

## 手術治療

本資料主要介紹有關手術治療的資訊。

手術治療指通過外科手術切除生長癌症的身體部位。它也可用於幫助診斷癌症。

癌症手術可能並不是您需要的唯一治療方法。有時候您還需要進行化療或放療。醫院的醫生會就此作出決定。我們還有以您的語言編寫的有關這些治療的資料頁。

我們希望本資料可解答您的問題。如果您還有其他問題，可以詢問您所在醫院的醫生及護士。

我們在下方列出了麥克米倫提供的其他資訊，這些資訊大多數只有英文版本。如果您想跟我們的癌症支援專員談論這些資訊，我們有專為非英語人士安排的口譯員。

週一至週五上午 9 時至晚上 8 時，您可以免費致電英國麥克米倫癌症援助熱線 (Macmillan Support Line) : **0808 808 00**

**00**。如果您有聽力方面的困難，可使用我們的文本電話 0808 808 0121 或文字中轉。也可以造訪 [macmillan.org.uk](http://macmillan.org.uk)

### 包含的有關資訊

- 什麼是癌症？
- 為什麼需要手術？
- 您的外科醫生
- 外科醫生能夠治癒癌症嗎？
- 手術過程中會發生什麼？
- 手術之前
- 手術之後
- 長期問題
- 身體和情緒變化

### 什麼是癌症？

人體的器官和組織由稱為細胞的基本單位組成。癌症是這些細胞的一種疾病。

人體各個部位的細胞可能形狀和功能不同，但大多數都是以相同的方式自我修復和分裂複製。正常情況下，細胞以可控的方式分裂。但是，如果由於某種原因，這個過程

變得失

控，細胞便會不斷進行分裂。然後，它們可能會生長成一個被稱為腫瘤的腫塊。

如果是**良性腫瘤**，細胞不會擴散到身體的其他部位，這不稱為癌症。但是，細胞可能會在原部位繼續生長。這可能會壓迫身體的其他部位，從而造成問題。

如果是**惡性腫瘤**，細胞能夠擴散到身體的其他部位。癌症將開始在身體的某個部位生長。這稱為原發癌。如果癌症未進行治療，它可能會擴散。如果癌症擴散並在身體的另一部位生長，它被稱為繼發性或轉移性癌。

## 為什麼需要手術？

進行癌症手術的原因有很多：

### 診斷

外科醫生可能會從生長癌症的部位切下一小片。這稱為活組織檢查。這將幫助他們確定癌症的類型。

### 治療

手術用於嘗試切除腫瘤及其周圍可能含有癌細胞的區域。有時候，手術也用於切除已擴散到身體另一個部位（如肺或肝臟）的癌細胞（轉移性癌症）。

在手術之前，可能需要進行化療，使腫瘤變小。這可能意味著所需的手術量較少。

### 分期

分期是指醫生測算出癌症的大小。他們還可以診斷出癌症是只在原來開始生長的位置，還是已擴散到身體的其他部位。通常會進行X光拍片或掃描來確定癌症的期別。

如果外科醫生在掃描中無法輕易看到腫瘤，則可能需要進行一次小手術。例如腹腔鏡檢查術。在此過程中，外科醫生會在您的肚子上開一個小切口。他們將使用一種稱為腹腔鏡的儀器進行檢查，查看腫瘤的大小以及它是否已擴散。有些人可能需要在身體的其他部位進行此類型的手術。

外科醫生根據關於癌症期別的詳細情況來計畫治療。有時候，他們也可以在切除腫瘤的同時獲得此資訊。

### 重建

外科手術可以用於切除部分身體組織。重建意味著再造一個新的身體部位。這可能有助於使身體的一些部位更好地發揮機能。例如，在膀胱切除後，再造一個新的膀胱。外科手術還可以讓人外表更好看。例如，在實施乳房切除術（一種切除乳房的手術）之後，可以進行乳房再造。

### 控制症狀

有時候，癌症並不能完全去除或治癒。在這種情況下，手術通常仍然有助於控制症狀

或使患者感覺更好。例如，腫瘤可以切除或繞過以減少堵塞、不適或其他問題。

如果癌症已經擴散，可能並不總是能夠實施手術。這是因為單純手術並不總是能夠治癒繼發性癌症。可以使用的其他治療方法包括化療、放療、靶向療法和激素療法。

## 您的外科醫生

為您實施手術的醫生稱為癌症外科醫生。如果您需要進行手術，您將會被轉介給一位外科醫生。

選擇與癌症類型相適合的正確類別的外科醫生非常重要。例如，乳腺癌患者需要選擇乳房外科醫生，口腔癌患者需要選擇頭頸部外科醫生。這些類型的外科醫生通常是在當地醫院。您可以隨時詢問外科醫生他們的經驗。

