are the best judge when you feel ready to return to work, as some jobs are more strenuous than others, and recovery rates vary from woman to woman. Discuss returning to work with your doctor at your post-operative follow-up.

What to do if you feel unwell once you are home

Please contact the Royal Marsden Macmillan Hotline if the following symptoms develop (this phone number is operated 24 hours a day, seven days a week):

- you continue to have nausea and vomiting after 24 hours
- your pain at the site of the surgery is worse even after medicine
- you have a fever (temperature above 37.5°C)
- fluid oozing through the dressing is sufficient to wet your skin or clothes (it is normal to get fluid discolouring in small areas of the dressing)
- heavy vaginal bleeding, offensive vaginal discharge
- you have questions or concerns about your condition or care.

Follow up for results and next steps in your treatment

Your first consultation will usually be 14 to 21 days after surgery and will be with a member of your medical team. This appointment aims to check if you are OK and discuss your surgery results. Further treatment might be recommended based on the results.

You will receive a call from the gynaecology support worker approximately four weeks after your hospital discharge to check your progress.

If you do not receive a phone call or letter regarding the appointment, please contact your CNS. If you have trouble getting through to them, please contact the Royal Marsden Macmillan Hotline.

Contact details

The Royal Marsden Macmillan Hotline 020 8915 6899

You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

Gynae-oncology CNS for NHS 020 7811 2578

Gynae-oncology CNS for Private patients 020 7811 8578 /
07721 648082

Please note CNS will try to respond within 24 to 48 hours.

Secretary for Mr Barton and Mr Heath 020 7808 2623

Secretary for Miss Nobbenhuis 020 7808 2742

Secretary for Mr Ind and Mr Butler 020 2780 82449

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: patientcentre@rmh.nhs.uk

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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royalmarsden.org

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