



# Understanding Surgery

A guide for people with cancer,  
their families and friends

A large yellow shape, resembling a stylized sun or a large drop, occupies the lower half of the page. On its right side, there is a purple circle. A thin orange line starts from the bottom of the purple circle and extends downwards and to the left, ending in a small orange telephone handset icon.

Treatment

Cancer Council Helpline

**13 11 20**

## Understanding Surgery

A guide for people with cancer, their families and friends

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*Understanding Surgery* is reviewed approximately every three years. Check the publication date above to ensure this copy is up to date.

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## Note to reader

Always consult your doctor about matters that affect your health. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain appropriate independent professional advice relevant to your specific situation and you may wish to discuss issues raised in this book with them.

All care is taken to ensure that the information in this booklet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this booklet.

## Cancer Council Australia

Cancer Council Australia is the nation's peak non-government cancer control organisation. Together with the eight state and territory Cancer Councils, it coordinates a network of cancer support groups, services and programs to help improve the quality of life of people living with cancer, their families and carers. This booklet is funded through the generosity of the people of Australia. To make a donation and help us beat cancer, visit Cancer Council's website at [www.cancer.org.au](http://www.cancer.org.au) or call your local Cancer Council.



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# Introduction

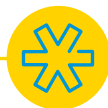
This booklet has been prepared to help you understand more about surgery, one of the main treatments for cancer. More than half of all people diagnosed with cancer have an operation to remove the cancer, but not all cancers are treated by surgery. Surgery may be used by itself or with other cancer treatments.

The information may be helpful if you are caring for a child having surgery, however procedures may be changed slightly to accommodate a young person's requirements. The paediatric medical team can provide specific details.

It's natural to feel nervous before an operation. Knowing how to plan for surgery, what to expect and the recovery process may make you feel less anxious. However, we cannot give advice about the best treatment for you. You need to discuss this with your doctors. We hope this booklet will answer some of your questions, give you general information, and help you think of questions to ask your treatment team.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some medical terms that may be unfamiliar are explained in the glossary. You may also like to pass this booklet to your family and friends for their information.

If you are reading this book for someone who doesn't understand English, Cancer Council Helpline **13 11 20** can arrange telephone support in different languages. You can also tell the person to call the Translating and Interpreting Service (TIS) direct on **13 14 50**.



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# What is cancer?

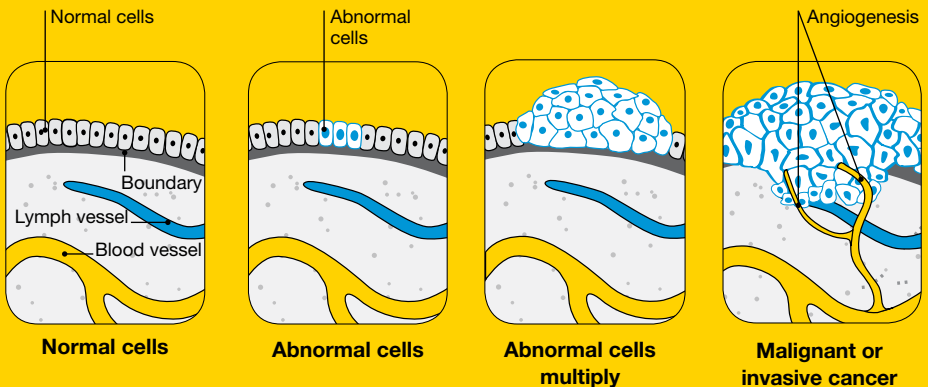
Cancer is a disease of the cells, which are the body's basic building blocks. The body constantly makes new cells to help us grow, replace worn-out tissue and heal injuries. Normally, cells multiply and die in an orderly way.

Sometimes cells don't grow, divide and die in the usual way. This may cause blood or lymph fluid in the body to become abnormal, or form a lump called a tumour. A tumour can be benign or malignant.

**Benign tumour** – Cells are confined to one area and are not able to spread to other parts of the body. This is not cancer.

**Malignant tumour** – This is made up of cancerous cells, which have the ability to spread by travelling through the bloodstream or lymphatic system (lymph fluid).

## How cancer starts



The cancer that first develops in a tissue or organ is called the primary cancer. A malignant tumour is usually named after the organ or type of cell first affected.

A malignant tumour that has not spread to other parts of the body is called localised cancer. A tumour may invade deeper into surrounding tissue and can grow its own blood vessels (known as angiogenesis).

If cancerous cells grow and form another tumour at a new site, it is called a secondary cancer or metastasis. A metastasis keeps the name of the site of the original cancer. For example, prostate cancer that has spread to the bones is still called advanced prostate cancer, even though any symptoms may be caused by problems in the bones.

## How cancer spreads

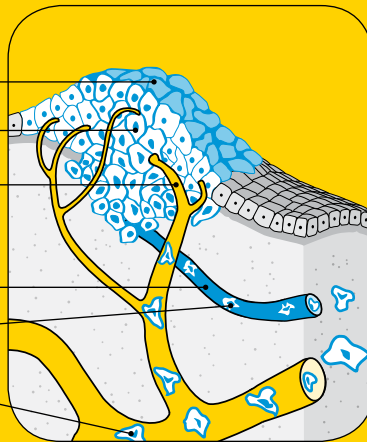
Primary cancer

Local invasion

Angiogenesis –  
tumours grow their  
own blood vessels

Lymph vessel

Metastasis –  
cells invade other  
parts of the body via  
blood vessels and  
lymph vessels





# How cancer is treated

Your treatment will depend on several factors, including the type of cancer you have, where it began and whether it has spread to other parts of your body. It will also depend on your general health and the type of treatment you choose and are prepared to have.

Treatments for cancer include:

- **surgery** – removing the cancer from your body
- **radiotherapy** – using radiation to kill or damage cancer cells in the body
- **chemotherapy** – giving drugs to destroy cancer cells or to make them sensitive to radiation
- **immunotherapy** – giving antibodies or vaccines to help the body's immune system fight cancer cells
- **hormone therapy** – using drugs to reduce or block the effect of natural hormones that cause some cancer cells to grow.

Many cancers can be treated using these methods, either alone or in combination.

“ I had surgery for stomach cancer, and now my stomach is so much smaller. I have good days and bad days, but I'm back at work and I exercise every week. My prognosis for the future is good. ” *Brian*





## Key questions

### Q: What is surgery?

**A:** Surgery is a medical technique that involves cutting into a person's body. It's sometimes called an operation.

Although many patients want to have surgery to 'cut the cancer out', it isn't a suitable treatment for all cancers.

For many cancers, doctors follow medical standards called clinical practice guidelines, which outline treatments that have been verified by research. Sometimes surgery is the most effective approach for a particular type of cancer, which is why it is recommended. In other cases, non-surgical treatments have been proven to be more effective.

### Q: How is surgery used for cancer?

**A:** There are several types of surgery for cancer, which are used to achieve different outcomes:

**Prophylactic** – Preventive surgery to remove healthy tissue that doctors believe will probably become cancerous in the future. This may significantly reduce a person's cancer risk.

For example, a woman with a strong family history of ovarian cancer may have prophylactic surgery to remove her healthy ovaries. The decision to have any type of prophylactic operation should always be made after talking to qualified health professionals, including a genetic counsellor.

**Diagnostic, staging and exploratory** – Surgery may be done to see how much cancer is in the body and to cut out a piece of tissue that may be looked at under a microscope. This is called a biopsy, and it can confirm the type of cancer present. Sometimes the only way to biopsy tissue inside the body is to operate. Based on the biopsy results, the doctor may give the cancer a stage (see pages 16–17).

**Curative** – Sometimes the surgeon will remove the cancerous tissue to try to cure the disease. This is usually possible if the cancer is confined to one part of the body. Sometimes a whole organ is removed.

**Debulking/cytoreductive** – If it's not possible to remove all the cancer without damaging adjacent healthy organs, debulking is done to remove as much of it as possible. After the operation, the doctor may treat the remaining cancer using radiotherapy or chemotherapy.

**Reconstructive (plastic surgery)** – This procedure can be done for different reasons, such as to improve your appearance, help with mobility, or improve the way you feel. Examples include breast reconstruction, a prosthetic limb or grafting tissue to repair the surgical site.

**Supportive** – Surgery done to help another treatment. For example, you may have day surgery to have a tube (catheter) inserted into a large vein in your chest (e.g. a central venous access device or port) so you can receive chemotherapy.

