



手術：中文（繁體香港）

Surgery: Chinese (Traditional Hong Kong)

本資訊是關於手術（進行手術）。

許多癌症患者的治療方案中都會包含手術治療。

手術治療可能並不是您需要的唯一治療方法。有些人可能還會接受其他癌症治療，如化療或放射治療。醫院的醫生會與您討論您的治療方案。

如對本資訊有任何疑問，請向您接受治療的醫院醫生或護士查詢。

您亦可於每週 7 日、上午 8 時至晚上 8 時，致電免費電話 **0808 808 00 00** 聯絡麥克米倫癌症援助機構（Macmillan Cancer Support）。我們有傳譯員，所以您可以使用您自己的母語與我們溝通。致電時，請以英語告知所需的語言。

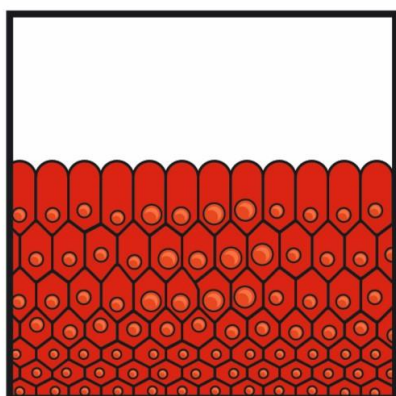
您可以於 macmillan.org.uk/translations 查閱更多此語言及其他語言的癌症資訊。

本資訊涵蓋：

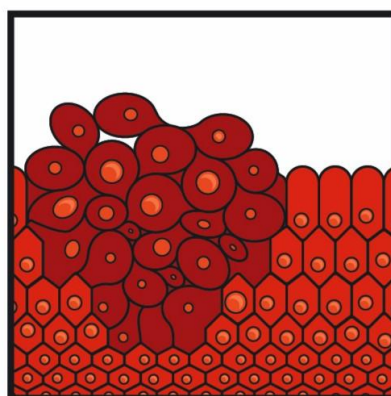
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甚麼是癌症？

癌症從我們身體的細胞開始。細胞是構成我們身體器官及組織的微小組成部分。通常，這些細胞會以受控的方式分裂產生新細胞。我們的身體就是這樣成長、治癒和修復的。有時候這個過程會出錯，令細胞變成異常。異常細胞不斷分裂，產生越來越多的異常細胞。這些細胞會形成一個稱為腫瘤的腫塊。



正常細胞



形成腫瘤的細胞

並非所有腫瘤都是癌症。腫瘤主要分為兩大類：

- **良性** - 這些腫瘤並非癌症。它們不會擴散到身體其他地方。
- **惡性** - 這些腫瘤屬於癌症。它們可以擴散到身體其他部位。

癌症最先開始生長的地方就是原發性癌症。原發性癌症是以其開始出現的身體部位命名，例如腸癌。

有時候，原發性癌細胞會透過血液或淋巴系統擴散至身體其他部位。這稱為繼發性癌症（轉移性癌症）。

淋巴系統有助保護我們免受感染及疾病侵害。淋巴系統由稱為淋巴管的細小管道組成。這些淋巴管連接至遍佈全身的小型淋巴結群。

您的外科醫生

為您施行手術的醫生稱為外科醫生。針對您所患癌症類型選擇合適的外科醫生非常重要。例如，乳癌患者應諮詢乳房外科醫生。外科醫生通常在您所在地區的醫院工作。如果您想的話，您可以詢問外科醫生的經驗。

