

Patient information

Hysterectomy for endometrial cancer

Overview

Approximately 9400 women in the UK develop endometrial (womb) cancer each year. It most commonly occurs in women between the ages of 50 and 69 and rarely affects women under 40.

Causes of endometrial cancer

The exact cause of endometrial cancer is not known. Some risk factors include:

- taking HRT for longer than five years
- taking oestrogen only HRT
- some women have a hereditary risk
- obesity is an important risk factor: we know that obesity is associated with higher circulating oestrogen blood levels
- taking tamoxifen over a long period
- not having had children or been pregnant

What treatment will I have for endometrial cancer?

You have been found to have an early cancer of the womb on MRI scan. This means that on imaging, your cancer appears to be completely confined to the womb. Treatment is a total hysterectomy with removal of the body of the womb, the cervix and both fallopian tubes and ovaries. This may be performed using keyhole or open surgery and this will be discussed with you in clinic. You will be given written information on the operation, your care during the operation and your aftercare.

Staging and grading cancer of the uterus

The **stage** of a cancer is a term used to describe its size and whether it has spread beyond the original area where it started.

The **grade** refers to the appearance of the cancer cells under the microscope. The grade gives an idea of how quickly the cancer may develop.

At West Suffolk Hospital we are part of the Anglia Cancer Network and work within national and regional guidelines. We work in collaboration with the team of specialists at Addenbrooke's Hospital. They will give us a second opinion regarding the stage and grade of your cancer. If you are found to have an early stage and low-grade cell type, your treatment will take place at the West Suffolk Hospital.

Your confirmed diagnosis

It is important to remember that the final diagnosis is confirmed by the pathologist **after** the hysterectomy. The pathologist is the doctor who will microscopically examine your womb in the laboratory. If the pathologist confirms that your cancer was contained to the inner half of the womb, you will not require any further treatment.

However, if the pathologist finds that the cancer has spread to the outer half of the womb or down into the cervical (birth) canal, or within the lymphatic vessels, we will need to speak to our colleagues at Addenbrooke's Hospital. The doctors there will review your case and may wish to see you to consider radiotherapy. Approximately one third of women operated on at the WSH for endometrial cancer will require radiotherapy after their hysterectomy.

If necessary, further treatment options will be discussed with you. The aim of the treatment is to minimize any risk of the cancer coming back.

Genetic testing

All patients diagnosed with an endometrial cancer will automatically have the biopsy routinely tested for genetic abnormalities (Mismatch Repair (MMR) proteins / Lynch Syndrome). **It is a rare condition** that can run in families. If confirmed it means that you may be at a higher chance of developing some other types of cancers.

If the initial tests confirm that you may have Lynch Syndrome then we will discuss referring you to the genetic team, who will review your family history and discuss the implications for you.

To be able to refer you to the genetic team we will have to obtain your consent.

What happens now?

After visiting the pre-assessment unit, you will be booked for your operation. In line with cancer care targets, your operation will be in the next few weeks. Please do not hesitate to phone your Key Worker, if you have any questions during this time.

Hormone replacement therapy (HRT)

If you are taking HRT we recommend that you stop. If you suffer extreme symptoms after stopping, your GP can prescribe non-hormonal tablets to help.

If you have been found to have endometrial cancer during the early stages towards reaching your menopause, the hysterectomy will put you into a 'surgical menopause' within weeks post operatively. This is because the operation removes your ovaries, which have been producing hormones. If you are struggling with menopausal symptoms (commonly night sweats, vaginal dryness) please see your GP for advice or contact your Key Worker. HRT is not generally advised but there are other treatments which might help.

Emotions

Most women feel overwhelmed when they are told they have cancer. Many different emotions arise which can cause confusion and mood changes. Reactions differ from person to person and there is no right or wrong way to feel.

Your emotions following surgery: In the days after your operation it is quite normal to feel a little 'blue' and perhaps weepy. This can be caused by the hormonal changes in your body, the anaesthetic you were given and/or your feelings about the operation in general. How long these feelings will last, varies from woman to woman. Please do not hesitate to talk to the staff about how you are feeling.

Key worker

Your key worker is
Gynaecology Nurse Specialist

They will co-ordinate your care and provide advice and support to you and your family.

They can be contacted Monday to Thursday on 01284 713154.

There is an answerphone available. Messages are listened to daily (Monday to Friday). If your Key Worker is not available, one of the nurses from clinic will be able to help.

Holistic needs assessment (HNA)

This is a care planning process to ensure that your needs are met. During your follow up visit you will be given a self-assessment checklist to complete, looking at physical, practical, family, emotional, spiritual and lifestyle aspects of your life which may be affected by your cancer journey. If you identify any concerns, please

telephone your Key Worker.

West Suffolk Hospital Cancer Services User Group

You will find a leaflet about this group in your pack. The group is committed to the improvement of cancer services in at West Suffolk Hospital. If you feel that you would like to get involved in the future, please contact Karen McKinnon on 01284 713212 or email Karen.mckinnon@wsh.nhs.uk.

Further help / useful links

Gynaecology Ward F14

01284 713235 / 713236

Macmillan Information Centre at West Suffolk Hospital – *leaflet supplied in your pack. Telephone 01284 713023*

Consultant secretaries

Mrs Sinha and Miss Prior's secretary

01284 713151

Mrs Prasad's secretary

01284 713405

Websites

Macmillan

www.macmillan.org.uk

General

www.cancerhelp.org.uk

Ovarian Cancer

www.ovarian.org.uk or

www.ovacome.org.uk

Cervical Cancer

www.jotrust.org.uk

Vulval Cancer

www.vaco.co.uk

Anglia Cancer Network

www.angliacancernetwork.nhs.uk

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