**Palliative** – Surgery can be used to ease symptoms and side effects, without trying to cure the cancer. For instance, surgery may be done if the cancer grows very large and blocks the bowel (obstruction). There are also procedures, such as a nerve resection, that are done to reduce pain.

For detailed information about how surgery is used, call Cancer Council Helpline 13 11 20.

## Q: What other treatments might I have?

**A:** Other treatments, such as chemotherapy or radiotherapy, can be used with surgery.

### Other treatments

<b>Neo-adjuvant therapy</b>	Given before surgery, to try to shrink the tumour and make it easier to remove.
<b>Adjuvant therapy</b>	Given after surgery, often when: <ul style="list-style-type: none"><li>• the cancer hasn't been completely removed</li><li>• cancer has spread to other parts of the body, such as the lymph nodes</li><li>• there is a chance there are hidden cancer cells</li><li>• the cancer is likely to come back.</li></ul>
<b>Simultaneous</b>	Having two types of treatment at the same time. This is rare – an example is specialised, highly-concentrated chemotherapy delivered directly to the abdomen during surgery (hyperthermic intraperitoneal chemotherapy).

If you have adjuvant therapy, you will be given time to recover from surgery before receiving chemotherapy or radiotherapy. Many people wait about 6–8 weeks.



Cancer Council has detailed information about other treatments, such as chemotherapy and radiotherapy. Call **13 11 20** or visit your local Cancer Council website.

## **Q: How is surgery done?**

**A:** The way the surgery is done (the approach) depends on the type of operation you have, the surgeon's training, and the equipment in the hospital/theatre.

Open surgery is the most traditional approach. The surgeon makes a single cut (incision) into the body to see and operate on the organs. Sometimes the cut can be quite large.

Minimally invasive surgery (MIS) is usually called keyhole or laparoscopic surgery. For an abdominal operation, the surgeon makes about 3–5 small cuts and inserts an instrument called a laparoscope. This has a camera and light attached to it and the images are projected onto a TV screen. Instruments are inserted to take a biopsy, cut out cancerous tissue or remove an organ. Similar procedures can be performed on other parts of the body, such as the chest. In some cases, you might have MIS followed by an open operation.

Some surgical procedures may be carried out through tubes (endoscopes) passed into the inside of an organ, such as the stomach, bowel, bladder or trachea.

There are also other surgical techniques, including laser surgery, cryosurgery, robotic surgery and microsurgery. A specialist surgeon may be required, and it may be expensive. For more information, speak to your surgeon or call Cancer Council Helpline.

## **Q: Will I stay in hospital?**

**A:** Sometimes you will need to be admitted to hospital to have surgery. This is called inpatient care.

The length of your hospital stay depends on the type of operation you have, your recovery and if you have support at home.

It may be possible to have day surgery (outpatient surgery). This means you can go home on the same day of the operation – you don't have to stay overnight in hospital, as long as complications don't arise.

## **Q: What is a surgical margin?**

**A:** The margin refers to the normal-looking, healthy tissue that is removed with the cancer. This extra tissue is removed to try to ensure that all of the cancer is taken out.

The margin is checked under a microscope in a laboratory. If there aren't any cancer cells, it is called a clear, negative or clean margin. If there are cancer cells in the tissue, it is a positive or close margin, and you may require more treatment.

“ I went to a doctor who specialises in facial and cosmetic surgery. He said it was important to get the melanoma out straightaway. He cut out a larger piece – about the size of a 20-cent coin – and it had clear margins. The cuts from surgery were able to heal into the folds and wrinkles of my face, so the scar is not noticeable. ” *John*

## **Q: Can surgery spread the cancer?**

**A:** There are some situations where it is possible for surgery to cause cancer to spread, but it is very rare. In these cases, surgeons are very cautious and will still operate if the benefits of surgery outweigh the risk of not having the operation.

For example, most men with testicular cancer have their entire testicle removed, rather than part of the testicle. This is to prevent cancer cells becoming dislodged.

If the surgeon must remove tissue from more than one part of the body, they will use different tools at each location to reduce the risk of cancer cells spreading.

Some people think that cancer can spread if it's exposed to air during surgery. This is incorrect. This myth may exist because people feel unwell after an operation. However, it's common to feel this way when your body has been put under stress and is recovering.

People may also incorrectly think that air spreads cancer, especially if, during the operation, the surgeon finds more cancer than expected. But this isn't caused by air exposure or surgery. The extent of the cancer isn't always obvious before surgery – diagnostic tests and scans can't always show all of the cancer. For this reason, exploratory surgery can be helpful – it gives the surgeon an opportunity to look for abnormal tissue.

Talk to your surgeon or call Cancer Council Helpline 13 11 20 if you are concerned about the cancer spreading.

## **Q: What questions should I ask?**

**A:** It's important to ask questions about the type of surgical procedure recommended to you and the surgeon who will be operating.

In particular, make sure you're familiar with the surgeon's training and experience. You should also know the likely costs, and the risks and complications of the procedure (see page 19). For a list of questions that may be helpful, refer to pages 59–60.



# Common types of surgery

There are hundreds of different surgical procedures used to treat cancer – the most common types are outlined in this chapter.

## Surgical biopsies

For most cancers, abnormal tissue must be removed and examined to make a diagnosis. A pathologist in a laboratory looks at the sample under a microscope to check for cancer.

The biopsy may be done using a thin or hollow needle, which may be guided by an ultrasound. This isn't called surgery. A surgical biopsy (open biopsy) is done by cutting the body to take out all or part of the tumour. Various surgical tools can be used, depending on the part of the body affected.

**Incisional biopsy** – Part of the tumour is removed to make a diagnosis. Sometimes the tissue may be examined by a pathologist in the operating theatre – this is called a frozen section. The frozen section helps the surgeon decide how extensive the surgery should be.

**Excisional biopsy** – The entire abnormal area is removed. A margin of healthy tissue is usually cut out at the same time. This could be the only treatment required.

**Endoscopy/endoscopic biopsy** – A long, thin, flexible tube with a light and camera is inserted into the body through an existing opening (e.g. the mouth or rectum). The doctor can then view images of the body on a TV or computer screen and cut out tissue.



## Examples of endoscopy

There are many types of endoscopy, named after the part of the body affected. Some examples include:

- pharyngoscopy (throat)
- laryngoscopy (larynx/voice box)
- gastroscopy (stomach)
- colonoscopy (colon/large intestine)
- cystoscopy (bladder)
- bronchoscopy (lungs or respiratory tract)
- hysteroscopy (uterus).

**Laparoscopy/laparoscopic biopsy** – This is similar to an endoscopy, except the surgeon must make small incisions on the abdomen to operate, instead of using natural openings in the body. You may also need general anaesthesia (see page 28).

Other examples include thoracoscopy or mediastinoscopy procedures, which affect the chest.

**Laparotomy** – The surgeon makes a vertical cut in the abdomen to look at the abnormal area. When it's done to view the chest, this is called a thoracotomy. This might be carried out if less invasive tests, like a needle biopsy or laparoscopic biopsy, don't work.

**Skin biopsies** – The way skin is biopsied depends on the tumour. The doctor can use a needle or do an incisional or excisional biopsy to shave off tissue. Another type of skin biopsy uses an instrument called a punch to remove skin layers.

Sometimes a surgical biopsy can be done in the doctor's rooms, but it can also be done in theatre (in hospital) as day surgery. The amount of anaesthesia you receive depends on the procedure.

For more information, visit your local Cancer Council website to read or download a copy of *Understanding Skin Cancer* or *Understanding Melanoma*.

## Staging the cancer

The stage of the cancer describes how far it has spread in the body. Staging the cancer can help the doctor recommend the best treatment for you. This may be determined by what is found during surgery as well as the results of medical imaging scans.

There are different staging systems used, depending on the type of cancer. However, the most common international system is called TNM. The table below has a general overview of this system.

### The TNM system

<b>T (Tumour) 1–4</b>	Refers to the size of the primary tumour. The higher the number, the larger the cancer.
<b>N (Nodes) 0–3</b>	Shows whether the cancer has spread to the regional lymph nodes of the neck. No nodes affected is 0; increasing node involvement is 1, 2 or 3.
<b>M (Metastasis) 0–1</b>	Cancer has either spread (metastasised) to other organs (1) or it hasn't (0).