如果您患的是較罕見的癌症，可能需到專科癌症醫院找專科外科醫生。這可能離您居住的地方較遠。

為什麼需要手術？

手術可以用來診斷或治療癌症：

診斷

外科醫生可能會切除一小部分癌組織。這稱為活組織檢查。這能幫助醫生確定癌症的類型。

分期

分期是指醫生觀察腫瘤的大小以及癌細胞是否已經擴散到身體的任何其他部位。知道癌症的分期有助醫生為您制定治療計劃。

分期通常需要進行一些掃描檢查。掃描檢查有多種類型。您的醫生或護士會解釋您可能需要接受哪些檢查及預期的事情。

如果外科醫生在掃描中無法看到腫瘤，則可能需要進行其他檢查。這些檢查可能包括用一種末端帶有燈和攝像系統的特殊工具觀察身體內部。這可透過兩種方式進行：

- 將工具經腹部的一個小切口放入體內。這稱為鎖孔手術。
- 將工具經身體的自然開口放入體內。例如，將工具經口腔、喉嚨再到腹部。

護士或醫生可能會給您藥物幫助您放鬆。他們亦可能會在您喉嚨後方噴上特殊液體，讓您不會有感覺。

治療

手術會嘗試切除腫瘤及其周邊一些外觀正常但可能含有癌細胞的組織。手術亦可用於切除已擴散到其他部位的癌細胞。

有時會先進行化療或放射治療，使腫瘤縮小後再接受手術。這樣可以減少所需手術的範圍：

- **化療** – 這是一種利用藥物殺死癌細胞的治療方法。
- **放射治療** – 這是利用高能量 X 光線殺死癌細胞的治療方法。

在進行任何治療之前，醫生團隊和其他醫療保健專業人員將會面討論您的情況。這有助確保您獲得最適合的治療方案。會面後，您的外科醫生或護士會與您討論可行的治療選擇。

重建

重建即透過手術製作新的身體部位。這有助改善身體功能，例如若膀胱被切除，則以手術重建新膀胱。重建亦可修復身體部位的外觀。例如，乳房重建可於乳房切除手術（乳房切除術）後，重塑乳房外形。

