

## 手術治療

本資訊主要介紹手術治療。

帶下劃線的辭彙在本文最後所附的辭彙表中均有說明。

許多罹患癌症的人士都接受過手術治療作為治療的一部份。

手術治療可能不是您所需的唯一治療，有些人還需要化療或者放療，醫生會和您商討您的治療方法。我們還有關於這些治療的中文繁體版本。

如有任何疑問，可以詢問您正在其中接受治療的醫院的醫生及護士。

若您有任何疑問或想與某人溝通，則從週一至週五上午 9 時至晚上 8 時，您可以致電麥克米倫癌症援助機構熱線：0808 808 00 00。我們有口譯員，所以您可以使用您的語言與我們溝通，您只需用英語告訴我們您希望使用甚麼語言即可。

我們提供更多關於不同類型癌症、治療和癌症病患生活的中文繁體版資訊。請瀏覽 [macmillan.org.uk/translations](http://macmillan.org.uk/translations) 或致電 0808 808 00 00。

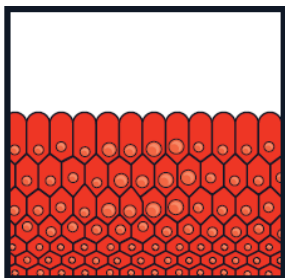
本資料單內容如下所示：

- 甚麼是癌症？
- 您的外科醫生
- 您為何需要接受手術治療？
- 外科醫生能否治癒您的癌症？
- 手術期間會發生甚麼事情？
- 手術之前
- 手術當天
- 手術之後
- 長期問題
- 身體和情緒變化

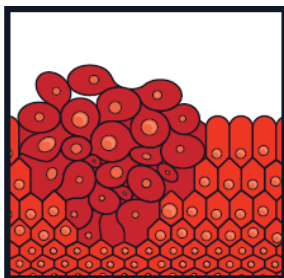
## 甚麼是癌症？

癌症源自於我們身體的細胞。細胞是構成人體器官和組織的微小構建塊。通常，這些細胞以可控的方式分裂並生成新的細胞。這就是我們身體如何成長、癒合和修復的方式。有時，細胞分裂出錯會使細胞變得異常。異常細胞持續不斷地分裂，生成越來越多的異常細胞。這些細胞形成的腫塊叫做腫瘤。

正常細胞



形成腫瘤的細胞



不是所有的腫塊都是癌症。非癌症型腫塊稱為良性腫瘤，不會擴散到身體的其他部位。癌症型腫塊稱為惡性腫瘤，可以在身體的其他部位生長。

癌細胞有時會脫離原發性癌症，透過血液或淋巴系統傳播到身體的其他部位。癌細胞擴散到身體的其他部位並長成腫瘤，被稱為繼發性癌症。

## 您的外科醫生

外科醫生是一位替您進行手術治療的醫生。為您的癌症類型尋找適合的外科醫生是很重要的，例患有乳癌的病人會去看乳腺科醫生。該位專科醫生一般會在地區醫院駐診。如果您想的話，您可以詢問他們有關於他們的專科經驗。

如果您所患的癌症比較罕見，您可能需要前往癌症專科醫院去找適合的專科醫生。這間醫院可能會離您家比較遠。

## 您為何需要接受手術治療？

癌症病人會接受手術治療出於幾個原因：

### 診斷

外科醫生可能會抽取一小塊的癌細胞，這稱為活組織檢查。活組織檢查也可以在某些類型的掃描中進行，這個過程可以幫助醫生找出癌症的類型。

### 判斷期數

判斷期數就是當醫生判斷出癌症範圍有多大，並且是否已經擴散到身體其他部位。知道了癌症屬於第幾期可有助於醫生安排您的治療計劃。判斷期數時一般會包括一些掃描。掃描有分不同的類型。您的醫生或護士將向您說明要接受哪些掃描，以及之後會發生的事情。

以下是病患進行 CT 掃描的例子：



如果外科醫生在掃描時看不到腫瘤，您則可能需要進行其他測試。這些測試可能涉及在您的體內使用配有燈光和攝像頭的特殊工具檢查腫瘤生長。例如，他們可能會看您的喉嚨或肚子（腹部）裡面。