The letters in TNM may also be assigned numbers to describe how far the cancer has spread. Some cancers are also given a grade, which describes how abnormal the cancer cells are and how fast they are growing.

To diagnose and grade the cancer, a pathologist must examine the tissue under a microscope. Sometimes it's possible to biopsy a small amount of tissue (see page 14), but in other cases, the doctor must perform a surgical procedure to remove enough tissue.

For specific information about staging a certain type of cancer, talk to your medical team or call Cancer Council Helpline 13 11 20.

Sometimes staging or diagnostic surgery removes the whole cancer, and you don't need further surgery or other treatment.



“ I had my testicle removed to cut out the cancer, then I didn't need further treatment. The doctor put me on surveillance, which is just like having frequent check-ups with the specialist. ” *Michael*



# Planning and preparation

There are things you can do before surgery to make the process easier. Some of these include:

- having the required pre-assessment tests
- understanding the risks and possible complications, and giving your signed consent
- following your health professionals' specific instructions about how to prepare for your operation.

## Pre-assessment

Your medical team will determine if you are fit enough to have an operation. If you have another serious health condition, such as a heart problem, you may not be able to have an operation.

Your doctor will look at your medical history and do tests or scans. This is the normal process for anyone preparing for an operation.

### Waiting for surgery

It's common to have to wait to have surgery. The length of time depends on many factors, including the type of cancer you have and its stage, the operation you are having and the hospital.

In most cases, the waiting time doesn't have a significant

impact on the outcome of the operation.

You may want to use the waiting time to read more about the procedure and organise things at home to make your recovery easier. If you are anxious or concerned, speak to your surgeon.

“ I waited just over three weeks from diagnosis to surgery. I was happy to slot in with the surgeon – and I think they would have scheduled it sooner if the cancer had been aggressive. ” *Page*

## Understanding the risks

Almost all medical procedures have risks, and surgery is no exception.

The length of the operation and type of anaesthesia you have are important factors to consider, as are your age and general health.

Although advances in surgical techniques have made surgery safer, there are still things that may not go as planned and possible complications. Overall, you and your surgeon should feel that the expected benefits outweigh the possible risks.

## Possible complications

This section (pages 20–21) has some information on the most common complications that may occur during and after surgery. It's very unlikely that all of these would be relevant to your situation. Your surgeon can give you a better idea of your actual risks.

Generally, the more involved the surgery, the more likely there could be complications. Nonetheless, it's unlikely these will be life-threatening.

## **During surgery**

**Bleeding** – You may lose blood during surgery – this is called controlled blood loss. Uncontrolled bleeding is a problem that surgeons must manage, but it's rare for this to occur. See page 32 for information about blood transfusions.

**Damage to other tissue** – Most organs are tightly packed together, so working on one part of the body can affect nearby tissue. This may affect the function of other organs after surgery – for example, handling the bowel may cause you to be temporarily constipated.

**Drug reactions** – In rare cases, some people react badly to anaesthesia (see page 28) or other drugs used. This can be serious because it can cause a drop in blood pressure, heart rate and breathing. Tell your doctor if you've had any previous reactions to herbal or prescribed medication, no matter how small the reaction.

## **After surgery**

**Infection** – There are some simple ways to prevent a wound from becoming infected. Sometimes the doctor will prescribe medication before surgery to help prevent infection (prophylactic antibiotics), and you will be monitored for fever, which shows that your body is fighting off an infection. Not all wounds become infected.

### **tip**

Protect yourself against infection by trying to ensure the things you come into contact with are clean. Try to avoid people who are unwell, practise good hygiene and change dressings regularly.

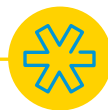
**Blood loss (haemorrhage)** – Your medical team will manage any post-surgery bleeding. This could include giving you transfusions or doing further surgery to stop any bleeding in severe cases.

**Lung problems** – If you had abdominal surgery, it may be temporarily painful to breathe or cough. You will be encouraged to do deep breathing exercises, and get out of bed to move around. Your medical team will monitor your breathing during your recovery.

**Effects of being less mobile for a prolonged time** – All surgery and some cancers increase the risk of developing blood clots in the legs or pelvis (deep vein thrombosis or DVT). Preventive measures include wearing special stockings, injections of anti-clotting drugs, and using devices to keep the calf muscles moving during and sometimes after the operation.

Although you'll need to rest after surgery, it's important to get up and move around. If you aren't mobile, your muscles may get weak (atrophy). A nurse or physiotherapist may help you move around as soon as possible and give advice about the best exercises to do. Generally, the sooner you are able to get up and move, the better.

If you are bedridden for a long time after surgery, you may require rehabilitation in order to help you get safely back on your feet and return home.



**Other problems** – Surgery puts your body under stress. After an operation, some people have irregular heartbeats, kidney problems or other complications. These problems are more likely to affect older patients who have pre-existing conditions.

Reading about the possible complications may be confronting, but it's extremely unlikely that everything listed on pages 20–21 would be relevant to you. Talk to your surgeon about your situation.

## Informed consent

A doctor needs your agreement (consent) to perform any medical treatment. Adults can give their consent – or refuse it – if they have capacity. Capacity means they can understand the information about the proposed choices and make reasonable decisions based on this information.

Sometimes consent is not needed, such as in a medical emergency. However, if your operation is planned, your doctor will talk to you about the benefits and risks. Receiving and understanding this information before agreeing is called informed consent.

For a list of questions that may help, see pages 59–60. You can also read *Cancer Care and Your Rights* for more information.

“Hearing about risks and complications was full-on, but I wanted to know everything that could happen.” Kathleen





## Frank's story

When my mum was diagnosed with bowel cancer, the medical team recommended she have a right hemicolectomy to remove the affected parts of her bowel.

Before surgery, we went to the hospital to see the surgeon for the pre-assessment appointment. My wife and I went along to provide support and help mum understand the surgeon's instructions.

The surgeon talked to the three of us about the potential risks and benefits of the hemicolectomy. Mum's elderly and she had heart problems a few years ago (three stents), so she takes low-dose aspirin daily. The doctor explained the risks of bleeding during the operation, and told mum to stop taking aspirin for a week before the operation.

Even though it was stressful to 'download' all the medical information and instructions,

the pre-assessment actually eased our minds. I walked away knowing that although it's a major operation, very few people die. And I knew the practical things we had to do to help mum prepare.

On the day of surgery, we all felt nervous but ready. Mum was in theatre for a while, but she got through the operation without any problems. Over time and with the dietitian's help, she resumed eating.

When I look back, I think mum was calmer than us. It can be really stressful and nerve-wracking to be the support person for someone having surgery. We found it helpful to ask the medical team questions about what was happening so we felt in control and knew how to look after her.

## Getting ready for surgery

You will have to prepare for the operation. Your surgeon or medical team will review your records and plan the procedure. They'll take into account your health, including any allergies you have, and give you instructions about how to prepare. Follow their direction and let them know if you have any concerns with what you are asked to do.

**Stockings** – Your legs may be measured for stockings to reduce the chance of developing a blood clot in your veins.

**Blood samples** – You may have some blood taken in the days before the operation, and on the day of the procedure.

**Shower and shave** – You should bathe before the operation. You might be instructed to do so the day before, not on the operation day. If you have hair near the operation site, it may be shaved.

**Eating and drinking** – Most people are told not to eat or drink for 6–12 hours before the operation so their digestive tract is empty. This may be called fasting or nil by mouth.

**Medication** – If you're instructed to take medication, such as a laxative, swallow tablets with only one mouthful of water. Avoid taking aspirin or other blood-thinning medication for 1–2 weeks before surgery to lessen the risk of bleeding – if you are taking aspirin under medical advice, discuss it with your surgeon.

**Support person** – You may want to ask a support person to wait in the waiting room. You should plan ahead and arrange someone

to escort you home when you are discharged from day surgery. It's not safe to travel alone or use public transport or a taxi, as you will still be under the effects of the anaesthetic. The hospital social worker can help organise transport if necessary.

### Preparing for surgery

This list provides a general guide about what you may want to bring to day surgery. Talk to your medical team about what to bring or ask the hospital for a list. You may need more supplies if you are recovering in hospital as an inpatient.