控制症狀

有時無法完全切除癌腫瘤。在此情況下，手術仍可協助控制症狀，令病人感覺較好。

手術能治癒癌症嗎？

手術的目標通常是嘗試治癒癌症。但這並非總是可以達成。原因可能是腫瘤過於複雜難以切除，或癌細胞已廣泛擴散至身體其他部位。

有時候癌腫瘤太細小，無法發現。外科醫生看不到非常小的細胞群，掃描中也並不總是能夠顯示出來。

如有可能殘留癌細胞，醫生可能建議您手術後接受其他癌症治療，如化療。這有助於降低癌症將來復發的風險。

有些癌症則完全無法進行手術。在這種情況下，您可能需要接受其他癌症治療方法。

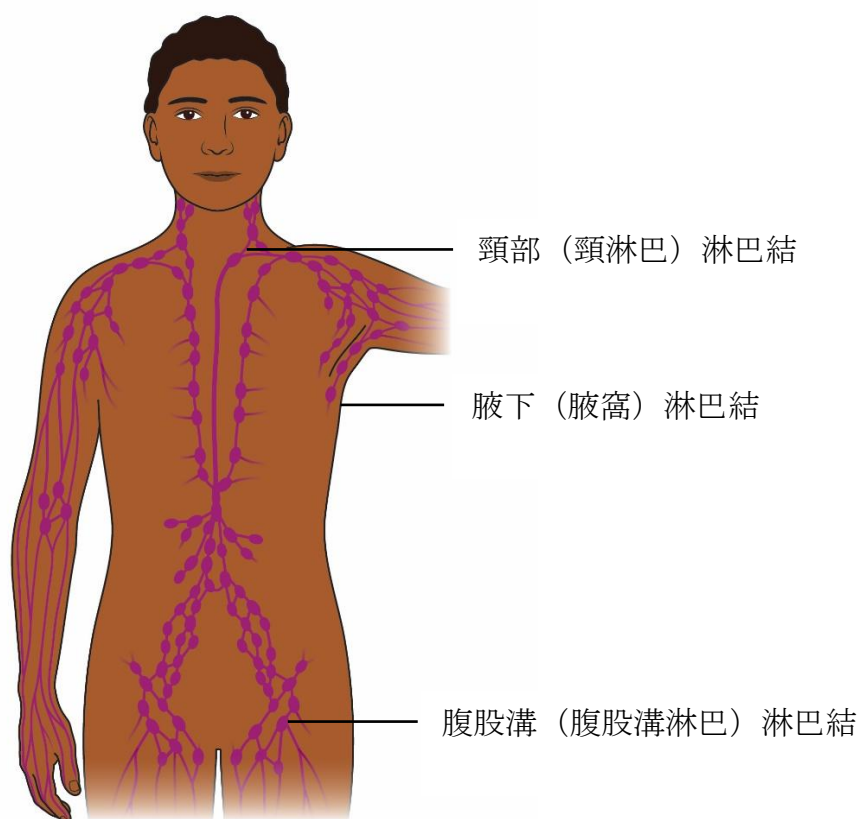
手術過程中會發生甚麼事？

外科醫生會切除腫瘤及其周圍一些看似正常的組織。這樣做可以減低癌細胞殘留的機會。這有助降低癌症復發的風險。

手術後，醫生會以顯微鏡檢查被切除的組織。他們會確認腫瘤周邊組織不含癌細胞。

淋巴結

淋巴結是淋巴系統的一部份，淋巴系統有助保護我們免受感染及疾病。



淋巴系統

外科醫生可能會切除接近腫瘤的部份淋巴結。這是因為癌細胞會擴散到淋巴結。如果淋巴結含有癌細胞，這會增加癌症復發的機率。

被切除的淋巴結會於手術後作進一步化驗。如果檢驗發現有癌細胞，您可能會被轉介至腫瘤科醫生。腫瘤科醫生是專門負責癌症治療的醫生，專長包括放射治療、化療及其他抗癌藥物。他們會與您討論其他可以減低復發風險的治療方案。

鎖孔手術（腹腔鏡手術）

鎖孔手術（腹腔鏡手術）可用於上腹及下腹部的手術。

這類手術會在身體上開幾個小切口，而非一個大傷口。外科醫生會透過皮膚上的小切口，用儀器切除腫瘤。有時會由機械臂協助握持手術工具。外科醫生會操控該機器。這稱為機械人手術。

鎖孔手術傷口較細小，因此病人會較快康復。

開放式手術

開放式手術是指外科醫生會做一個大切口。這讓外科醫生可以直接看到腫瘤或需切除的身體組織。

有時需要作多於一個切口。例如進行乳房手術時，醫生可能會在腋下再開一個切口以便同時切除淋巴結。

手術前

在手術之前，您通常需要與醫院預約進行一些檢查。這稱為術前評估。這些檢查是為了確保您身體狀況適合進行手術。護士會詢問您的病歷及有否任何藥物或其他過敏紀錄。告訴他們您正在服用的藥物，包括任何中草藥或補充劑非常重要。他們亦會與您講解手術相關事宜及如何作準備。

護士會為您量度體重、血壓、心跳、血氧及體溫。

其他檢查可能包括：

- 血液及尿液檢查
- 妊娠檢查
- 肺功能測試
- 心臟功能測試（心電圖檢查）。

所需檢查項目視乎您的手術類型及有否其他健康問題而定。

給予知情同意

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。與外科醫生會面時，如有會說英語及您的母語的親友陪同會較好。部分醫院可提供傳譯員，如有需要請盡早預約。