## 治療

手術是將腫瘤及其附近可能含有癌細胞的範圍切除的治療手法。手術有時也會用於去除已經擴散到身體其他部位的癌細胞。

有時，手術進行前會先透過化療和放療令腫瘤變細。這意味著，需要進行手術的範圍可能會比較小。

在任何治療之前，一班醫生和其他醫護專業人員會開會討論您的情況，這有助於確保您可得到最佳治療。會議結束後，您的專科醫生或護士會和您商討治療方法。

## 重構

重構指重新塑造一個身體部位，這可能會幫助身體運作得更好。一個例子是，移除膀胱後重構一個新的膀胱。重構也可以改善一個人的外觀，如移除乳房之後再重構一個新的乳房。

## 控制症狀

有時癌症是無法完全去除的。在這種情況下，手術還是經常可以幫助控制症狀，讓病患的感覺更好。

有時候，醫生無法進行手術，因為腫瘤可能太難切除，或者癌細胞已經擴散到身體其他部位。如果無法進行手術，其他治療可能可以幫助控制癌症。

## 手術能否治癒您的癌症？

手術的目標通常是為治癒癌症，但這不是每次都可行，癌細胞有時會擴散到腫瘤周圍或身體其他部位。外科醫生無法看到非常小的細胞群，而且掃描中也未必能每次都看到。

如果手術後會有仍有癌細胞遺留的風險，醫生可能建議您在手術後進行其他治療，如化療，這可以減低癌症將來復發的機會。

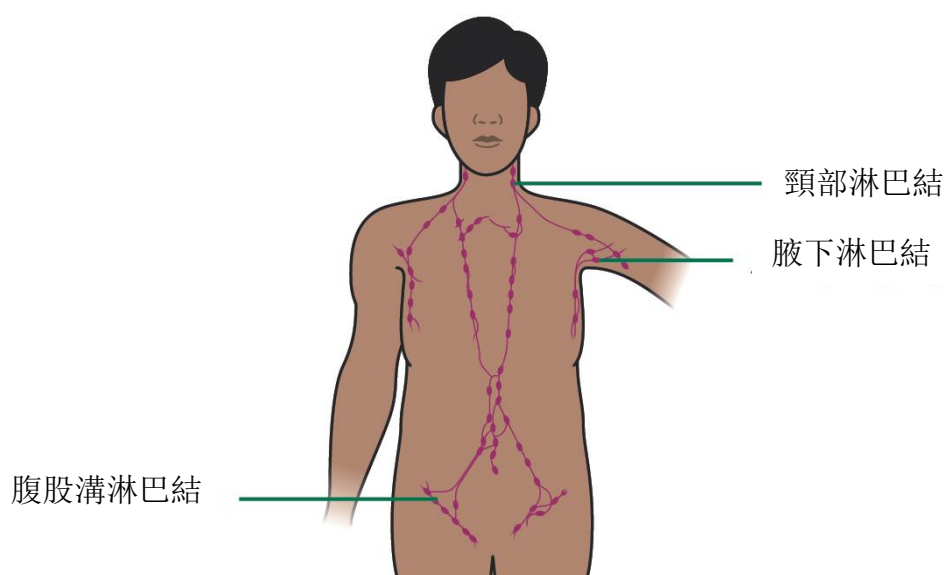
外科醫生有時會發現他們無法去除所有的癌細胞。在這種情況下，您可能需要接受其他的治療。

## 手術期間會發生甚麼事情？

外科醫生會切除腫瘤及其周圍的部份健康組織，醫生會在顯微鏡下觀察該組織，他們會確保腫瘤周圍已不含任何癌細胞，這即是說，不太會有可能仍遺留下任何癌細胞，這可以減低癌症復發的機會。

### 淋巴結

淋巴結是淋巴系統的一部份，它有助於對抗感染和從身體排出體液。



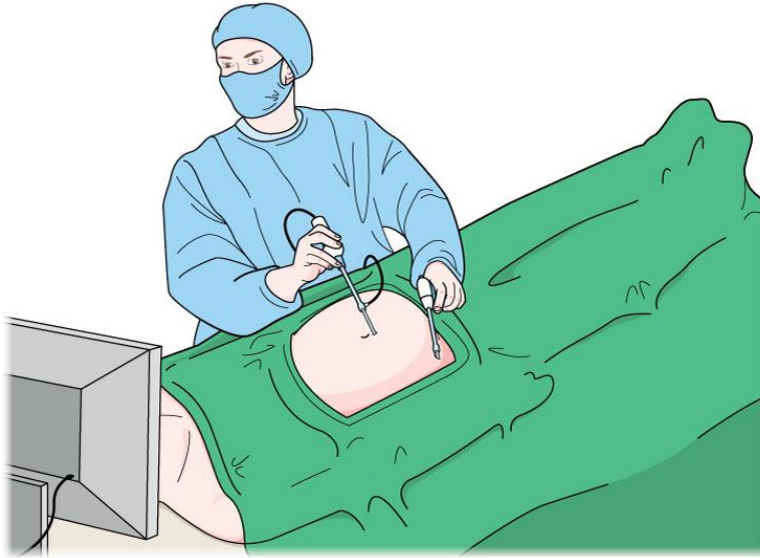
外科醫生可能會切除腫瘤附近的一些淋巴結，因為癌細胞可能會擴散到淋巴結。如果淋巴結中含有癌細胞，這可提高癌症復發的機會。

如果被切除的淋巴結中含有癌細胞，您可能會被轉介到腫瘤科醫生那裡，他們會與您商討其他減低風險的治療方法。

## 微創手術（腹腔鏡手術）

這種手術中，會切開多個小切口，而非一個大切口。外科醫生使用一個特殊工具透過皮膚上的小切口切除腫瘤。

微創手術留下的傷口面積較小，讓病人可以康復得更快。有時候，未有足夠條件進行大手術的人可能需要接受微創手術。微創手術與其他類型的手術一樣好，該手術是由受過專業培訓的外科醫生完成。



## 手術前

外科醫生與一名叫麻醉師的醫生會檢查您是否有足夠條件進行手術。

您通常需要在手術前前往醫院接受一些檢查，這稱為術前評估門診。在術前評估門診中，護士會詢問您的病史，以及您是否有任何過敏情況。他們還會檢查您的血壓、脈搏、身高和體重。您應告知他們您正在服用的藥物，包括中草藥或補充劑，這一點非常重要。