如果患有不太常見的癌症，可能需要去腫瘤專科醫院就醫。這可能離您居住的地方較遠。

## 外科醫生能夠治癒癌症嗎？

外科醫生將會切除腫瘤及其周圍的部分區域。通常，如果癌症僅在一個區域，它都可以被切除。外科醫生並不能始終知道手術是否能夠治癒癌症。儘管掃描可能看上去很清晰，但在手術之前細胞可能已經從主腫瘤脫離並擴散到身體的另一個部位。非常小的細胞群並不總是能夠在掃描中顯示出來。有時候，外科醫生會發現他們無法切除整個腫瘤。

## 手術過程中會發生什麼？

外科醫生想要知道他們是否已經切除了含有癌細胞的全部腫瘤及其周圍區域。這稱為獲得乾淨切緣。他們在手術過程中會在顯微鏡下檢查切除的區域，確保切緣乾淨。這一點非常重要，因為乾淨切緣意味著不太可能有任何癌細胞殘留。這有助於降低癌症將來復發的風險。

## 淋巴結

外科醫生可能還會切除靠近腫瘤的淋巴結。這是因為癌細胞可能已擴散到淋巴結。病理學家是專長於通過在顯微鏡下檢查組織來診斷疾病的醫生。他們將化驗淋巴結中是否含有癌細胞。如果淋巴結中含有癌細胞，這意味著癌症將來可能還會復發。如果是這樣，您將會被轉介到稱為腫瘤學家的醫生那裡。他們將決定是否需要其他類型的治療。

## 鎖孔手術

您可能會接受**鎖孔手術**或腹腔鏡手術。這是為了從身體的某個部位切除部分或全部的腫瘤。這種類型的手術會開一個小的開口，而不是一個大的切口。外科醫生使用稱為腹腔鏡的儀器通過皮膚上的一個小切口來切除腫瘤。

鎖孔手術留下的傷口較小，因此患者能夠更快地恢復。有時候，身體狀況不適合實施大手術的患者也許能夠實施鎖孔手術。

鎖孔手術的效果與其他類型的手術一樣。它需要由經過專家培訓並且有腹腔鏡使用經

驗的外科醫生來實施。您可能需要去另一家離得較遠的醫院。

## 手術之前

外科醫生和麻醉師會在手術期間和之後照顧您。外科醫生會為您動手術，而麻醉師會讓您進入睡眠。他們必須確定您的身體狀況適合進行手術。在手術之前，您可能需要與醫院預約進行一些化驗。該醫院稱為**預評估診所**。

在預評估診所，護士會詢問您的病史以及是否有任何過敏。他們還將檢查您的血壓、脈搏、身高和體重。告訴他們您正在服用的藥物非常重要。這包括草藥或營養補品。

其他化驗可能包括：

- 驗血
- 胸部X光拍片
- 心電圖 (ECG)，檢查您的心律和心率。這不會疼痛，通常需要 5-10 分鐘。

有些人可能需要進行更多的化驗。這可能是因為他們將要進行的手術類型，或者因為他們有其他的健康狀況。

如果您不能進行全身麻醉，您仍然可以接受手術。您可能會被給予不同類型的麻醉劑以消除手術區域的任何感覺或疼痛，但您會保持清醒。

瞭解關於您的手術的一切非常重要。在手術之前，您應該能夠與您的外科醫生交談。交談可能是在預評估診所進行。當您與外科醫生交談時，最好是有既會講您的語言又會講英語的人隨行。如果您需要，可以為您提供口譯員。但是如果口譯員到場，應在預約時間之前告知醫院。