您將需要簽署一份表格，表明您同意接受該手術。這稱為給予知情同意。知道同意書應有您的語言版本。未簽署知情同意書之前，您無法進行手術。

對手術有疑慮屬正常。親友也可能會感到擔心。與外科醫生或護士交談有助舒緩情緒。他們可解答您的任何疑問。

接受麻醉

有些人會接受全身麻醉才進行手術。這代表麻醉科醫生會給您麻醉藥，使您在手術過程中進入熟睡狀態。

麻醉科醫生會在您入睡期間及甦醒時照顧您。他們亦會於手術前評估您的狀況，確保您適合接受麻醉。麻醉科醫生亦會負責提供止痛藥物。

有些人會接受硬膜外麻醉或脊椎阻斷麻醉。這是於背部注射麻醉藥。這做法適用於下半身手術。您會保持清醒，但無痛覺。通常同時會給您鎮靜劑，讓您感到放鬆和昏昏欲睡。

對於小型手術，有些人只需局部麻醉。即在身體某一小區域注射麻醉藥，令該部位失去感覺。

手術當日

手術當日的安排會視乎您所接受的手術類型而有所不同。醫護人員會通知您需要作哪些術前準備。

您可能會被要求：

- 手術前不可進食或飲水
- 除下所有首飾或金屬物品
- 卸除所有指甲油及化妝品
- 於手術當日早上淋浴或沐浴。

護士可能會要求您於手術前剃除手術部位的體毛。他們會告訴您需要做些什麼。只有在有需要時才會剃除體毛。會使用即棄剃刀剃除體毛。手術後體毛會再長出來。

接受手術會增加血栓形成的風險。穿戴特製壓力襪有助減低此風險。病房護士會為您量度腿圍，選擇合適尺碼並協助您穿上壓力襪。您須於手術期間及手術後繼續穿上壓力襪

臨近手術前，通常會要求您除下眼鏡、隱形眼鏡或假牙。護士會妥善保管，待您甦醒後便可戴回。

進入手術室前，您需要更換手術袍。有時可以穿著內衣褲。

醫院搬運員會以推床送您到手術室。病房的醫護人員會陪同您前往。

手術之後

手術後初醒時會感到睏倦，提前知道可能出現的情況會有幫助。

護士會為您量度血壓。您會感到血壓計在手臂收緊。甦醒時可能會戴有氧氣面罩。

身體可能連接著一些導管。這些可能包括：

- 靜脈輸液至您能正常進食及飲水 – 這可能持續數小時至數天
- 靜脈注射止痛或止嘔藥物的細管 – 直至您可口服藥物為止
- 於手術部位安裝的引流管，把體液排入小瓶內 – 通常數天後移除
- 置入膀胱的小導管，把尿液引流至收集袋。這稱為導尿管。

疼痛

手術之後感覺到一些疼痛很正常。這通常可以用止痛藥很好地控制。如果您有任何疼痛，請告訴照顧您的護士。

疼痛通常會隨著時間而得以改善。如果您的藥物對疼痛沒有幫助，請告訴您的醫生。他們可以改變您的藥物。

感覺噁心或嘔吐

如果您手術後感到噁心，請告訴照顧您的護士。他們可以給您藥物來幫助您。

下床活動

手術後不久，您應該可以下床活動。您可能會感到不安，但護士會協助您。活動有助促進康復，並減低血栓或胸部感染等併發症風險。

部分大型手術後，您可能需臥床較長時間。進行呼吸及腿部運動可協助減低術後併發症的風險。您的護士或物理治療師會教導您這些運動。物理治療師是協助患者透過運動或鍛鍊而達至康復的專業人員。

手術後數天，您在洗澡及如廁時可能需要協助。如您希望由不同性別的護士協助，請告知您的護士。

每個人手術後的恢復情況都不一樣。之後的一段時間您可能會感覺疲勞。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。

傷口護理

外科醫生會以夾針或縫線縫合您的傷口。這些縫線或夾針會由醫院護士或社區／家庭護士於家中移除。

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。您的護士會告訴您使用的是哪種縫線。

您可能會有紗布或繃帶覆蓋著傷口。護士會告訴您如何護理您的傷口。他們亦會向您講解如何觀察感染的徵狀。

感染的徵狀可能包括：

- 發熱、疼痛、腫脹、紅腫，或皮膚顏色變深。這些情況可出現在傷口或疤痕周圍，或兩者同時出現
- 傷口流出帶有異味的分泌物
- 體溫高於攝氏 37.5 度或華氏 99.5 度（發燒）
- 感到發冷顫抖
- 即使體溫正常亦感到身體不適。

如出現任何感染徵狀，請立即致電您獲提供的電話號碼聯絡醫生或護士。

他們會檢查您的傷口，或會採集傷口分泌物作化驗。他們可能會為您處方抗生素。

疤痕

疤痕初期可能會感到痕癢。若您膚色較白，疤痕可能呈紅色；若您膚色較深，疤痕則可能顏色較深。隨著時間的推移，疤痕通常會褪色，但並非一定如此。

長期影響

大多數人手術後康復良好，但部分人士會有長期問題。醫生或護士應於手術前向您解釋有關情況，讓您有所預期。如您擔心上述問題，請向醫生或護士查詢。通常有一些方法可以幫助您。

生育能力

部分手術會影響生育能力，例如切除子宮。如您有疑慮，請於治療前與醫生或護士商討。

淋巴水腫

如曾切除淋巴結，您可能會出現腫脹，稱為淋巴水腫。淋巴結有助排走身體內的液體。切除淋巴結可能令體液積聚。這種腫脹通常出現在切除淋巴結附近的手臂或腿部。若您注意到任何腫脹，請聯繫您的醫生。快速對其進行治療非常重要。