其他檢查可包括：

- 驗血
- 胸部 X 光拍片
- 心臟功能測試

獲得的測試取決於您會接受甚麼類型的手術，以及您是否有任何其他的健康問題。

即使無法接受全身麻醉，您也還是有可能可以接受手術。您可能會獲得另一種的麻醉方式，令您無法感覺到手術部位的任何感覺或疼痛，但您在手術期間會保持清醒。

大多數人都會對手術感到擔憂，家人和朋友也可能會擔心。與醫生或護士訴說您的所有擔憂會對您有幫助。

您要理解接受手術的方方面面，這一點很重要。您在接受手術之前應該可以與您的外科醫生交談。您與外科醫生交談時，最好帶一個可以同時說中文和英文的人作伴。醫院可以提供口譯員，如有需要，請提前告知。

您需要簽署一份同意書，表示您同意接受手術。這稱為同意治療方案。同意書應該是使用中文寫成的。如果沒有簽署同意書，則無法進行手術。

## 手術當天

手術當天會發生的事情取決於您手術的類型。如果您需要提前做出準備的話，醫院會給予您建議。

您可能需要：

- 在手術前不要飲食任何東西
- 移除所有首飾或金屬物品
- 卸下所有指甲油或化妝品
- 手術的當天早上先沐浴

護士可能會要求您在手術之前要先刮掉手術部位的毛髮，他們會告訴您所有您需要做得事情。只有在必要時才需要刮掉體毛，這會使用一次性剃刀進行。手術後體毛會重新長出來。

進行手術可增加血液凝塊的風險，稱為壓縮襪的特殊襪子有助於減低這種風險。您在進行手術期間可能需要穿著一雙壓縮襪，您的護士會測量一下您的腿，讓後幫您將它們穿上。

## 手術之後

動完手術後醒過來時您可能覺得有點害怕，因此，瞭解一下手術預期情況會有所幫助。

當您第一次醒來的時候您會覺得很暈。護士會幫您檢查一下血壓，您可能會感覺到血壓計在胳膊擰緊。

您的身體上可能還會連接有一些導管，這些包括：

- 一滴滴流入靜脈的液體，直到您可以正常飲食為止，這可能維持幾個小時或是幾天。
- 將手術部位的流體排出到一個小瓶的一條導管，這條導管通常會在幾天後拿掉
- 將尿液從膀胱排出到尿袋的導管，當您可以移動時這個管道就可以拿掉

### 疼痛

在手術後感到疼痛是正常的，這個疼痛感一般可以利用止痛藥來控制。如果您仍有任何疼痛或不適，請告訴照料您的護士。

疼痛通常會隨著時間而得以改善，如果您的藥物沒有起作用，請告知您的醫生，他們可以更改您的藥物處方。

### 感覺噁心或想吐

如果您在手術後感到噁心，請告訴照料您的護士，他們會開藥給您以提供協助。

### 四處移動

您應該能夠在手術結束不久之後就下床，護士們會幫您的。四處走動有助於您更快康復，並有助於減低出現問題的風險。

有時在進行大手術後，您可能需要在床上待更長時間。呼吸練習和腿部鍛煉可以減少手術後出現問題的風險。您的護士或物理治療師會教您如何練習。

進行手術後的頭幾天內，您可能需要一些幫助才能清潔身體和如廁。如果您希望由與您相同性別的護士幫助您，請告訴護士。

每個人的康復速度都不一樣，您之後可能會感到疲累，有些人可能會康復得比較快，而有些人可能需要更長時間才能康復，這一切取決於您所接受的手術類型。



## **傷口護理**

外科醫生將用傷口夾或針線將傷口閉合，這些可以由醫院的護士或由社區或實習護士在家裡幫您拆除。

有些外科醫生會使用無需拆線的溶解式縫線，它們會在傷口癒合時消失。

您可能會在傷口上包著敷料，護士會告訴您應該如何護理傷口。

## **傷疤**

最開始您的傷疤處可能會很癢。如果您的皮膚較白，則傷疤可能會看起來較紅；如果您的皮膚較黑，則傷疤則看起來會更深色。傷疤一般會隨著時間褪色，但這未必是每次都這樣。如果創口感覺很熱、疼痛、開始出血或滲出任何液體，應立即通知您的醫生。

## **長期問題**

許多人從手術後都康復得很好，但有些人則會患上長期的問題。醫生或護士都應在手術之前與您商討這個問題，以便您知道之後會發生甚麼事情。若您擔心這一點，可以與醫生或護士溝通，他們在許多事情上都能提供幫助。

## **淋巴水腫**

如果您的淋巴結切除了，則可能會出現稱為淋巴水腫的腫脹情況。淋巴結是將體液從體內排出體外的器官，將它切除可能會令體液積聚在體內。例如，在被切除的淋巴結附近的手臂或腿部可能會水腫。如果您在淋巴結附近進行放射治療也可能會出現水腫的情況。如果您發覺有任何部位出現水腫，請告知您的醫生，盡快治療是非常重要的。

## **神經損傷**

有時在手術期間可能會損壞或去除到神經，這可導致出現疼痛或麻木等癥狀。一般情況下，這個感覺會得以改善，但對於一些人來說則可能是永久的。有一些類型的止痛藥可以幫助舒緩該些感覺，您可以詢問外科醫生手術後會發生甚麼事情。