您將需要簽署一份表格，表明您同意該手術。這稱為給予知情同意。知情同意書會以您的語言提供。沒有簽字的表格，則不會對您進行手術。

## 手術當日

在手術前，您會被要求除去任何的首飾或金屬物件。有時候，您也許能夠在手術過程中佩戴首飾。您需要詢問護士這一點。您還會被要求除去任何的指甲油或化妝。

在任何手術之前的數小時內，您不能進食或飲水。這稱為「禁食」。

您可能還需要洗澡，並刮去手術部位的體毛。照看您的護士會告訴您需要做些什麼。只有在需要時，才會要求刮去體毛。這可以使用一次性剃鬚刀完成。手術之後，體毛還會長回來。

進行手術可能會讓您出現腿部血液凝塊的風險。這有時候也稱為深靜脈血栓 (DVT)。

按壓或**抗血栓**長襪有助於降低這一風險。在手術期間及之後，您可能需要穿一雙彈力襪。您的護士會測量您的腿部並幫助您穿上襪子。

## 手術之後

手術後醒來有時候會讓人感到很恐懼，因此知道預期的情況會有所說明。如果您的家人和朋友決定探望您，這可能也會有所幫助。

當您第一次醒來時，您會感到困倦。後來，您可能不太會記得醒後一兩小時內的情況。護士會測量您的血壓，因此您可能會感覺到血壓袖帶在您的手臂上收緊。

可能還會將一些導管連接到您的身體。這些可能包括：

- 點滴或靜脈滴注，給您輸送營養和水分，直到您能夠正常進食 - 這可能持續幾小時或數天。
- 傷口中的導管，幫助將液體排到一個小瓶中 - 這通常會在數天後移除
- 稱為導管的小管，可能是置入您的膀胱以便將尿液排出到收集袋 - 當您能夠走動後這將會被移除。

**疼痛** 手術之後感覺到一些疼痛很正常。您會得到一些止痛藥以幫助減輕疼痛。如果您有任何疼痛，請告訴照顧您的護士。良好的疼痛控制可幫助您儘快恢復行動能力。

**噁心或嘔吐** 您可能會感覺到噁心，醫生會給您開一些抗暈藥來幫助緩解這一症狀。如果您仍然感到疼痛或噁心，請告訴照顧您的護士。

**走動** 手術之後不久您應該便能夠從床上起身。病房工作人員會幫助您。走動可以幫助您更快地恢復，並且有助於降低形成問題的風險。有時候，在大手術之後，您可能需要臥床較長的時間。呼吸和腿部練習可以幫助降低手術後出現問題的風險，如胸部感染和血液凝塊。您的護士或物理治療師會教您這些練習。

**傷口護理** 傷口是用夾子閉合或用針線縫合。這些將會在醫院或者當您回家時拆除。地區護士可能會到您家中，或者家庭醫生診所的見習護士會將它們拆除。您的傷口上可能還需要敷藥。一些外科醫生使用不需要拆線的溶解縫線。當傷口部位癒合時，它們將會消失。您可能會被給予一些抗生素來幫助防止傷口感染。

### 疤痕

一開始您可能會感覺到疤痕發癢。它看起來像一條紅線，摸上去可能會感覺到有一些凸起。紅色會逐漸消退，直到看起來像一根細細的白線。如果您的傷口變熱、疼痛或開始流血或滲出任何液體，必須立即告訴您的醫生，這非常重要。