#### What to bring

- ✓ A support person, if possible
- ✓ Forms or letters from your doctor, and any recent x-rays or scans
- ✓ Medicare card and/or private health care information
- ✓ Medications you are taking in their original packaging
- ✓ Any essential equipment you already use, such as a portable oxygen machine, mobility aids or hearing aids
- ✓ Reading material and reading glasses
- ✓ Comfortable, loose-fitting clothes
- ✓ Toiletries, if you want to freshen up afterward, if you need sanitary items or if you are staying in hospital to recover

#### What not to bring

- ✗ Valuables, including jewellery
- ✗ Large sums of cash and credit cards
- ✗ Make-up and nail polish
- ✗ Hair clips and pins, unless you are an inpatient
- ✗ Food and drink – most patients are asked not to eat or drink before the operation
- ✗ Contact lenses (for day surgery)
- ✗ Sleepwear/pyjamas (for day surgery) – a hospital gown is provided. If you are staying in hospital to recover, it's okay to wear your own comfortable clothing
- ✗ Personal items, such as a hot water bottle



## Key points

- Your medical team will determine if you are fit enough to have an operation by doing some tests and scans and looking at your medical history. This is known as a pre-assessment.
- Some people with other serious health problems or complications (such as a heart condition) can't have an operation.
- It's common to have to wait to have surgery. Your waiting time depends on whether the operation is in a public or private hospital and how urgent your case is.
- There are risks associated with surgery. Generally, the longer and more complex the procedure, the higher the risk.
- Your doctor will discuss possible complications that may occur during and after surgery. This may include bleeding, infection and drug reactions. The risks will depend on your specific situation. It's uncommon to have life-threatening complications.
- The surgeon needs your agreement (consent) to perform the operation. Receiving relevant information about the benefits and risks of surgery before agreeing to undergo the procedure is called informed consent.
- Before the operation, you may need some additional tests, such as blood tests.
- The surgical team will give you instructions about preparing for the operation. This will include a list of what to bring on the day of the operation, and some guidelines about what to leave at home.



# The day of the operation

Although each person's situation is different, this chapter provides general information about what may happen on the day of the operation.

You should arrive at the allocated admission time. Arriving early doesn't mean you'll be admitted early. When you're admitted, you might not know the exact time of the surgery, but you'll probably know if it will be in the morning or the afternoon. There are sometimes unexpected delays, depending on other patients or emergencies – the receptionists and nurses will keep you informed.

You will change into a surgical gown and put your personal possessions in a bag for storage (or your support person can keep them). If the surgery affects part of your body with hair, it will be shaved.

You may also have pre-tests or scans (e.g. a urine test, x-ray or heart scan). Some people have 'pre-medication', such as an injection or tablet to help them feel relaxed.

Your medical team can give you information about the operation, but there may also be some 'unknowns'. For instance, they may not know how many stitches you will need, or if you will need a blood transfusion, until the operation. See page 32.

“ I had a wire lumpectomy on my breast. It was a day procedure. My son and his partner stayed in the waiting room, then took me home in the afternoon. ” Deanna



## Di's story

I was admitted for breast reconstruction surgery. While lying in the pre-theatre area, my plastic surgeon informed me that my implant hadn't yet arrived. He expected me to agree straightaway to having a different, bigger implant.

I declined having this implant, despite feeling extremely pressured. Consequently, the surgery had to be rescheduled.

I had the procedure I wanted, and I'm glad I stuck to my original decision.

My case shows that there can be unforeseen problems or major changes to the proposed surgery after you're admitted. My advice is to manage your stress and have a support person available. If something comes up, discuss the options and decide if you still want to proceed.

## Anaesthesia

Your medical team will give you drugs to temporarily block any pain or discomfort you feel (anaesthesia or anaesthetics).

An anaesthetist will prescribe these drugs and monitor you, if necessary.

**General anaesthesia** – Puts you into an unconscious state and keeps you there for a certain period of time. Although this is sometimes described as being 'put to sleep', it's not the same thing.

You may experience some side effects when you wake up from general anaesthesia. Most of these side effects are temporary and are easily managed by your medical team – see page 30.

**Local anaesthesia** – Involves numbing part of the body, usually using drops, sprays, ointments or injections into the tissue. You are still awake and aware of what’s happening. The numbness typically lasts for several hours to a day.

**Regional anaesthesia (regional block)** – A local anaesthetic is injected through a needle placed close to nerves. This may include a nerve block, spinal or epidural anaesthetic. Local anaesthetic is also applied to the skin beforehand so the needle prick doesn’t hurt.

Before you receive anaesthesia, the team will talk to you about your medical history. You should also tell them about your current condition – for example, when and what you last ate and drank, or if you think you have a cold or the flu.

“ The doctor used local anaesthetic on the skin on my arm, then cut off the mole. I saw what was happening but I didn’t feel any pain. The numbness wore off in a few hours. ” *Craig*

## Risks of anaesthesia

It’s uncommon to have an allergic reaction to anaesthetic. Your medical team, including the anaesthetist, will review your medical records and general health to determine if you are at risk of having an adverse reaction (e.g. low blood pressure, hives, swelling or breathing problems). Anaesthetists are trained to recognise the signs of allergic reactions and they will give you medication to reverse any complications. Your medical team will go over specific risks when you consent to the operation (see page 22).

## How will I feel after general anaesthesia?

The following side effects may occur:

### **Nausea and vomiting –**

About 20–30% of patients feel nauseated or vomit within 24 hours of surgery, but there are medications to control this. It's common to vomit after eating your first meal. Sometimes vomiting makes you feel better. Some people feel nauseated during the first few days after discharge from hospital, but this eases.

### **Chills and dizziness –**

Your body may cool down after surgery, which can cause you to feel cold/shiver. Some people feel dizzy. You will be monitored to make sure that you aren't getting an infection. During the operation and recovery, your temperature will be maintained, usually with warming blankets.

**Mental effects –** You may feel confused, groggy or 'fuzzy' in the minutes or hours after

you wake up. Some people don't remember why they had surgery. Most people make a full recovery and remember what has happened within a few days. Confusion is more common for elderly people and those who had memory problems before the operation.

Rarely, people have ongoing effects (such as some memory loss or fogginess) a week or several months later. This is called post-operative cognitive dysfunction (POCD). The reasons why POCD occurs aren't fully known.

**Agitation –** You might cry or feel restless and anxious when you wake up. Some people feel like their arms or legs are twitchy. This is a normal reaction.

Tell your medical team if any of these side effects get worse.



“ The doctor told me to count to 10 when he put the mask over my face. I got to three then all I remember is waking up. I don't remember the operation at all. ” Gillian

## The operating theatre

You will lie on a hospital bed that is wheeled into the operating theatre. This is a clean (sterile) room where the operation occurs. The surgical team will wear caps, masks and gowns to prevent infection.

If you are having general anaesthetic, it will be given by injection or by inhaling gas through a mask. Sometimes both methods are used. You might feel a burning or stinging sensation, but once the drugs take effect, you usually won't be aware of what's happening. Some people say it feels like a deep, dreamless sleep.

During surgery, a machine called a ventilator breathes for you. The anaesthetist constantly monitors you to make sure your pain is controlled until the procedure is completed. They will check your vital signs (e.g. heart rate, temperature and blood oxygen levels) using tools like a pulse oximeter.

When the operation is done, the anaesthetic will begin to wear off slowly or you will be given more drugs to reverse the effects. At this time, you'll be taken to a recovery room and your vital signs will be monitored until you are fully awake. You may experience side effects from the anaesthesia – see opposite.

## Unknown factors

There are some things that the medical team may not know until the operation is in progress:

**Needing a transfusion** – If you lose a lot of blood, some blood or blood products can be transferred into your body (transfusion). Someone else's blood is usually used. There are strict screening and safety measures in place, so this is generally very safe.

If you're concerned about receiving someone else's blood products, you might be able to bank some of your blood before the surgery, so it can be transfused back. Ask your doctor for more information.

**Taking a different approach** – The surgeon may plan for laparoscopic (keyhole) surgery but revert to open surgery due to complications or difficulties.

**Removing extra tissue** – If the cancer is found in other places, your doctor may remove extra tissue. It may be difficult to tell you exactly what will be removed before the operation, as scans don't always detect all of the cancer. The surgeon will remove as much cancer as possible during the operation.

**Involving another surgeon** – Another surgeon may be called into the theatre to assist your surgeon. This is standard practice, as the extra support or advice can help achieve the best outcome for you. For example, a gynaecological surgeon may get assistance from a colorectal surgeon if the bowel is affected.