如果某些神經去除或受損，您的身體功能則可能會受到影響。例如，一些男性在接受治療前列腺癌的手術後無法勃起；有些女性在切除子宮的手術後出現膀胱問題。要面對種種問題可能是很困難的，而很多人會覺得要談論這些事情也很難，但與醫生或護士訴說您的所有擔憂會對您有幫助，他們在許多事情上都能提供幫助。

## 身體和情緒變化

手術後的康復是需要一些時間的，許多人會覺得很困擾。您覺得累的時候休息是很重要的，然後慢慢地增加體力。當您覺得有足夠的體力時，短慢步等溫和的運動可以幫助您鍛練體力。有些人會覺得難以適應手術後帶來的種種改變，

某些手術會改變您的身體外觀，您可能會因此而感到沮喪，而這件事也可能會影響到您的自我感覺，其實外界提供多種的援助，因此，如果您有任何擔憂，請諮詢您的醫生或護士，他們應該可以幫助您或為您安排會見輔導師。如果您想找人談談，您可以致電麥克米倫援助熱線與我們的護士交談。

## 麥克米倫幫助提供方式

麥克米倫來到這裡是為了幫助您和您的家人。您可以下列方式獲得援助：

- **麥克米倫支持熱線 (0808 808 00 00)**。我們有口譯員，所以您可以使用您的語言與我們溝通。您只需用英語告訴我們您希望使用甚麼語言即可。我們可以回答有關醫療的問題、提供有關資金援助的資訊或與您討論您的感受。我們的電話接聽時間是週一至週五上午 9 時至晚上 8 時。
- **麥克米倫網站 (macmillan.org.uk)**。我們的網站有很多有關癌症和癌症病患生活的資訊。欲瞭解其他語言的更多資訊，請訪問 [macmillan.org.uk/translations](http://macmillan.org.uk/translations)。
- **資訊中心**。您可透過資訊中心向癌症援助專家諮詢並獲得書面資訊。造訪 [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres) 或致電我們，您可以尋找離您最近的諮詢中心。您的醫院可能設有資訊中心。
- **本地援助小組**。瀏覽 [macmillan.org.uk/supportgroups](http://macmillan.org.uk/supportgroups) 或致電我們，您可以尋找離您最近的本地援助小組。
- **麥克米倫網絡社群**。前往 [macmillan.org.uk/community](http://macmillan.org.uk/community) 與處境相似的人溝通

## 辭彙表

Anaesthetist	[阿訥斯特提斯]	麻醉師	替您全身麻醉讓您在手術中睡著的醫生。
Benign	[別乃能]	良性腫瘤	體內的一腫塊，不是癌症，不會擴散到身體的其他部位。
Cells	[瑟爾思]	細胞	構成我們身體器官和組織的微小結構單元。
Chemotherapy	[科莫賽日皮]	化療	使用藥物殺死癌細胞的癌症治療方法。
Counsellor	[卡恩斯刺]	輔導師	受過培訓，幫助人們面對自己的情緒或個人問題的專業人士。
Diagnosis	[戴意格諾斯]	診斷	診斷即是找出您是否患病的過程。
General anaesthetic	[遮娜拉魯·阿訥斯特提克]	全身麻醉	可令您在手術中睡著。
Lymphatic system	[力木法提克·西斯特]	淋巴系統	整個身體的血管和腺體網路，幫助排除體液及對抗感染。 <u>淋巴結</u> 就是這些腺體之一。
Lymph node	[力木法·諾得]	淋巴結	<u>淋巴系統</u> 當中的其中一個腺體。
Malignant	[瑪麗閣能特]	惡性腫瘤	身體的一個腫塊，是癌症，會擴散到身體的各個部位。

Oncologist	[噢恩科勒 質斯特]	腫瘤科醫生	是化療和放療專家的癌症醫生。
Physiotherapist	[法斯噢瑟 刺皮斯特]	物理治療師	幫助人透過某些動作或運動從疾病或受傷中康復的專業人士。
Prostate	[普若斯泰 特]	前列腺	前列腺是男人體內的一個小腺體，靠近膀胱的位置。
Radiotherapy	[瑞的噢瑟 刺皮]	放療	使用高能 x 射線殺死癌細胞的癌症治療方法。
Scan	[斯坎]	掃描	這是對您身體內部拍攝的照片。
Side effects	[賽德•意菲 克特思]	副作用	癌症治療中的不良影響，如脫髮、疼痛、噁心或疲勞。治療結束後，大多數副作用會消失。
Tumour	[土木]	腫瘤	腫瘤是以異常方式生長的細胞群。異常細胞不斷繁殖並形成腫塊。

## 更多中文繁體版資訊

關於以下主題的更多中文繁體版資訊：

<b>癌症類型</b> <ul style="list-style-type: none"><li>• 乳腺癌</li><li>• 大腸癌</li><li>• 肺癌</li><li>• 前列腺癌</li></ul> <b>治療</b> <ul style="list-style-type: none"><li>• 化療</li><li>• 放療</li><li>• 手術治療</li></ul>	<b>應對前列腺癌</b> <ul style="list-style-type: none"><li>• 若您被診斷患有癌症 - 快速指南</li><li>• 申請福利救濟</li><li>• 飲食問題與癌症</li><li>• 生命的終點</li><li>• 健康飲食</li><li>• 疲憊（疲勞）與癌症</li><li>• 癌症治療的副作用</li><li>• 您可以做些甚麼來幫助自己</li></ul>
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欲查看該資訊，請前往 [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