在手術後的最初幾天，您在洗滌和上廁所時可能需要一些說明。如果您希望由同性別的護士幫忙，您可以告訴您的護士。在您能夠走動之後，您便可以自己料理這些事務。

每個人手術後的恢復情況都不一樣。有些人很快會好起來，而有些人則需要較長的時間。這取決於您所接受的手術類型。

## 長期問題

有些人癌症手術後會出現長期問題，但不是所有人都會這樣。醫院工作人員在您手術之前應該會告訴您相關的情況，因此您可以預期到會出現的情況。

長期影響的一些例子包括：

### 神經疼痛

在某些類型的手術（如打開胸廓）之後，這更為常見。止痛藥可幫助緩解疼痛。

### 神經損傷

如果在手術中神經被切除或發生損傷，這可能會導致長期的副作用。您可能會注意到，您手術部位四周的感覺不同了，並且您的部分身體的運作方式也發生了變化。

前列腺被切除之後就是這樣的一個例子。膀胱控制能力可能會不如以前，或者您可能需要更頻繁地小便。

**陽痿或無法勃起** 腸道下部或前列腺癌症在手術後有時會發生這種情況。

**淋巴水腫** 如果淋巴腺被切除，則可能會出現稱為淋巴水腫的腫脹。在靠近淋巴結被切除部位的手臂或腿部上，或者如果該部位進行了放療，這會更為常見。

淋巴結將體液排出。將它們切除可能會引起體液積聚，造成腫脹。如果您發現手、手臂或腿部發生腫脹，請與您的醫生聯繫。快速對其進行治療非常重要。

## 身體和情緒變化

有些手術會改變身體的外觀。這可能會影響您對自己的感覺，並且您可能會為此感到沮喪。您可以得到很多的支援服務，因此如果您有這樣的感覺，請告訴您的護士或醫生。他們應該能夠幫助您或者安排您見心理輔導師。您也可以撥打免費電話 0808 808 00 00，與我們的癌症支援專員交談。

本資料由麥克米倫癌症支援機構的癌症資訊制定團隊撰寫、修訂和編輯。本資料經我們的醫學編輯資深臨床腫瘤學家 Tim Iveson 博士審核。

特此感謝外科手術教授 Patrick O'Dwyer 以及所有審閱了此版本的受癌症影響的人士。

編撰本資料時使用了來自多個可靠來源的資訊，包括：

- Dougherty L、Lister S，*The Royal Marsden Hospital Manual of Clinical Nursing Procedures* 《皇家馬斯登醫院臨床護理程式手冊》，第7版，2008年，Wiley-Blackwell。
- Poston G 等人，*Textbook of Surgical Oncology* 《腫瘤外科教科書》，2007年，Informa Healthcare。
- Tobias、Hochauer，*Cancer and its management* 《癌症及其治療》，第6版，2010年，Wiley-Blackwell。

本資料頁於 2013 年修訂。下一版將於 2014 年發佈。

我們盡最大努力確保本文所提供資訊的準確性，但是，由於醫療研究現狀不斷變化，所以請勿過度依賴此資訊。具體情況請諮詢您的醫師。麥克米倫不對由於本文資訊或網站所連結的網站上的資訊等第三方資訊的不準確性造成的任何損失或損害承擔任何責任。

© 麥克米倫癌症援助 2013。英格蘭和威爾斯 (261017)、蘇格蘭 (SC039907) 及馬恩島 (604) 合法登記註冊的慈善機構。註冊辦公所在地位於 89 Albert Embankment, London, SE1 7UQ。

MAC12466



## Surgery

This fact sheet is about surgery for cancer.

This is when someone has an operation to remove part of the body where the cancer is growing. It is also used to help diagnose cancer.

Cancer surgery may not be the only treatment you need. Sometimes you will also need chemotherapy or radiotherapy. The doctors at the hospital will decide about this. We also have fact sheets in your language about these treatments.

We hope this fact sheet answers your questions. If you have any more questions, you can ask the doctor or nurse at your hospital.

We've listed other information from Macmillan below, and most of this is only in English. If you would like to talk about this information with our cancer support specialists, we have interpreters for non-English speakers.

You can call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you have problems hearing you can use textphone 0808 808 0121, or Text Relay. Or you can visit [macmillan.org.uk](http://macmillan.org.uk)

### On this page

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

### What is cancer?

The organs and tissues of the body are made up of tiny building blocks called cells. Cancer is a disease of these cells.

Cells in each part of the body may look and work differently but most repair and divide themselves in the same way. Normally, cells divide in a controlled way. But if for some reason the process gets out of control, the cells carry on dividing. They can then grow into a lump called a tumour.

In a **benign tumour**, the cells do not spread to other parts of the body and so are not called cancer. However, the tumour may carry on growing where it is. This can cause a problem by pressing on other parts of the body.

In a **malignant tumour**, the cells are able to spread to other parts of the body. The cancer will begin to grow in one part of the body. This is called primary cancer. If the cancer is not treated it may spread. If it spreads and grows in another part of the body, it is called secondary or metastatic cancer.

## **Why do you need surgery?**

You may have cancer surgery for many reasons:

### **Diagnosis**

The surgeon may remove a small piece of the body where the cancer is growing. This is called a biopsy. It will help them find out what type of cancer it is.

### **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, such as the lung or liver (secondary cancer).

You may need chemotherapy before surgery to make the tumour smaller. This may mean that less surgery is needed.

### **Staging**

Staging is when doctors work out how big a cancer is. They can also find out if it is only in the place where it started to grow or if it has spread to other parts of the body. You will usually have an x-ray or a scan to find out the stage of the cancer.

