

## 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**.

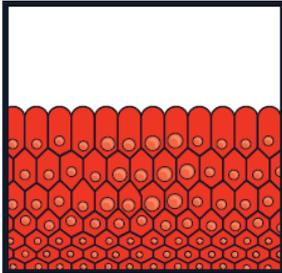
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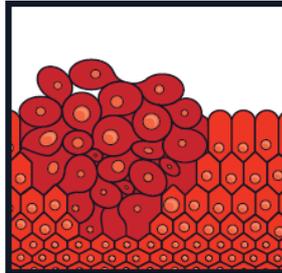
## What is cancer?

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.

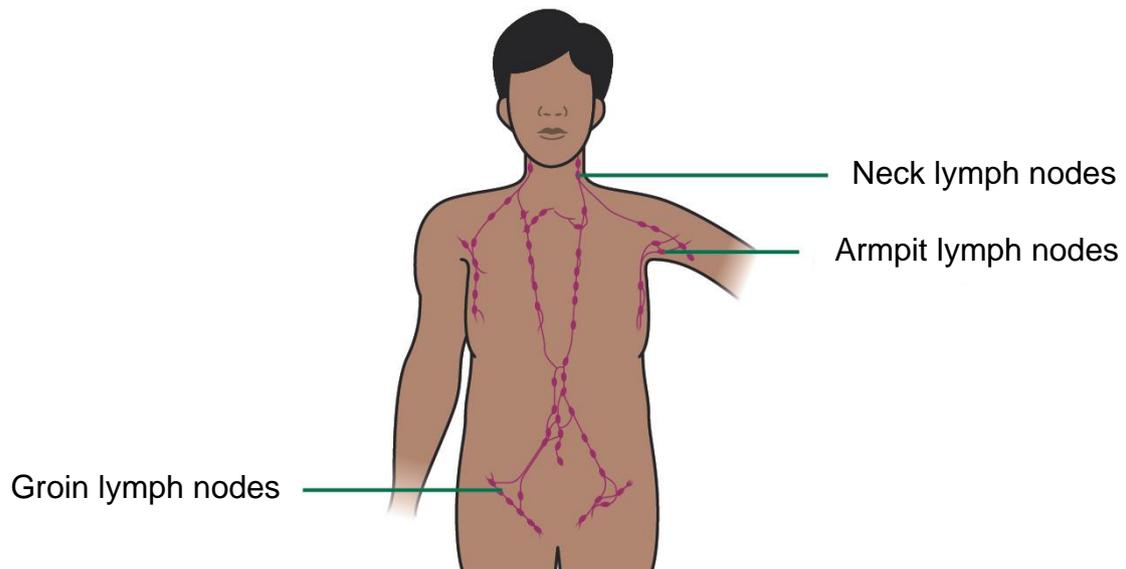
Sometimes a surgeon will find that they cannot remove the whole cancer. In this case, you may have other treatments.

## 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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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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