勃起功能障礙

部分出生時為男性的人士，如接受前列腺切除手術，可能會出現膀胱問題，或勃起困難。這稱為勃起功能障礙。

身體和情緒變化

手術後康復可能需要一些時間。不少人會因此感到沮喪。當感到疲倦時要適當休息，這十分重要。應嘗試逐步恢復體力。當您覺得有能力時，做些輕鬆運動如短程步行，可增強體力。

有些人會覺得很難適應手術可能帶來的各種變化。

有些手術會改變身體的外觀或運作方式。這些變化可能令您感到不安。可能會影響您看待自我的方式。

有許多支援服務可提供協助，若有需要請向護士或醫生求助。他們應該能夠幫助您或者安排您見心理輔導員。心理輔導員受過專業訓練，他們是協助處理情緒或個人問題的專業人士。您亦可致電麥克米倫（Macmillan）免費支援熱線 **0808 808 00 00** 與護士聯絡。如果您需要，您亦可以要求一名口譯員。

為您提供合適的護理與支援

如果您患有癌症並且不會說英語，您可能會擔心會影響您的癌症治療和護理。但是您的醫療團隊應該可以為您提供能滿足您需要的護理、支援和資訊。

我們明白，有時人們在獲取適切支援方面或會面對額外挑戰。例如，若您有工作或家庭，或許還要擔心經濟與交通費用。所有這些事情都會讓人感到壓力和難以應對。

麥克米倫（Macmillan）能夠如何幫助您

在麥克米倫（Macmillan），我們知道癌症確診後會如何影響您的各方面生活，我們隨時為您提供支援。

麥克米倫（Macmillan）支援熱線

我們提供傳譯服務，所以您可以用自己的語言與我們溝通。您只需用英語告訴我們您希望使用哪種語言即可。

我們的熱線專業顧問可協助解答醫療問題，亦可傾聽您的心聲。我們亦可與您討論經濟憂慮，並推薦其他可提供幫助的有用機構。此免費保密熱線的服務時間為每星期 7 天，每日上午 8 時至晚上 8 時。請致電 **0808 808 00 00** 聯絡我們。

麥克米倫（Macmillan）網站

我們的網站有很多關於癌症的英文資訊。另可於 macmillan.org.uk/translations 查閱其他語言之更多資訊。

我們亦可視需要為您安排專屬翻譯服務。如需協助，請發電子郵件至 informationproductionteam@macmillan.org.uk 告知您的需求。

資訊中心

我們的資訊和支援中心設在醫院、圖書館和流動中心。您可以前往任何一個中心，獲取您需要的資訊並與工作人員面對面交談。請瀏覽 macmillan.org.uk/informationcentres 查找離您最近之中心，或致電 **0808 808 00 00**。

本地支援團體

您可以在支援團體中與其他受癌症影響的人交流。請瀏覽 macmillan.org.uk/supportgroups 查閱您所在地區之支援團體資訊，或致電 **0808 808 00 00**。