**Creating a stoma** – The medical team will talk to you beforehand about the possibility of creating an opening in the body. This is called a stoma, and it may be temporary or permanent. An example of a stoma is when parts of the bowel are connected to the skin (e.g. a colostomy).

Your medical team – including a stomal therapy nurse – will give you specialised information and support if this relates to you. Call Cancer Council Helpline 13 11 20 for more information or to arrange to speak with someone who has a stoma.

## Surgical wound

Your surgeon can choose how to close up the incision created during the surgery. They might need to close up several layers of tissue (e.g. muscle and skin).

The surgeon's approach will depend on the part of your body affected and what kind of surgery you have (e.g. open/large cuts or keyhole/small cuts). Common methods of closing a surgical wound include:

- **sutures or stitches** – sewing the wound closed using a strong, thread-like material that can sometimes dissolve
- **staples** – small metal clips
- **glue (e.g. Dermabond™)** – transparent liquid or paste used to seal minor wounds (up to 5cm), or applied on top of sutures
- **adhesive strips (e.g. Steri-Strips™)** – pieces of tape placed across the wound to hold the ends together, which may be used with sutures.



Sometimes skin is taken from another part of the body and placed on top of the wound to help it heal. This is called grafting.

The wound will usually be covered with surgical dressings to keep it dry and clean (sterile). This will be in place for a couple of days, then changed regularly. The nurses can look at the wound to see if it's healing and check for bleeding or signs of infection. If you have a shower, the dressing will be taken off and reapplied afterwards.

The wound may feel itchy or irritating after surgery. Tell the nurses if this happens – it could be a sign it's healing, but it may also be a problem. For example, some people are allergic to certain types of adhesive tape and dressings.

Sutures or staples may need to be removed in 7–10 days.  
See page 46 for information about follow-up appointments.



## Key points

- On the day of the operation, you should arrive at your allocated admission time. Arriving early doesn't mean you'll be admitted early. You may not know the exact time of the surgery, but you'll probably know if it is scheduled in the morning or afternoon.
- You may also have pre-tests or scans (e.g. a urine test, x-ray or heart scan). Some people have 'pre-medication', which may be an injection or tablet that makes you feel relaxed.
- Your medical team will give you some drugs to temporarily block any pain or discomfort you feel (anaesthesia or anaesthetics).
- General anaesthesia puts you into an unconscious state; local and regional anaesthesia numb parts of the body while you are still awake and aware of what is happening.
- It's rare to have a bad (allergic) reaction to anaesthesia. If it occurs, the anaesthetists will give you medication to reverse any complications.
- After general anaesthesia, you may experience some side effects, including nausea, chills, dizziness or agitation. Side effects usually go away within hours. Some people feel groggy or fuzzy for a few days. Tell your medical team how you are feeling.
- There may be unknown factors about the operation. For instance, another surgeon may be called in to assist, or extra cancer tissue may be removed. Your doctor will discuss the possibilities with you before the operation.
- Surgical wounds can be closed up using sutures, stitches, staples, glue or adhesive strips.



# Recovery after surgery

No matter what kind of operation you have, don't be surprised if it makes you feel tired and drained. Even if your pain is under control, surgery can be physically and emotionally stressful.

Your medical team will talk to you about your recovery – it may take a few days or a week to recover from a less complex operation, but it can take a few months to recover from a major procedure. Follow your surgeon's advice, and try to be patient and allow yourself time to recover.

## Hospital recovery room

Immediately after surgery, you will be moved out of the operating theatre to a large area near the operating theatre with medical monitoring equipment (recovery room).

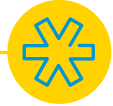
Sometimes hospitals have different names for this room – it may be called a post-anaesthesia care unit or recovery ward. It can be a shared space or a private room.

Some people who need a high level of care will go into the high dependency unit (HDU) or intensive care unit (ICU). Your condition is closely monitored in these units so potential problems can be identified early and treated as needed. You will be moved out of the HDU or ICU as your condition improves.

You may have had a tube down your throat for the operation to help you breathe (intubation). This will be removed, but your mouth and throat may feel temporarily dry or sore.

The recovery nurse will monitor your vital signs while the anaesthesia wears off and give you medication or fluids to make you feel better and reduce side effects caused by anaesthesia (see page 30). You'll probably receive pain medication through tubes or an intravenous drip. There might be some drains to remove waste and fluid from your body. The surgeon may also examine you again.

Family and friends may be able to visit you in the recovery room, but each area has different policies – for instance, only one visitor may be permitted at a time, or immediate family only. See page 53.



## Hospital ward

If you are staying in hospital to recover (i.e. you didn't have day surgery as an outpatient), you will be moved from the recovery room to a ward. You will be looked after by nurses and other health professionals, such as a physiotherapist or dietitian.

**Tubes and drains** – You may have some temporary drains or tubes inserted into your body. Drains will remove fluid or waste away from the site, and cannulas or other tubes may make it easier to take blood samples and give pain relief.

**Pain control** – You may be given a PCA (patient-controlled analgesia) device, which allows you to receive a dose of medication when you press a button. The device is programmed to prevent overdose. Tell the doctor or nursing staff if you're in pain.

**Breathing** – Breathing exercises can help you develop lung strength and prevent infection and fluid build-up. A physiotherapist can show you how to do these exercises. A handheld device, called an incentive spirometer, can help improve your deep breathing.

**Movement and circulation** – When you return from theatre, you may be wearing stockings or calf stimulators to keep blood circulating through your legs, or have an injection of medication to prevent dangerous blood clots (deep vein thrombosis or DVT).

It's a good idea to get up and move around as much as possible. Nurses or a physiotherapist will give you advice about this.

**Eating and drinking** – Depending on the type of surgery you had, your diet may be affected. After surgery, some people resume eating by drinking broth and soup, then progress to plain foods and small meals. Some people receive nutrition through a tube, rather than eating foods.

If the cancer and surgery affected your digestive system (e.g. mouth, throat, oesophagus, stomach, bowels), you will need to take special care and follow the dietitian's advice about eating and drinking.



The *Nutrition and Cancer* book also has information – call Cancer Council **13 11 20** for a free copy or visit your local website to download a copy.



**Bathing** – The timing of your first shower depends on how you are feeling – some people shower the same day or the next day if they are feeling up to it.

The nurses will probably encourage you to shower as soon as possible, because this is a good reason to get up and get moving. Nurses can help you if you need to remove dressings or cover them to keep them from getting wet. If you can't get out of bed, the nurses will give you a bed bath.

“ The hardest part was knowing how much progress I had to make after the operation. The nurses wrote some goals for me: pain control, breathing exercises, tubes out, getting out of bed, walking. It felt impossible, but I was battered, not broken. Over time, I was able to achieve all those things and go home. ” Earl

## Leaving hospital (discharge)

If you had day surgery, you will be discharged from hospital after you leave the recovery room. It's important to pre-arrange for someone to take you home after day surgery. The nurses will contact this person and let them know when you're ready to go.

If you had inpatient surgery, you will be officially discharged when the medical team thinks you are healthy enough to leave. Some people stay in hospital for a day or two, but others stay for

several weeks or months. The total length of your hospital stay depends on the speed of your recovery and the type of operation you had.

Along with discharge papers, the medical team may give you:

- scan and test results
- instructions about how to take care of yourself at home (see page 42)
- guidelines about when to contact your doctor (see page 45)
- a medical certificate for your employer
- insurance forms, bills or receipts
- a list of any medications/prescriptions, or a small supply of medications (such as pain relief).

If you want specific paperwork (e.g. a letter for your employer) and it isn't offered, you can request it from the doctor, nurses, receptionist or social worker. You may want to make a copy for your records or show it to your general practitioner (GP).

It's natural to feel anxious about going home. Your medical team will give you information about your care so you can continue to recover safely.



Most people go home after discharge, but some go to an inpatient rehabilitation centre (see page 48). It's also possible to have rehabilitation as a day patient.



## Page's story

I was diagnosed with breast cancer at age 41. The doctor arranged a mammogram, ultrasound and needle biopsy to confirm the diagnosis. It was quite a large 40mm tumour near the centre of my chest.

Surgery was scheduled to remove the tumour about three weeks after diagnosis. I was nervous at the time because I didn't know exactly how far the cancer had spread – they were going to determine how much tissue to remove during the operation and do further surgery if necessary.