### 以中文繁體與我們溝通

您可撥打麥克米倫免費電話 0808 808 00 00 透過口譯員用您的母語與我們交談。您可以同我們討論您的憂慮和醫療問題。您只需用英語告訴我們您希望使用甚麼語言即可。

我們的辦公時間是週一至週五上午 9 時至晚上 8 時。

## 參考文獻與致謝

所有這些資料均由麥克米倫癌症援助機構的資訊編製團隊撰寫和編輯。

該內容已由相關專家審核，並獲得我們的首席醫學編輯、麥克米倫顧問腫瘤科醫生 Tim Iveson 博士的批准。特別鳴謝胃腸外科教授 Patrick O'Dwyer 博士。同時感謝審閱本版的癌症病患。

我們所有的資料都依據可獲得的最佳證據。關於我們所用資源的更多資訊，請透過 [bookletfeedback@macmillan.org.uk](mailto:bookletfeedback@macmillan.org.uk) 聯絡我們。

MAC12466



上次審閱內容日期：2017 年 1 月  
計劃下次審閱：2018 年

我們盡最大努力確保我們提供的資訊準確無誤，但其並不能反映最新的醫學研究情況，因為這是不斷變化的。若您擔心您的健康狀況，則應諮詢您的醫生。麥克米倫對由於此資訊或第三方資訊（如我們所連結到的網站上的資訊）的任何不準確所造成的任何損失或損害不承擔任何責任。

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蘇格蘭 (SC039907) 和馬恩島 (604) 註冊的慈善機構。註冊登記處：89 Albert Embankment ,  
London SE1 7UQ。

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## Surgery

This information is about surgery (having an operation).

Any words that are underlined are explained in the glossary at the end.

Many people with cancer will have surgery as part of their treatment.

It might not be the only treatment you need. Some people also need chemotherapy or radiotherapy. The doctors at the hospital will talk to you about your treatment. We also have information in [language] about these treatments.

If you have any questions, ask your doctor or nurse at the hospital where you are having your treatment.

If you have any questions or want someone to talk to, you can call Macmillan Cancer Support on **0808 808 00 00**, Monday to Friday, 9am to 8pm. We have interpreters, so you can speak to us in your own language. Just tell us, in English, the language you want to use.

We have more information in [language] about different types of cancer, treatments and living with cancer. Visit **macmillan.org.uk/translations** or call us on **0808 808 00 00**.

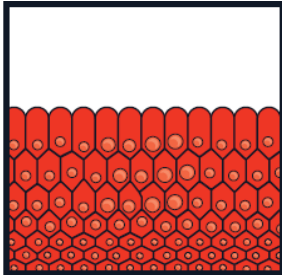
### In this fact sheet

- What is cancer?
- Your surgeon
- Why do you need surgery?
- Can the surgeon cure your cancer?
- What happens during surgery?
- Before your operation
- On the day of your operation
- After your operation
- Long-term problems
- Physical and emotional changes

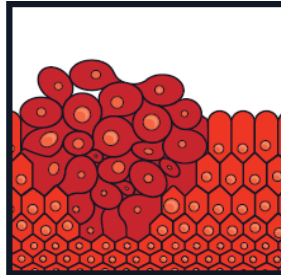
## What is cancer?

Cancer starts in our body's cells. Cells are the tiny building blocks that make up the organs and tissues of our body. Usually, these cells split to make new cells in a controlled way. This is how our bodies grow, heal and repair. Sometimes, this goes wrong and the cell becomes abnormal. The abnormal cell keeps splitting and making more and more abnormal cells. These cells form a lump called a tumour.

**Normal cells**



**Cells forming a tumour**



Not all lumps are cancer. A lump that is not cancer is called benign. It cannot spread to anywhere else in the body. A lump that is cancer is called malignant. It can grow into other areas of the body.

Cancer cells sometimes break away from the first cancer and travel through the blood or lymphatic system to other parts of the body. Cancer cells that spread and develop into a tumour somewhere else in the body are called a secondary cancer.

## Your surgeon

The doctor who does your operation is called a surgeon. It is important to see the right surgeon for your type of cancer. For example, someone with breast cancer will see a breast surgeon. The surgeon usually works at a local hospital. You can ask the surgeon about their experience if you want to.

If you have a less common cancer, you may need to see a surgeon at a specialist cancer hospital. This may be further away from where you live.



## Why do you need surgery?

There are several reasons people have surgery for cancer:

### Diagnosis

The surgeon may remove a small piece of the cancer. This is called a biopsy. A biopsy can also be taken during certain types of scans. It helps doctors find out what type of cancer it is.

### Staging

Staging is when doctors look at how big a cancer is and whether it has spread to any other parts of the body. Knowing the stage of the cancer can help doctors to plan your treatment. Staging usually involves having some scans. There are different types of scan. Your doctor or nurse will explain which one you might need and what to expect.

**This is an example of someone having a CT scan:**



If your surgeon cannot see the tumour on a scan, you may need other tests. These tests could involve looking inside the body using a special tool with a light and a camera on the end. For example, they can look down your throat and into your tummy area (abdomen).