麥克米倫（Macmillan）網上社群

您亦可在 macmillan.org.uk/community 與其他受癌症影響人士在網上交流。

您可以在任何時間訪問該網站，無論白天或晚上。您可分享經驗、提出問題或瀏覽他人的貼文。

更多繁體中文資訊

我們提供更多有關下列主題的繁體中文資訊：

癌症的徵兆與症狀

- 徵兆及症狀卡

若您被診斷患有癌症

- 英國的癌症護理
- 難民和尋求庇護人士的醫療保健
- 若您被診斷患有癌症

癌症類型

- 腸癌
- 乳癌
- 子宮頸癌
- 肺癌
- 前列腺癌

癌症治療

- 化療
- 放射治療
- 敗血症和癌症
- 癌症治療的副作用
- 手術

與癌症共處

- 患癌症時如何申領福利
- 飲食問題與癌症
- 健康飲食
- 當您患有癌症時可在費用方面獲得的幫助
- LGBTQ+ 人士與癌症
- 疲憊（疲勞）與癌症

生命末期

- 生命末期

欲查閱該資訊，請瀏覽 macmillan.org.uk/translations

如需進一步協助以理解資訊，請瀏覽 macmillan.org.uk/understandinginformation

參考文獻與致謝

本資訊由麥克米倫癌症援助機構（Macmillan Cancer Support）癌症資訊開發團隊編寫和編輯。由翻譯公司提供繁體中文的翻譯版本。

資料內容根據我們網站上的英文「手術詳解」內容編製。

本資訊已由相關專家審閱，並得到麥克米倫（Macmillan）臨床專家中心成員的批准。

同時感謝審閱本資訊的癌症患者。

我們所有資訊的依據都是來自最佳的證據。如欲了解更多有關資料來源之資訊，請聯絡 informationproductionteam@macmillan.org.uk

內容審閱日期：2024 年

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MAC12466_Chinese Hong Kong_E04

我們盡一切努力確保我們提供的資訊是準確和最新的，但請不要依賴這些資訊來替代針對您情況的專業建議。在法律允許的範圍內，麥克米倫（Macmillan）不承擔與使用本出版物中的任何資訊或其中包含或提及的第三方資訊或網站相關的責任。

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Surgery: English

This information is about surgery (having an operation).

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

It might not be the only treatment you need. Some people might have other cancer treatments such as chemotherapy or radiotherapy. Doctors at the hospital will talk to you about your treatment.

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

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need.

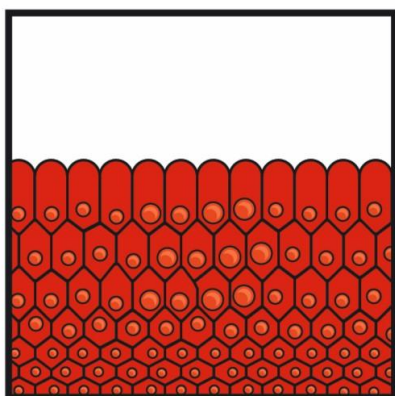
There is more cancer information in this language and other languages at macmillan.org.uk/translations

This information is about:

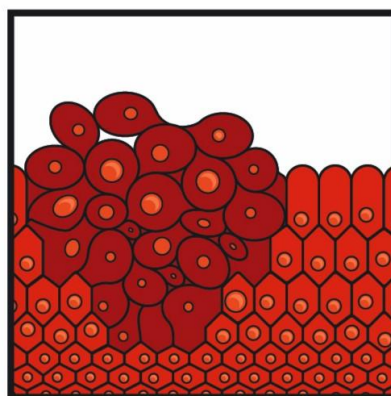
- What is cancer?
- Your surgeon
- Why do you need surgery?
- Can the surgery cure the cancer?
- What happens during surgery?
- Before your surgery
- Giving consent
- Having an anaesthetic
- On the day of your operation
- After your operation
- Long-term effects
- Physical and emotional changes
- Getting the right care and support for you
- How Macmillan can help you
- More information in your language
- References and thanks

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 tumours are cancer. There are 2 main types of tumours:

- **benign** - these tumours are not cancer. They cannot spread to anywhere else in the body.
- **malignant** - these tumours are cancer. They can grow into other areas of the body.

The place where the cancer first begins to grow is the primary cancer. The primary cancer is named after the place in the body where it started, for example bowel cancer.

Sometimes, primary cancer cells spread to other parts of the body through the blood and the lymphatic system. This is called secondary cancer.

The lymphatic system helps protect us from infection and disease. It is made up of fine tubes called lymphatic vessels. These vessels connect to groups of small lymph nodes throughout the body.

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 hospital local to you. 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?

Surgery can be used to diagnose or treat cancer:

Diagnosis

The surgeon may remove a small piece of the cancer. This is called a biopsy. 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 scans. Your doctor or nurse will explain which ones you might need and what to expect.

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. This can be done in 2 ways:

- the tool is passed through a small cut in the tummy (abdomen). This is known as keyhole surgery.
- the tool is passed through a natural opening to your body. For example, the tool is passed into your mouth, down your throat and into your tummy area (abdomen).

The nurse or doctor may give you medicine to help you relax. They may also spray the back of your throat with a special liquid to stop you feeling anything.