I had general anaesthesia and the surgeon removed about two-thirds of the breast. Unfortunately, the next day the pathology results came back and I had to have another operation to remove the remaining breast tissue. This was discouraging, but I was actually fine with having the whole breast removed.

I coped well with the general anaesthesia, but it was difficult because I had two surgeries in a row so I had to fast. I felt hungry and thirsty. I felt pretty groggy at first. When my family came to hospital to visit, they said I looked very pale.

When I was discharged from hospital, I had to wait a couple of weeks to drive because I had quite a large chest wound. The wound would fill with fluid, so I visited the doctor regularly to follow up and have the fluid drained.

After surgery, I think you feel like a child for a while. At first, you can't do what you're used to doing at home – you have to depend on others. But you do get back to normal.

I opted to have a reconstruction later. The surgeon lifted my right breast and used tissue from my tummy to create a left breast. I'm happy with the results.

## Taking care of yourself at home

Looking after yourself at home is one of the most important parts of your overall recovery. Even though you aren't in hospital, you are still recuperating. Your rate of improvement and progress will depend on the type of surgery you had, what support you have at home, and your overall fitness and health.

If you live alone, it's a good idea to organise another adult to stay with you at home the first night after discharge. This person can keep an eye on your recovery and wellbeing. You can also talk to the hospital social worker about accessing home help services, if required.

A community nurse may come to your house to check on you and change any dressings. If you are able to travel, you might go to your local GP, who can provide similar care. Try to find a GP you are comfortable with, and provide the hospital with your GP's details so they can keep in touch about follow-up care.

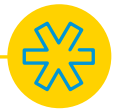
**Medication** – The most common side effect of surgery is pain. Take pain relief medication as prescribed by your team. If your pain isn't under control, gets worse, or if the medication causes side effects, talk to your GP.

Your doctor will give you instructions about re-starting any medication that you stopped taking before the operation. If you are prescribed antibiotics, take the full course as instructed. You may feel better after a few days, but the entire course of drugs are needed to completely kill bacteria and prevent infection.

**Rest** – Although it’s a good idea to do gentle exercise, it’s also important to take it easy. Get plenty of sleep and take breaks if you feel tired.

**Wound care** – If you have a wound, your nurse will give you instructions about how to care for it. Don’t put lotions or perfumes on the incision – clean it with soap and water and pat it dry. You may be given instructions about how to change the dressings. If you have adhesive strips, they should fall off within a few weeks when the wound has closed, or a nurse can take them off. Don’t try to pull them off – you may open your wound. Your doctor or nurse will remove stitches or staples during a follow-up appointment (see page 46).

You might have some bruising around the operation area, but this will slowly fade over a few weeks. Don’t pick at any scabs around the wound, as this can cause infection.



The Pharmaceutical Benefits Scheme (PBS) subsidises some wound healing products and dressings to make them more affordable. For more information about this service, call **1800 020 613** or visit **[www.pbs.gov.au](http://www.pbs.gov.au)**.

**Bathing** – Unless you’ve been told otherwise, you will be able to shower. Wash your body – especially the wound – as gently as possible, with warm water only. Pat it dry. If you have dressings, you might need to keep them dry – your nurse will give you instructions.



Some people have trouble holding urine or bowel movements (incontinence) after surgery, especially abdominal procedures. This is usually temporary. Ask your surgeon or GP if you can speak to a continence nurse, who can help treat or manage this problem, or call the National Continence Helpline on **1800 33 00 66**.

**Going to the toilet** – Try not to strain when you go to the toilet, as this can tear your anus and cause swollen veins (haemorrhoids or piles). If you haven't had a bowel movement within a few days of the operation, your chemist or doctor can give you advice or prescribe medication. If you are taking opioids, it's a good idea to see your GP about your bowel habits, as they may want you to have a bowel movement every day.

**Tubes and drains** – Some people go home with a temporary drain or tube in their body, near the operation site. This collects extra fluid leaving the body. The nurse will teach you how to care for it, until it is removed (usually in the doctor's surgery).

**Eating and drinking** – Some people feel queasy after surgery. Start with clear broth and water, then basic foods such as rice and toast, then resume your usual diet (or the special diet you were instructed to eat). To avoid constipation, eat fibre and drink plenty of water. Avoid alcohol, especially if you are taking medication.

**Activity** – You may need some equipment to help you move safely. An occupational therapist may show you how to use any equipment you need (e.g. walker, cane, shower chair, ramp).

It's a good idea to do some gentle exercise to build up your strength. A physiotherapist can give you advice about moving and exercising. Talk to your doctor about what level of activity is safe and what should be avoided (e.g. lifting heavy objects, driving, playing sports, swimming or having sex). It may take up to 4–6 weeks until you get back to your usual activities.

### When to call the doctor or 000

See your doctor immediately or go to the hospital Emergency department if you have any of the following symptoms – don't wait until your next scheduled follow-up appointment:

- increased bleeding, swelling, redness, pus or drainage from your wound or around any tubes, stomas or drains
- a fever over 38°C
- sudden, severe pain
- pain or burning when urinating
- nausea or vomiting for 12 or more hours
- swelling in your limbs
- trouble breathing, walking or doing things you could do previously.

“ The doctors told us what signs to look out for. A week after hospital discharge Joe was running a fever of 39.6°C and shaking violently. He had an infection brewing in his pelvis. He was admitted to hospital again and he had a blood transfusion and antibiotics. ” *Amanda*

## Follow-up appointments

Your first follow-up appointment is usually 7–14 days after surgery. You may see the surgeon or your GP, depending on where you live and what the medical team recommends.

At this appointment, your doctor will remove any stitches, staples, adhesives or drains and check your wound. Your post-surgery pathology results may also be available and discussed, so you know if you need any further treatment.

Your doctor can also give you advice about getting back to normal activities, and refer you to other health services, if needed. If you have any concerns, you should mention these during the appointment. You may need to ask about specific things, such as driving or playing sport.

## Coping with your emotions

For some people, having cancer is like an emotional roller-coaster. You may have many mixed feelings before, during and after surgery. It's natural to feel anxious, scared or angry.

When you return home, you might feel vulnerable or helpless. You may need help doing things that you used to be able to do yourself, such as laundry or vacuuming. If your body has changed, it may affect your self-esteem.

If you have ongoing feelings of sadness and feel down most of the time, you may be depressed. This is called post-operative depression.



Signs and symptoms of depression include:

- feeling overwhelmed, sad, irritable and frustrated
- not being able to concentrate
- withdrawing from other people
- relying on alcohol or drugs
- thinking that life's not worth living
- having trouble sleeping (insomnia).

Some of the physical symptoms of depression include tiredness, appetite loss and sleep problems, but these can also be caused by surgery.

There is a range of effective treatments for depression, including counselling and medication. Talk to your GP, call the Helpline on 13 11 20 or go to [www.beyondblue.org.au](http://www.beyondblue.org.au) for information. There may be Medicare rebates available for some of these services.

## Changing body image

Having surgery can change the way you think and feel about yourself (your confidence and self-esteem). You may feel less confident about who you are and what you can do. This is common whether your body has changed physically or not.

Give yourself time to adapt to any changes. Try to see yourself as a whole person (body, mind and personality) instead of focusing only on the parts of you that have changed.

For practical suggestions about hair loss, weight changes and other physical changes, call Cancer Council Helpline.

“ I remember how liberating it felt during recovery, when I could finally lift my arm to brush or wash my hair and reach up for things on supermarket shelves. I really valued (and celebrated!) these little steps. For me, the best advice was to focus on what I could do, not what I couldn't do, and be kind to myself. ” *Di*

## Rehabilitation

Rehabilitation (rehab) may help you regain physical strength and get back to daily activities. This may include physical therapy (sometimes in a pool or gym) or specialist care if you need help with speaking, eating and other tasks.

Your surgeon may talk to you about the possibility of rehab before the operation, especially if you have inpatient care.

**Inpatient rehabilitation** – Some people recover in a rehab centre or nursing home before returning home. You need a doctor's referral to receive inpatient care. The length of your stay depends on the speed of your recovery.

**Outpatient rehabilitation** – You can visit a rehab facility as a day patient to receive similar care. Hospital staff or your GP can organise this.