If your surgeon cannot easily see the tumour on a scan, you may need a small operation. An example of this is a laparoscopy. During this, the surgeon will make a small cut in your tummy. They will use an instrument called a laparoscope to look around and see the size of the tumour and if it has spread. Some people may have this type of operation on other parts of the body.

Surgeons use details about the stage of the cancer to plan your treatment. Sometimes they can get this information at the same time as removing a tumour.

### **Reconstruction**

Surgery can be used to remove part of the body. Reconstruction means to have a new body part made. This may help to make some part of the body work better. An example is to make a new bladder if it has been removed. Surgery can also make someone look better. For example, you may have breast reconstruction after a mastectomy (an operation to remove a breast).

### **Controlling symptoms**

Sometimes a cancer cannot be completely removed or cured. In this case, surgery can often still help to control symptoms or make someone feel better. For example, a tumour may be removed or bypassed to reduce blockage, discomfort or other problems.

If the cancer has spread, surgery may not always be offered. This is because surgery alone will not always cure someone with secondary cancer. Other treatments that may be used are chemotherapy and radiotherapy, targeted treatments or hormonal therapy.

### **Your surgeon**

The doctor who operates on you is called a cancer surgeon. If you need surgery, you will be referred to a surgeon. It is important to see the right sort of surgeon for your type of cancer. For example, someone with breast cancer will see a breast surgeon and someone with mouth cancer will see a head and neck surgeon. These types of surgeons are usually at a local hospital. You can always ask the surgeon about their experience.

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

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

The surgeon will remove the tumour and some of the area around it. Usually, if a cancer is just in one area it can all be removed. Your surgeon won't always know if an operation will cure a cancer. Although scans may look clear, cells could have broken away from the main tumour before surgery and spread to another part of the body. Very small groups of cells don't always show up on scans. Sometimes a surgeon will find that they cannot remove the whole cancer.

### **What happens during surgery?**

Your surgeon will want to know that they have removed all of the tumour and the area around it with all the cancer cells. This is known as getting clear margins. They will examine the area removed during the operation under a microscope to make sure this has been done. It is important because a clear margin means it is less likely that any cancer cells are left behind. This helps to reduce the risk of the cancer coming back.

### **Lymph nodes**

The surgeon may also remove the lymph nodes that are close to a tumour. This is because cancer cells may spread to lymph nodes. A pathologist is a doctor who specialises in diagnosing disease by examining tissues under a microscope. They will test the lymph nodes for cancer cells. If the nodes contain cancer cells, this may mean the cancer could come back in the future. If this happens, you will be referred

to a doctor called an oncologist. They will decide if you need other types of treatment.

### **Keyhole surgery**

You may have **keyhole** or **laparoscopic surgery**. This is to remove some or all of a tumour from a part of the body. In this type of surgery, small openings are made instead of one large cut. The surgeon uses an instrument called a **laparoscope** to remove the tumour through a small cut in the skin.

Keyhole surgery leaves a much smaller wound, and 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 needs to be done by surgeons with specialist training who have experience using a laparoscope. You may need to go to another hospital further away.

### **Before your operation**

The surgeon and anaesthetist will look after you during and after surgery. The surgeon will operate on you and the anaesthetist will put you to sleep. They must be sure you are fit enough to have the operation. You may have a hospital appointment before the operation to have some tests. This is called a **pre-assessment clinic**.

At the 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. This includes herbal remedies or supplements.

Other tests may include:

- blood tests
- a chest x-ray
- an electrocardiogram (ECG) to check the rhythm and rate of your heart. This doesn't hurt and usually takes 5–10 minutes.

Some people may have more tests than others. This might be because of the type of operation they are having or because they have other health conditions.

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 takes away any feeling or pain to the area, but you will stay awake.

It is important that you understand everything about your operation. You should be able to talk to your surgeon before your operation. This might happen at the pre-assessment clinic. When you speak to the surgeon, it's a good idea to take someone with you who speaks both your language and English. Interpreters may be available if you need one, but try to let the hospital know if you would like one before your appointment.

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

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

You will be asked to remove any jewellery or metal objects before your surgery. Sometimes you may be able to wear your jewellery during the operation. You will need to ask a nurse about this. You will also be asked to remove any nail varnish or make-up.

Before any operation you cannot eat or drink anything for a few hours. This is known as being 'nil-by-mouth'.