Treatment

Surgery is used to try to remove the tumour and some normal-looking tissue around it which might contain cancer cells. Surgery might also be 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:

- **chemotherapy** – this is a cancer treatment that uses drugs to kill cancer cells.
- **radiotherapy** – this is a cancer treatment that uses high-energy x-rays to kill cancer cells.

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 surgeon or nurse will talk to you about your treatment options.

Reconstruction

Reconstruction means having surgery to make a new body part. This may help the body to work better, for example by making a new bladder if it has been removed. Reconstruction can also restore the appearance of a part of the body. For example, breast reconstruction can create a new breast shape after surgery to remove a breast (mastectomy).

Controlling symptoms

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

Can the surgery cure the cancer?

The aim of surgery is often to try to cure the cancer. But this may not always be possible. This may be because the tumour is too difficult to remove, or because the cancer has spread too much into other parts of the body.

Sometimes the cancer is too small to find. 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 cancer treatments after surgery, such as chemotherapy. This can help to reduce the risk of cancer coming back in the future.

For some cancers, surgery is not possible at all. In this case, you may have other cancer treatments.

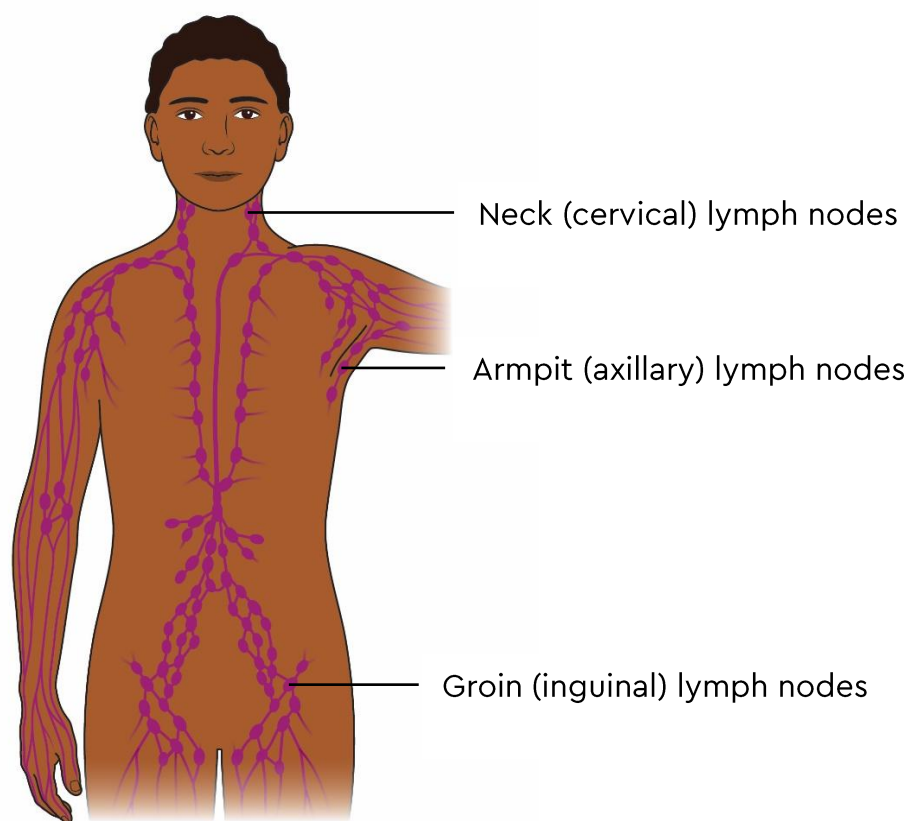
What happens during surgery?

The surgeon will remove the cancer and an area of normal-looking tissue around it. 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.

After your surgery, your doctor will look at the tissue under a microscope. They will make sure the area around the tumour does not contain any cancer cells.

Lymph nodes

Lymph nodes are part of the lymphatic system. This helps to protect us from infection and disease.



The lymphatic system

The surgeon may remove some lymph nodes close to the cancer. 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.

The removed lymph nodes are tested after surgery. If they contain cancer cells, you may be referred to a doctor called an oncologist. An oncologist is a cancer doctor who is an expert in cancer treatments such as radiotherapy, chemotherapy and other anti-cancer drugs. They will talk to you about other treatments that could reduce this risk.