## Key points

- Immediately after surgery, you will be moved out of the operating theatre to a large area nearby with medical monitoring equipment (recovery room). Some people who need a high level of care will go into the high dependency unit (HDU).
- The medical team will monitor your vital signs while the anaesthesia wears off and give you medication or fluids to make you feel better.
- You'll probably receive pain medication through tubes or an intravenous drip. There might be some drains to remove waste and fluid from your body.
- Your medical team will give you advice about other post-operative issues, such as diet and bathing.
- Generally, it's highly recommended that you get up and move around as soon as possible. This helps to prevent blood clots and speed up your recovery.
- If you had inpatient surgery, you will be officially discharged when the medical team thinks you are healthy enough to leave. The length of your hospital stay depends on your recovery progress and the type of operation you had.
- Your first follow-up appointment is usually 7–14 days after surgery. You may see the surgeon or your GP. At this appointment, your doctor will remove any stitches, staples, adhesives or drains and check your wound.
- Some people need rehabilitation to help regain physical strength and get back to daily activities. This may be in an inpatient rehab centre or nursing home, or you can visit a facility as a day patient.



# Making treatment decisions

Sometimes it is difficult to decide on the type of treatment to have. You may feel that everything is happening too fast. Check with your doctor how soon your treatment should start, and take as much time as you can before making a decision.

Understanding the disease, the available treatments and possible side effects can help you weigh up the pros and cons of different treatments and make a well-informed decision that's based on your personal values. You may also want to discuss the options with your doctor, friends and family.

You have the right to accept or refuse any treatment offered. Some people with more advanced cancer choose treatment even if it only offers a small benefit for a short period of time. Others want to make sure the benefits outweigh the side effects so that they have the best possible quality of life.

## Talking with doctors

When your doctor first tells you that you have cancer, you may not remember the details about what you are told. Taking notes or recording the discussion may help. Many people like to have a family member or friend go with them to take part in the discussion, take notes or simply listen.

If you are confused or want clarification, you can ask questions – see pages 59–60 for a list of suggested questions. If you have several questions, you may want to talk to a nurse or ask the receptionist if it is possible to book a longer appointment.

## A second opinion

You may want to get a second opinion from another specialist to confirm or clarify your doctor's recommendations or reassure you that you have explored all of your options. Specialists are used to people doing this.

Your doctor can refer you to another specialist and send your initial results to that person. You can get a second opinion even if you have started treatment or still want to be treated by your first doctor. You may decide you would prefer to be treated by the doctor who provided the second opinion.

## Taking part in a clinical trial

Your doctor or nurse may suggest you take part in a clinical trial. Doctors run clinical trials to test new or modified treatments and ways of diagnosing disease to see if they are better than current methods. For example, if you join a randomised trial for a new treatment, you will be chosen at random to receive either the best existing treatment or the modified new treatment.

Over the years, trials have improved treatments and led to better outcomes for people diagnosed with cancer.

It may be helpful to talk to your specialist or clinical trials nurse, or get a second opinion. If you decide to take part, you can withdraw at any time. For more information, call the Helpline for a free copy of *Understanding Clinical Trials and Research* or visit [www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au).



# Information for carers and family

If someone you care about is having surgery to treat cancer, it can be an anxious and uncertain time for you too.

It can be difficult to watch someone go through this – you may want to help, but not know how.

## Being a support person

One thing you may want to do is offer to be the support person. This may involve providing practical and emotional help to the person before, during and after surgery. The surgical team may ask that there is only one support person on the day of the operation, as there may be limited space in the surgical waiting room.

Before surgery, you can go to appointments and help the person make an informed decision. When they have decided to have the operation, help them follow the instructions about preparing for it. Even if it is day surgery, you can help organise personal items, paperwork and transport to and from hospital.

On the day of the surgery, the person having the operation will be brought into theatre, but you must stay in the surgical waiting room. You might want to look after the person's personal items so they don't get lost or misplaced.

If you don't stay in the waiting room, the nursing staff can take your contact details and call you when the procedure is done. If you stay, the staff can give you an estimation of how long you will be waiting and may give you reports on the progress.

## Caring for someone with cancer

Being a support person or carer can be taxing and frustrating at times. It can be especially difficult during stressful situations, such as when the person is having an operation.

While waiting, try to keep your mind occupied. You may want to go outside for a walk and

some fresh air. It's also a good idea to have something to eat and drink so you have energy.

The *Caring for Someone with Cancer* booklet may be helpful – call **13 11 20** or visit the website for a copy. You can also contact your local carers association for support.

## Visiting someone in hospital Recovery room

When the person is moved to the recovery room, visitors may be allowed at the discretion of the nursing staff. There are strict rules for outside visitors:

- Usually only one visitor at a time is permitted.
- You should wash your hands or use hand sanitiser before entering the room.
- You may only be allowed to stay for a brief time so the person has plenty of time to recover.

If you are accompanying a child (age 18 or younger) or someone with special needs who had surgery, you will be allowed to stay for the entire recovery period. Parents are especially encouraged to stay with children so they don't become too anxious.

Seeing your loved one after surgery can be frightening and overwhelming. The anaesthetic may make them groggy and sick, and they may not recognise you. After some time, the person will get back to normal.

### Regular hospital ward

If the person is moved to a hospital ward, you will need to follow usual hospital visiting hours and procedures. The medical team can give you updates about the person's recovery and when they are likely to be discharged.

## Going home

When the person returns home, you can provide valuable assistance and support – the following tips may give you some helpful ideas.

### tips

- Provide practical help, e.g. set up a bedroom on the ground level, do housework, pay bills and organise paperwork.
- Assist the person to shower, if they need help.
- Do some gentle exercise together (e.g. walking).
- Listen to their concerns and feelings, if they want to talk, but respect their confidentiality and privacy.
- Help the person manage their expectations about recovery – e.g. encourage them to take it easy and reinforce that they don't have to 'bounce back' right away.
- Accompany them to follow-up appointments.





# Getting information and support

## Your medical team

If you want more information about the surgery, your medical team should be your first point of contact.

The surgeons, nurses and anaesthetists can provide details about your individual situation and the type of procedure you're having. They can also put you in contact with other professionals who can help with your rehabilitation and recovery.

They may include:

- **social worker** – links you to helpful services and provides emotional support to you and your family
- **dietitian** – recommends an eating plan to follow when you're in treatment and recovery
- **speech pathologist** – assesses and treats you if the operation affected your ability to communicate
- **physiotherapist** – helps you to move and exercise safely
- **occupational therapist** – offers equipment/aids and advice about getting back to your daily activities, including driving and assessing the safety of your home.

Other specialised help is available in certain situations – for instance, if you have a limb amputated, you will need to learn how to take care of remaining tissue (e.g. the stump) and see a prosthetic specialist. This person will create a prosthesis for you. This can take several months. The hospital will refer you to the health professionals who can help you.



# Cancer Council services

Cancer Council offers a range of services to support people affected by cancer, their families and friends.

**Cancer Council Helpline 13 11 20** – This is many people's first point of contact if they have a cancer-related question. Trained professionals will answer any questions you have about your situation. For more information, see the inside back cover.

**Practical help** – Your local Cancer Council can help you access services or advice to manage the practical impact of a cancer diagnosis. This may include access to transport and accommodation or legal and financial support. Call 13 11 20 to find out what is available in your state or territory.

**Support services** – You might find it helpful to share your experiences with other people affected by cancer. For some people, this means joining a support group. Others prefer to talk to a trained volunteer who has had a similar cancer experience.

Cancer Council can link you with others by phone, in person or online at [www.cancerconnections.com.au](http://www.cancerconnections.com.au). Call us to find out what services are available in your area.

**Life after cancer** – It's natural to feel a bit lost after finishing treatment. You might notice every ache or pain and worry that the cancer is coming back.

Cancer Council can provide support and information to people adjusting to life after cancer – call the Helpline for details.

**Printed, online and audiovisual resources** – In addition to this resource, there is a wide variety of free information available about cancer-related topics. Cancer Council produces easy-to-read booklets and fact sheets on more than 20 types of cancer, treatments, emotional issues and recovery.

Cancer Council publications are developed in consultation with health professionals. The content is reviewed regularly, according to best practice guidelines for health information.

### Related publications

You might also find the following free Cancer Council publications and audiovisual resources\* useful:

- *Understanding Chemotherapy*
- *Understanding Radiotherapy*
- *Emotions and Cancer*
- *Nutrition and Cancer*
- *Talking to Kids about Cancer*
- *Understanding Clinical Trials and Research*
- *Overcoming Cancer Pain*
- *Caring for Someone with Cancer*
- *When Cancer Changes your Financial Plans*
- *Living Well After Cancer*
- *Understanding Complementary Therapies*

Call the Helpline on **13 11 20** for copies, or download them from your local Cancer Council website.

