

# Gynaecological Oncology News

June 2008

Prof. Andreas Obermair

## What patients can expect...

The essential Do's and Don'ts after surgery for gynaecological cancer

After a laparoscopic procedure patients will stay in hospital for one or two nights; after a laparotomy the hospital stay will be four to five nights if everything goes well. Patients who have a laparotomy and extensive surgery for ovarian cancer will have the longest stay.

I will see all patients for postoperative appointment one or two weeks after a laparoscopic procedure and four to six weeks after a laparotomy. I will check the wound, make sure that bowel and bladder work normally and discuss the histopathological findings. Arrangements for postoperative chemotherapy or radiotherapy will need to be made for some patients. To save patients unnecessary travel, I kindly ask the referring doctor of patients from rural/remote areas to see patients on my behalf for a routine postoperative check-up.

**Flying:** All air lines will require a certificate clearing postoperative patients for flying. Patients will need to contact my practice manager on (07) 3847 3033 for a certificate.

**Pain killers:** After surgery it is important that patients take analgesics regularly (by the clock) for at least one week after discharge from hospital. It is much easier to maintain a pain-free state than to fight pain.

**Driving:** While patients could feel fit for driving after the operation, in the case of an accident, the insurance could question a patient's fitness to drive if she was in pain or still on pain killers.

**Menopause:** No study on gynaecological cancer ever has demonstrated an adverse impact on prognosis if HRT is given. If patients present with menopausal symptoms after surgery I prescribe the lowest possible dose for one year.

**Bladder infections** after surgery are the more likely the longer a urinary catheter was required. I appreciate if you could take an MSU for culture/sensitivity and prescribe antibiotics if indicated. If the bowel function is impaired I recommend natural fibres (beans, lentils, or pear and prune juices) and yoghurt first and then laxatives.

**Vaginal discharge:** After a hysterectomy, the vagina has been sewn with stitches. As a sign of wound healing, a vaginal discharge is normal for up to 6 weeks and can even be blood-stained. Should the discharge become smelly, I appreciate if you could prescribe antibiotics for a presumed local infection.

## New: Practice Nurse

*Starting from March this year, I employed a practice nurse. She will address patients' questions before surgery and -in between postoperative appointments- she will also follow-up on patients after surgery to make sure that the recovery is uncomplicated. She will give advice on practical and nursing issues and can be contacted on (07) 3847 3033 Mondays from 9 am to 1 pm and Wednesdays from 10 am. So far, the feedback has been fantastic: I trust that additional nursing input will further improve the quality of the service my surgery provides.*

**Sexual intercourse after hysterectomy:** I recommend abstaining from sexual intercourse for 4 to 6 weeks after surgery. Otherwise, infections could develop.

**Hygiene:** Clean water is good for a surgical wound and does not cause harm. Creams into the wound are not recommended as this could cause an infection.

**Exercise** is great to prevent fatigue and depression. The sutures used for the operation will hold all structures together regardless of lifting, straining or exercise. However, if patients overdo it, they will feel sore. Patients find out by themselves how much physical exercise they can manage. The amount of exercise tolerated will increase with time.

**PAP smears** are not necessary any longer if our patient had a hysterectomy for benign reasons. If she had a hysterectomy for a cancer or pre-cancer, I will advise on PAP smears for the future.

**Skin Sutures:** I use intradermal sutures which do not need to be removed and which give an excellent cosmetic result. However, these sutures could slightly stick out of the skin for a couple of weeks. With time these sutures will become loose and finally fall off by themselves. If the wound site becomes red and sore, please arrange for a wound swab and oral antibiotics or contact our rooms or the Greenslopes Emergency Centre on (07) 3394 7654.

**Should patients feel unwell** after being discharged from hospital, please contact my rooms on (07) 3847 3033 or after hours (07) 3830 5824 regardless whether she had surgery at Greenslopes or outside Brisbane. Only when I know about a problem, I can help finding a solution.

**Cover arrangements:** Should I be on annual leave or at a conference, I have made arrangements for another gynaecological oncologist to cover my practice. My rooms or Greenslopes Hospital switch (07) 3394 7111 would know about my cover arrangements.

Please contact me if I can answer questions about the topics raised above or if you require advice about a patient.

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