Singapore General Hospital
SingHealth

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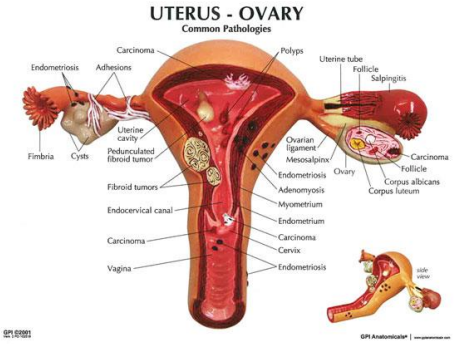
Reg No 198703907Z

Uterine Cancer

What is Uterine Cancer?

Uterine cancer or endometrial cancer, affects the inner lining of the uterus.

A less common type of uterine cancer, which affects the outer muscular lining is called uterine sarcoma.



Why do I need this surgery?

Treatment for uterine cancer usually involves surgical removal of the uterus (hysterectomy), fallopian tubes and ovaries (salpingo-oophorectomy). The surgeon may also remove lymph nodes for testing. Surgery also allows doctors to assess the extent of spread of the cancer (stage of the cancer) and decide what treatment will have the best chance for success.

The procedure can be done by minimally invasive surgery or open surgery. The surgeon will assess each patient's condition and recommend the most suitable surgery method.

Following surgery, additional or adjuvant treatment such as chemotherapy and radiotherapy may be required depending on the stage, grade and subtype of the cancer.

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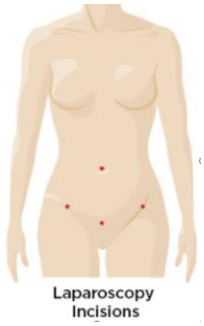
What does it involve?

The surgery can be performed by the following techniques/methods:

☐ **Laparoscopy (minimally invasive):**

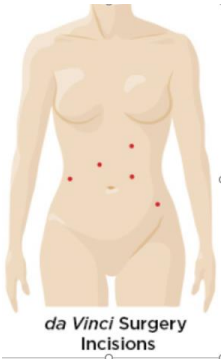
This is a minimally invasive ("key-hole") surgery where a small cut (about 1cm) is made and a scope is inserted for viewing and to perform the surgery. This technique allows for faster wound healing, reduces risk of wound infection, and reduces length of stay in hospital.

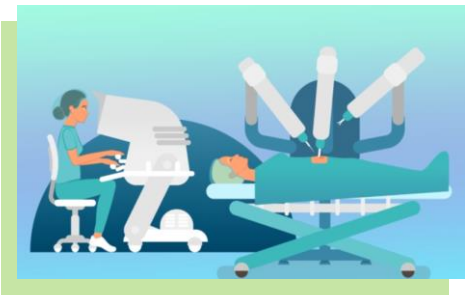
Uterine manipulation (insertion of device into the womb to allow surgery to be done more easily and safely) may be necessary in laparoscopy.



☐ **Robotic (minimally invasive):**

Similar to laparoscopy, small cuts will be made on the abdomen and carbon dioxide released into your abdomen to facilitate surgery. The surgeon will be seated at the console and instruments are attached to the robot's arms. Theses arms act as an extension of the surgeon's arms, mirroring every hand movement.





☐ **VNOTES; Vaginal Natural Orifice Transluminal Endoscopic Surgery (minimally invasive)**

Specialised instruments are inserted through the vagina into the pelvic cavity, giving access to the uterus, fallopian tubes and ovaries without the need for abdominal skin incisions.

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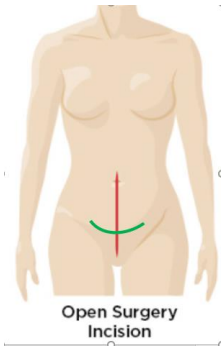
☐ **Laparotomy (open surgery):**
This is performed through cut of about 10 to 15 cm in the abdomen, which can be horizontal or vertical in the midline.



Before the Surgery

You should inform the doctor for further advice if:

• You are taking drugs (e.g., Aspirin, Clopidogrel, Warfarin, and Rivaroxaban) or supplements (e.g., Cordyceps, Ginkgo Biloba, and Lingzhi), that thin your blood, as these substances may affect blood clotting and increase the risk of bleeding.

• You have undergone previous abdominal surgery / radiation that can make surgery potentially more complicated.

• You have any medical conditions such as heart problems / diabetes / kidney disease.

Risks of Surgery

Complications will be explained to you by your surgeon before surgery. You will be required to sign an informed consent prior to surgery.

The potential risks are.

- Infection
- Bleeding /hematoma
- Pain and / or numbness over wound
- Wound complications (infection)

Other complications include:

- Injury to other organs e.g. urinary bladder / bowels / blood vessels
- Formation of clots in the deep veins

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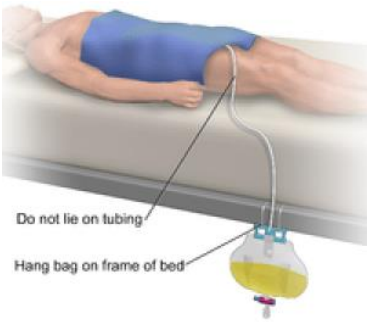
Duration of Hospital Stay

Average: 1-2 days (Minimally Invasive) , 3-5 days (Laparotomy)
Your length of stay depends on the extent of surgery

Care after Surgery

- Some wound discomfort, abdominal pain or slight amounts of vaginal bleeding / bloody discharge is normal after surgery. Pain should be manageable with oral painkillers by the time you are discharged from hospital.
- If you have a urine catheter tube inserted into the bladder, it will be removed when deemed suitable by your doctor.



- You should be able to walk, eat, and perform light activities by the time you are discharged from hospital. Rest at home is encouraged.
- Changes in your urinary or bowel habits may be expected and may require treatment if bothersome.
- If the approach of surgery was via laparotomy, you can wear an abdominal binder to support the wound.

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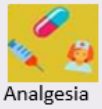
MY DAILY GOAL TO RECOVERY AFTER MY SURGERY (MIS GYNAECA)

DAY	Day Of Surgery	1 day After Surgery	Aim to discharge by Day 2 OR earlier	After Discharge
 Breathing	Take 10 deep breaths every hour while I'm awake	I will take 10 deep breaths every hour while I'm awake	I will take 10 deep breaths every hour while I'm awake	None
 Activities	I will do 10 ankle pumps, 10 heel slides and 10 arm raises	I will sit on a chair in the morning for 2 hours, 3 times a day. I will walk at least 100 metres by myself.	I will walk by myself to the lift lobby for my ride home.	I will walk at least 30 minutes daily
 Analgesia	I will take my pain killers regularly.	I will take my painkillers regularly.	I will continue taking my painkillers .	I will continue taking my painkillers at home when I have pain.
 Nutrition	I will drink clear fluids when I wake up	I can start to eat regular food, but with small frequent meals as tolerated	I will eat my regular diet as tolerated	I will continue to take my regular meal at home
 Tubes & /Or Drains	I may have: Oxygen tubing Intravenous drip: Urine catheter	My oxygen tubing and urinary catheter will be removed. My intravenous drip will be removed when I'm drinking well.	None.	None.