*\* May not be available in all states and territories.*



# Useful websites

The internet has many useful resources, although not all websites are reliable. The websites below are good sources of information.

## Australian

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Australian and New Zealand

College of Anaesthetists..... [www.anzca.edu.au](http://www.anzca.edu.au)

All About Anaesthesia ..... <http://allaboutanaesthesia.com.au>

Better Health Channel ..... [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

HealthDirect Australia..... [www.healthdirect.gov.au](http://www.healthdirect.gov.au)

## International

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American Cancer Society..... [www.cancer.org](http://www.cancer.org)

Cancer Australia ..... <http://canceraustralia.gov.au>

Cancer Research UK..... [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

Canadian Cancer Society..... [www.cancer.ca](http://www.cancer.ca)

Encyclopedia of Surgery ..... [www.surgeryencyclopedia.com](http://www.surgeryencyclopedia.com)

National Cancer Institute..... [www.cancer.gov](http://www.cancer.gov)

National Health Service ..... [www.nhs.uk/conditions/cancer](http://www.nhs.uk/conditions/cancer)

Macmillan Cancer Support..... [www.macmillan.org.uk](http://www.macmillan.org.uk)



# Question checklist

You may find these question lists helpful when thinking about the questions you want to ask your medical team about the disease and operation. If your doctor gives you answers you don't understand, it's okay to ask for clarification.

## Treatment choice/informed consent

- Why do I need surgery? Do I have a choice of treatments?
- What are the advantages and disadvantages of surgery for me?
- How successful is this type of operation for my type of cancer?
- Is surgery a recommended approach, are there any clinical practice guidelines on how to treat this type of cancer?
- How much does the surgery cost? Are there any extra costs I should know about, such as costs related to anaesthesia?
- Can I talk to someone who has had this operation?

## Surgery

- What type of operation will I have?
- Could plans to operate on me change? Why?
- What anaesthetic will I receive? How will it be given?  
When will I meet the anaesthetist?
- What are the potential risks and complications?
- Will I need a blood transfusion?
- Where will I have the operation? Can I have it close to where I live?

## Side effects and recovery

- What are the effects of the surgery (e.g. will it affect my mobility, diet, ability to work, sex life, etc.)? What are the long-term effects?

- Will I have tubes and drains?
- How long will I be in hospital?
- What will the recovery process be like?
- Will I need rehabilitation as an inpatient or outpatient?
- When I go home, will I be provided with written information about my after-care?
- What problems should I look out for when I go home?  
Who should I contact if they occur?
- How often will I need check-ups?
- What kind of support is available to people who have this type of operation?

## Surgeon information

- Do you work in a multi-disciplinary team (MDT)?
- Who will be in charge of my care?
- Do you specialise in this type of surgery? How were you trained?
- How many times have you done this operation?
- Which hospitals do you operate in?
- Are you a member of the relevant section of a specialist college, e.g. for breast cancer, the Royal Australasian College of Surgeons breast section?



# Glossary

## **anaesthetic**

A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs part of the body; a general anaesthetic causes a temporary loss of consciousness.

## **benign**

Not cancerous or malignant.

## **blood transfusion**

Transferring donated or stored blood and blood products into the circulatory system.

## **cytoreduction**

See debulking.

## **debulking**

Surgical removal of a part of a tumour, to enhance the effectiveness of other treatments, such as chemotherapy.

## **deep vein thrombosis**

A blood clot that forms in the veins of the leg, often caused by immobility after an operation or long-distance travel.

## **depression**

Severe and/or prolonged feelings of sadness and low mood.

## **inpatient**

A patient who stays in hospital while having treatment.

## **intravenous (IV)**

Inserted into a vein.

## **laparoscopic surgery**

A type of minimally invasive keyhole surgery into the abdominal cavity.

## **malignant**

Cancer. Malignant cells can spread (metastasise) and eventually cause death if they cannot be treated.

## **margin**

When a malignant tumour is surgically removed some surrounding tissue will be removed with it. If this surrounding tissue does not contain any cancer cells it is said to be a clear margin.

## **open operation**

A surgical procedure where the surgeon makes an incision in the body, to view and access the organs.

## **outpatient**

A person who receives medical treatment without being admitted into hospital.

## **palliative treatment**

Medical treatment for people with cancer to help them manage pain and other physical and emotional symptoms.

## **pathology report**

A document that provides information about the cancerous tissue, including its size and location, hormonal status, how far it has spread, surgical margins and how fast it is growing.

## **pulse oximeter**

A small machine, usually attached to a finger or toe, that measures how much oxygen is in the blood.

## **recovery room**

A hospital room for the care of patients immediately after surgery.

## rehabilitation

Restoration of people who have had an injury or illness, to help them regain strength and return to living independently, or to help prepare necessary services or equipment to facilitate discharge from hospital.

## staging

Performing tests at the time of diagnosis to find out how far the cancer may have spread from an original site to other parts of the body.

## stoma

A surgically created opening that connects an organ, such as the trachea or bowel, to the outside of the body. They may be named based on the part of the body that is affected.

## surgery

An operation by a surgeon to remove a part of the body affected by cancer, create a stoma, or insert a prosthesis.

## vital signs

Measurements of the body's pulse rate, temperature, respiration rate, and blood pressure. This indicates the state of essential body functions.

## Sources

1. *American Cancer Society. Understanding Cancer Surgery: A guide for patients and families. Reviewed and revised August 2013.*
2. *Cancer Research UK. Surgery to treat cancer. Website: <http://www.cancerresearchuk.org/cancer-help/about-cancer/treatment/surgery/surgery-to-treat-cancer>. Accessed: March 2014.*
3. *Caring 4 Cancer. Surgery and Anesthesia. Website: <https://www.caring4cancer.com/go/cancer/treatment/surgery/anesthesia.htm>. Accessed: March 2014.*
4. *General Surgeons Australia. Preparing for Surgery. Website: <http://www.generalsurgeons.com.au/public-information/preparing-for-surgery>. Accessed: March 2014.*
5. *Mayo Clinic. Cancer Surgery: Physically removing cancer. Website: <http://www.mayoclinic.com/health/cancer-surgery/CA00033>. Accessed: March 2014.*

### Can't find what you're looking for?

For more cancer-related words, visit [www.cancercouncil.com.au/words](http://www.cancercouncil.com.au/words) or [www.cancerciv.org.au/glossary](http://www.cancerciv.org.au/glossary).





# Notes

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## How you can help

At Cancer Council we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

**Join a Cancer Council event:** Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

**Make a donation:** Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

**Buy Cancer Council sun protection products:** Every purchase helps you prevent cancer and contribute financially to our goals.

**Help us speak out for a cancer-smart community:** We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

**Join a research study:** Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.



# Cancer Council Helpline 13 11 20

Cancer Council Helpline is a telephone information service provided throughout Australia for people affected by cancer.

For the cost of a local call (except from mobiles), you, your family, carers or friends can talk confidentially with oncology health professionals about any concerns you may have. Helpline consultants can send you information and put you in touch with services in your area. They can also assist with practical and emotional support.

You can call Cancer Council Helpline 13 11 20 from anywhere in Australia, Monday to Friday. If calling outside business hours, you can leave a message and your call will be returned the next business day.

## Visit your state or territory Cancer Council website

**Cancer Council ACT**  
[www.actcancer.org](http://www.actcancer.org)

**Cancer Council SA**  
[www.cancersa.org.au](http://www.cancersa.org.au)

**Cancer Council Northern Territory**  
[www.cancercouncilnt.com.au](http://www.cancercouncilnt.com.au)

**Cancer Council Tasmania**  
[www.cancertas.org.au](http://www.cancertas.org.au)

**Cancer Council NSW**  
[www.cancerCouncil.com.au](http://www.cancerCouncil.com.au)

**Cancer Council Victoria**  
[www.cancervic.org.au](http://www.cancervic.org.au)

**Cancer Council Queensland**  
[www.cancerqld.org.au](http://www.cancerqld.org.au)

**Cancer Council Western Australia**  
[www.cancerwa.asn.au](http://www.cancerwa.asn.au)

For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a confidential service.



Cancer Council  
**Helpline**  
**13 11 20**