## **Treatment**

Surgery is used to try to remove the tumour and the area around it, which might contain cancer cells. Sometimes, surgery is used to remove cancer cells that have spread into another part of the body.

Sometimes other treatments, such as chemotherapy and radiotherapy, are given before surgery to make the tumour smaller. This may mean that less surgery is needed.

Before any treatment, a group of doctors and other health care professionals will meet to discuss your situation. This helps to make sure you are getting the best treatment. After the meeting, your cancer specialist or nurse will talk to you about your treatment options.

## **Reconstruction**

Reconstruction means to have a new body part made. This may help the body work better. An example is making a new bladder if it has been removed. Reconstruction can also make someone look better. For example, having breast reconstruction after having a breast removed.

## **Controlling symptoms**

Sometimes cancer cannot be completely removed. In this case, surgery can often still help to control symptoms and make someone feel better.

Sometimes surgery is not possible. This may be because the tumour is too difficult to remove, or because the cancer has spread to other parts of the body. If surgery is not possible, other treatments can help control the cancer.

## **Can the surgery cure your cancer?**

Often the aim of surgery is to try to cure the cancer. But this may not always be possible. Sometimes cancer cells can spread to the area around the tumour or to another part of the body. Very small groups of cells cannot be seen by the surgeon and they don't always show up on scans.

If there is a risk that some cancer cells could be left behind, your doctor may suggest you have other treatments after surgery, such as chemotherapy. This can help to reduce the risk of cancer coming back in the future.

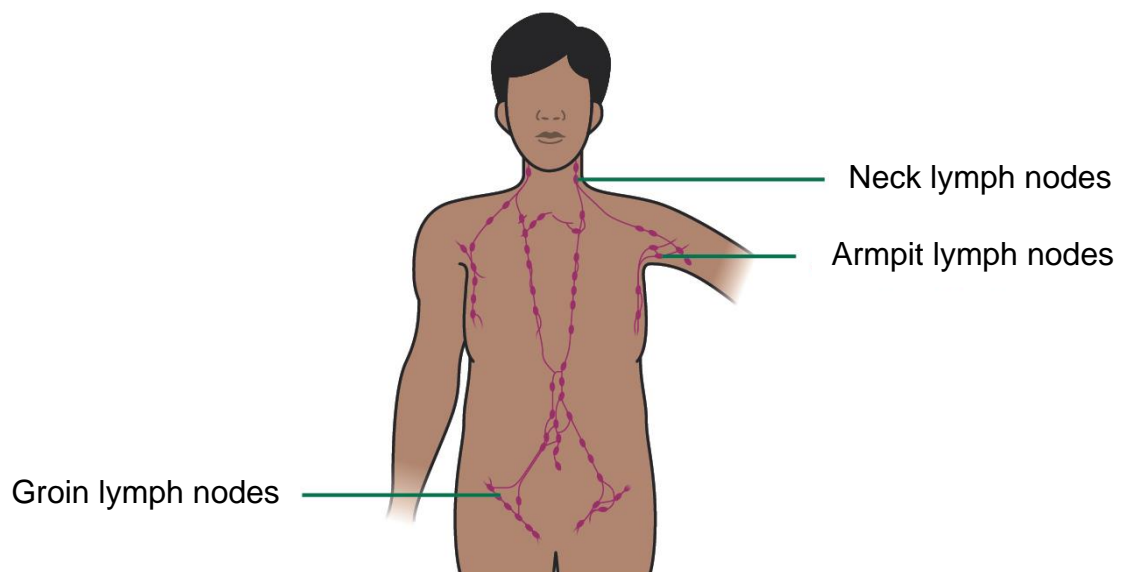
Sometimes a surgeon will find that they cannot remove the whole cancer. In this case, you may have other treatments.

## What happens during surgery?

The surgeon will remove the tumour and an area of healthy tissue around it. A doctor will look at the tissue under a microscope. They will make sure the area around the tumour does not contain any cancer cells. This will mean it is less likely that any cancer cells have been left behind. This helps to reduce the risk of the cancer coming back.

### Lymph nodes

Lymph nodes are part of the lymphatic system. This helps to fight infection and drain fluid from the body.



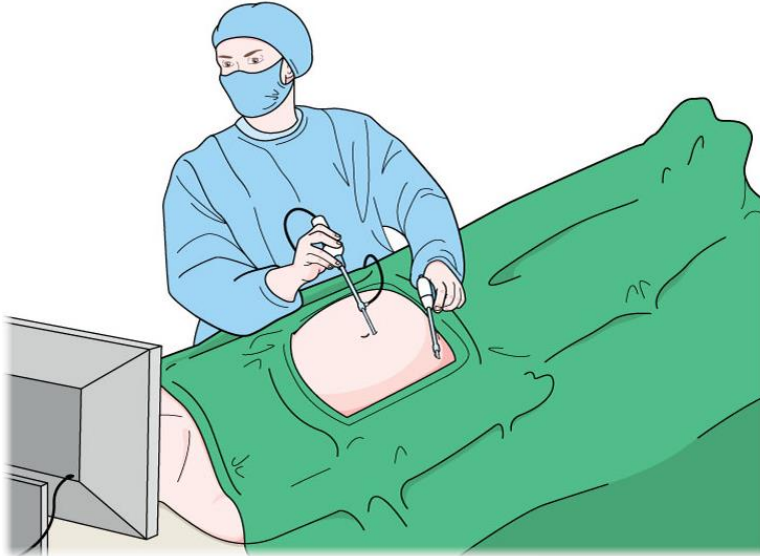
The surgeon may remove some lymph nodes close to the tumour. This is because cancer cells can spread to lymph nodes. If the lymph nodes contain cancer cells, this can increase the risk of the cancer coming back.