You may also need to bathe and shave body hair from the area of the operation. The nurse looking after you 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 put you at risk of developing a blood clot in your leg. This is sometimes known as a DVT. Compression or **anti-embolic** stockings help to reduce this risk. You might need to wear a pair of compression stockings 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. It may also help your family and friends if they decide to visit you.

When you first wake you will feel sleepy. Later, you may not remember much about the first hour or two after you woke up. A nurse will take your blood pressure and you might be aware of the blood pressure cuff feeling tight on your arm.

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

- drip or intravenous infusion to give you fluids until you can eat and drink normally – this may be for a few hours or a few days.
- tube in your wound to help drain away fluid into a small bottle – this is usually removed after a few days
- small tube called a catheter, which may be put into your bladder to drain urine into a collection bag – this will be removed when you are more able to move around.

**Pain** It is normal to have some pain after surgery. You will be given painkillers to help this. If you have any pain, tell the nurse looking after you. Good pain control will help you become mobile as soon as possible.

**Feeling sick (nausea) and being sick (vomiting)** You may feel sick and should be given anti-sickness drugs to help stop this. If you still have pain or feel sick, tell the nurse looking after you.

**Moving around** You should be able to get out of bed soon after your operation. The ward staff will help you. Moving around will help you recover more quickly and help reduce the risk of developing problems. Sometimes after a big operation you may have to stay in bed for a longer time. Breathing and leg exercises can help reduce the risk of problems after surgery, such as chest infections and blood clots. Your nurse or physiotherapist will teach you these exercises.

**Wound care** The wound is closed using clips or stitches. These will be removed in hospital, or when you go home. A district nurse may come to your home, or a practice nurse at your GP surgery will remove them. You may also have a dressing to cover your wound. Some surgeons use dissolving stitches that don't need to be removed. These will disappear when the area heals. You may be given antibiotics to help prevent the wound getting infected.

**Scars** Your scar may feel itchy at first. It will look like a red line, which may feel a bit lumpy. This will become less red, until it looks like a thin white line. It is important to tell your doctor straight away if your wound becomes hot, painful or begins to bleed or leak any fluids.

In the first 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. Once you can move about, you may be able to manage these on your own.

Everyone recovers from an operation in a different way. Some people feel better quickly, while others take much longer. This will depend on the type of operation you have had.

## Long-term problems

Some people have long-term problems after cancer surgery, although not everyone will get these. The hospital staff should talk to you about them before your operation so you know what to expect.

Some examples of long-term effects include the following:

**Nerve pain** This is more common after some types of operation, such as opening the rib cage. Painkillers will help.

**Nerve damage** If your nerves are removed or damaged during an operation, this can cause lasting side effects. You may notice that you feel different around the operation site and that the way part of your body works has changed. An example of this is when the prostate gland is removed. Your bladder control may be less good, or you may have to pass urine more often.

**Impotence or an inability to get an erection** This may sometimes happen after operations for cancers in the lower part of the bowel or the prostate gland.

**Lymphoedema** If your lymph glands have been removed you may get swelling called lymphoedema. This is more common in arms or legs near to where the lymph nodes have been removed, or if you have had radiotherapy to that area.

The lymph nodes drain fluid away. Removing them can cause fluid to build up and cause a swelling. Contact your doctor if you notice swelling in your hands, arms or legs. It is important to treat it quickly.

## Physical and emotional changes

Some operations change the way your body looks. This may affect the way you feel about yourself and you may feel upset about this. 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. You can also call our cancer support specialists free on **0808 808 00 00**.

This fact sheet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our medical editor, Dr Tim Iveson, Consultant Clinical Oncologist.

With thanks to Patrick O'Dwyer, Professor of Surgery, and the people affected by cancer who reviewed this edition.

This fact sheet has been compiled using information from a number of reliable sources, including:

- Dougherty L, Lister S. The Royal Marsden Hospital Manual of Clinical Nursing Procedures. 7th edition. 2008. Wiley-Blackwell.
- Poston G, et al. Textbook of Surgical Oncology. 2007. Informa Healthcare.
- Tobias, Hochauser. Cancer and its management. 6th edition. 2010. Wiley-Blackwell.

This fact sheet was revised in 2013. The next edition will be available in 2014.

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.

© Macmillan Cancer Support 2013. Registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Registered office 89 Albert Embankment, London SE1 7UQ.

MAC12466