If the lymph nodes removed contain cancer cells, you may be referred to a doctor called an oncologist. They will talk to you about other treatments that could reduce this risk.

### **Keyhole surgery (laparoscopic)**

In this type of surgery, small openings are made in the body instead of one large cut. The surgeon uses an instrument to remove the tumour through a small cut in the skin.

Keyhole surgery leaves a smaller wound, so people recover more quickly. Sometimes people who are not well enough for a big operation may be able to have keyhole surgery. Keyhole surgery is as good as other types of surgery. It is done by surgeons with specialist training.



### **Before your surgery**

The surgeon and a doctor called an anaesthetist will check that you are well enough to have the surgery.

You will usually have a hospital appointment before the operation to have some tests. This is called a pre-assessment clinic. A nurse will ask about your medical history and if you have any allergies. They will also check your blood pressure, pulse, height and weight. It is important to tell them about any medicines you are taking, including any herbal remedies or supplements.

Other tests may include:

- blood tests
- a chest x-ray
- test to check how well your heart is working.

The tests you have will depend on what type of operation you are having, and whether you have any other health problems.

If you cannot have a general anaesthetic, you may still be able to have surgery. You may be given a different type of anaesthetic that stops any feeling or pain in the area, but you will stay awake.

Most people feel worried about having surgery. Family and friends might also feel worried. Talking to your doctor or nurse about any worries you have can help.

It is important that you understand everything about your operation. You should be able to talk to your surgeon before your operation. When you speak to the surgeon, it's a good idea to take someone with you who speaks both [language] and English. Interpreters may be available at the hospital, but try to ask for one in advance if you would like one.

You will need to sign a form to say that you agree to have the operation. This is called giving consent. Consent forms should be available in [language]. You cannot have an operation without one.

## **On the day of your operation**

What happens on the day of your operation depends on which type of surgery you are having. The hospital will give you advice if you need to do anything to prepare for the operation.

You might be asked to:

- not eat or drink anything before your surgery
- remove any jewellery or metal objects
- remove any nail varnish or make-up
- wash on the morning of your operation.

The nurse may ask you to remove the body hair from the area before the operation. They will tell you what you need to do. Body hair is only shaved if it is needed. It's done using a disposable razor. The hair will grow back after the operation.

Having an operation can increase the risk of a blood clot. Special socks called compression stockings help to reduce this risk. You might need to wear a pair of these during and after your operation. Your nurse will measure your legs and help you put them on.

## **After your operation**

Waking up after your operation can sometimes feel frightening, so it can help to know what to expect.

When you first wake, you will feel sleepy. A nurse will check your blood pressure. You might feel the blood pressure monitor tighten on your arm.

You may also have some tubes connected to your body. These could include:

- a drip of fluids into a vein until you can eat and drink normally – this may be a few hours or a few days.
- a tube where you had the operation, to drain away fluid into a small bottle – this is usually removed after a few days
- a small tube called a catheter, to drain urine from your bladder into a bag – this will be removed when you are able to move around.

### **Pain**

It is normal to have some pain after surgery. This can usually be well controlled with pain medicine. If you have any pain, tell the nurse looking after you.

The pain will usually improve over time. If your medicines are not helping with your pain, tell your doctor. They can make changes to your medicine.

### **Feeling sick or being sick**

If you feel sick after your operation, tell the nurse looking after you. They can give you medicines to help.

### **Moving around**

You should be able to get out of bed soon after your operation. The nurses will help you. Moving around will help you recover more quickly and reduce the risk of problems.

Sometimes after a big operation you may have to stay in bed for a longer time. Breathing exercises and leg exercises can help reduce the risk of problems after surgery. Your nurse or a physiotherapist will teach you these exercises.

For a few days after your operation, you may need some help to wash and go to the toilet. Speak to your nurse if you would prefer to be helped by a nurse of the same sex.

Everyone recovers from an operation differently. You might feel tired for some time afterwards. Some people feel better quickly, while others can take much longer. This depends on the type of operation you have had.

### **Wound care**

Your surgeon will close your wound with clips or stitches. These will be removed by a nurse at hospital or at home by a community or practice nurse.

Some surgeons use stitches that dissolve and don't need to be removed. These will disappear when the area heals.

You may have a dressing to cover your wound. The nurse will tell you how to look after your wound.

### **Scars**

Your scar may feel itchy at first. It may be red if you have white skin, or darker if you have dark skin. In time, it will usually fade, although this might not always happen. It is important to tell your doctor straight away if your wound becomes hot, painful, bleeds or leaks fluid.

### **Long-term problems**

Many people recover well from surgery, but some people have long-term problems. The doctors or nurses should talk to you about this before your operation so you know what to expect. If you are worried about any of these, talk to your doctor or nurse. There are usually things that can help.

### **Lymphoedema**

If your lymph nodes have been removed, you may get swelling called lymphoedema. The lymph nodes drain fluid out of the body. Removing them can cause fluid to build up. This can happen for example in an arm or leg near where the lymph nodes have been removed. It can also happen if you have had radiotherapy near lymph nodes. Contact your doctor if you notice any swelling. It is important to treat it quickly.

### **Nerve damage**

Sometimes nerves can be damaged or removed during surgery. This can cause pain or numbness. This usually gets better, but for some people, it can be permanent. There are certain types of painkillers that can help. You can ask your surgeon about what to expect after your surgery.

If certain nerves are removed or damaged, it can affect how your body works. For example, some men are unable to get an erection after surgery for prostate cancer. Some women have bladder problems after surgery to remove their womb. It can be difficult to cope with these types of problems and many people find them difficult to talk about. But talking to your doctor or nurse can help. There may be things they can do to help.

## Physical and emotional changes

Recovering after an operation can take some time. Many people find this frustrating. It is important to rest when you feel tired. Try to increase your strength gradually. When you feel able to, doing gentle exercise such as a short walk can help give you more energy. Some people can find it difficult to adjust to the different types of changes that surgery might bring.

Some operations change the way your body looks. You may feel upset about this. And it could affect the way you feel about yourself. There is a lot of support available, so please talk to your nurse or doctor if you feel this way. They should be able to help you or arrange for you to see a counsellor. If you would like to talk, you could call the Macmillan Support Line and speak to one of our nurses.

## How Macmillan can help

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line (0808 808 00 00)**. We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. The phone line is open Monday to Friday, 9am to 8pm.
- **The Macmillan website (macmillan.org.uk)**. Our site has lots of English information about cancer and living with cancer. There is more information in other languages at [macmillan.org.uk/translations](http://macmillan.org.uk/translations)
- **Information centres**. At an information centre, you can talk to a cancer support specialist and get written information. Find your nearest centre at [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres) or call us. Your hospital might have a centre.
- **Local support groups** – Find a group near you at [macmillan.org.uk/supportgroups](http://macmillan.org.uk/supportgroups) or call us.
- **Macmillan Online Community** – You can talk to other people in similar situations at [macmillan.org.uk/community](http://macmillan.org.uk/community)



## Glossary

**Anaesthetist** – The doctor who puts you to sleep for an operation.

**Benign** – A lump in the body that is not cancer and cannot spread to anywhere else in the body.

**Cells** – The tiny building blocks that make up the organs and tissues of our body.

**Chemotherapy** – A cancer treatment that uses drugs to kill cancer cells.

**Counsellor** – A professional who is trained to help people cope with their emotions or personal problems.

**Diagnosis** – A diagnosis means finding out whether you have an illness or not.

**General anaesthetic** – When you are put to sleep for an operation

**Lymphatic system** – A network of vessels and glands throughout the body that helps to drain fluid and fight infection. A lymph node is one of these glands.

**Lymph node** – A gland that is part of the lymphatic system.

**Malignant** – A lump in the body that is cancer and can spread around the body.

**Oncologist** – A cancer doctor who is an expert in chemotherapy and radiotherapy.

**Physiotherapist** – A professional who helps someone use movement or exercise to recover from illness or injury.

**Prostate** – The prostate is a small gland inside a man's body. It is near the bladder.

**Radiotherapy** – A cancer treatment that uses high-energy x-rays to kill cancer cells.

**Scan** – This is a picture taken of the inside of your body.

**Side effects** – Unwanted effects of cancer treatment. For example, hair loss, feeling sick or tiredness. Most side effects go away after treatment finishes.

**Tumour** – A tumour is a group of cells that are growing in an abnormal way. The abnormal cells keep multiplying and form a lump.

## More information in [language]

We have information in [language] about these topics:

<p><b>Types of cancer</b></p> <ul style="list-style-type: none"><li>• Breast cancer</li><li>• Large bowel cancer</li><li>• Lung cancer</li><li>• Prostate cancer</li></ul> <p><b>Treatments</b></p> <ul style="list-style-type: none"><li>• Chemotherapy</li><li>• Radiotherapy</li><li>• Surgery</li></ul>	<p><b>Coping with cancer</b></p> <ul style="list-style-type: none"><li>• If you're diagnosed with cancer – A quick guide</li><li>• Claiming benefits</li><li>• Eating problems and cancer</li><li>• End of life</li><li>• Healthy eating</li><li>• Tiredness (fatigue) and cancer</li><li>• Side effects of cancer treatment</li><li>• What you can do to help yourself</li></ul>
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To see this information, go to [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Speak to us in [language]

You can call Macmillan free on **0808 808 00 00** and speak to us in your own language through an interpreter. You can talk to us about your worries and medical questions. Just tell us, in English, the language you want to use.

We are open Monday to Friday, 9am to 8pm.

## References and thanks

All of this information has been written and edited by Macmillan Cancer Support's Cancer Information Development team.

The content has been reviewed by relevant experts and approved by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist. With thanks to Professor Patrick O'Dwyer, Professor of Gastrointestinal Surgery. Thanks also to the people affected by cancer who reviewed this edition.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **bookletfeedback@macmillan.org.uk**

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Next planned review: 2018

We make every effort to ensure that the information we provide is accurate but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. Macmillan cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information such as information on websites to which we link.

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