Keyhole surgery (laparoscopic)

Keyhole surgery (laparoscopic) can be used to operate in the upper and lower tummy areas.

In this type of surgery, small openings are made in the body instead of 1 large cut. The surgeon uses an instrument to remove the tumour through a small cut in the skin. Sometimes a machine holds the tools. The surgeon operates the machine. This is called robotic surgery.

Keyhole surgery leaves a smaller wound, so people recover more quickly.

Open surgery

Open surgery is when the surgeon makes 1 large cut. This means the surgeon can see the cancer or parts of the body that need to be removed.

Sometimes they need to make more than 1 cut. For example, in breast surgery, they may make another cut in the armpit area (axilla) so they can remove lymph nodes too.

Before your operation

You will usually have a hospital appointment before the operation to have some tests. This is called a pre-operative assessment. The tests are to check you are well enough to have surgery. A nurse will ask about your medical history and if you have any allergies. It is important to tell them about any medicines you are taking, including any herbal remedies or supplements. They will also talk to you about your operation and how to get ready for it.

The nurse will weigh you and check your blood pressure, heart rate, oxygen level and temperature.

Other tests may include:

- blood and urine (pee) tests
- pregnancy test
- tests to check how well your lungs are working
- test to check how well your heart is working (electrocardiogram).

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

Giving consent

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 is a good idea to take someone with you who speaks both your 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 your language. You cannot have an operation without one.

It is normal to have some concerns about having surgery. Friends or family might also feel worried. Talking to your surgeon or nurse can help. They can answer any questions you have.

Having an anaesthetic

Some people are given a general anaesthetic for their operation. This means you are given drugs by a doctor called an anaesthetist that make you sleep during your surgery.

The anaesthetist cares for you while you are asleep and while you recover from the anaesthetic. They may also check you before surgery to make sure that you are safe to have an anaesthetic. Anaesthetists also give pain medication.

Other people might have an epidural, or spinal block. This is an injection into your back. This can be used for surgery in the lower half of the body. You are awake but you can't feel anything. You are usually also given some medicine to make you feel sleepy and relaxed.

Some people having a small operation may only need a local anaesthetic. This means that drugs are used to numb a small area of the body so you cannot feel anything.

On the day of your operation

What happens on the day of your operation depends on which type of surgery you are having. You will be told if you need to do anything to prepare for your surgery.

You might be asked to:

- not eat or drink anything before your surgery
- remove any jewellery or metal objects
- remove any nail varnish or makeup
- have a shower or bath 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 is done using a disposable razor. The hair will grow back after the operation.

Having surgery can increase the risk of a blood clot. Wearing special compression stockings can help reduce this risk. The nurses on the ward at the hospital will measure your legs to get the right size and help you put the stockings on. You wear them during and after your surgery

Just before your operation, you will usually be asked to remove your glasses, contact lenses or dentures. The nurses will keep them safe, and you can wear them again once you wake up.

Before you go to the operating department (theatre), you will change into a gown. You can sometimes leave your underwear on.

You may be taken to the operating department on a trolley by a hospital porter. Someone from the hospital ward will go with you.

After your operation

You feel sleepy when you first wake up after surgery so it can help to know what to expect.

A nurse will check your blood pressure. You might feel the blood pressure monitor tighten on your arm. You may have an oxygen mask on your face while you wake up.

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 short, thin tube into a vein to give you medicines for pain and sickness – this is until you are able take tablets
- 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 passed into your bladder to drain urine (pee) into a bag. This is called a catheter.

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. You may feel worried about this but the nurses will help you. Moving around will help you recover more quickly and reduce the risk of problems such as a blood clot or chest infection.

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. A physiotherapist is a professional who helps someone use movement or exercise to recover from illness or injury.

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 help from a nurse of a different sex or gender.

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. Your nurse will tell you which type of stitches you have.

You may have a pad or bandage to cover your wound. The nurse will tell you how to look after your wound. They will also talk to you about looking for signs of infection.

Signs of infection can include:

- heat, pain, swelling, redness or a darker change in skin colour. This can be over the wound, around the scar, or both
- fluid coming from the wound (discharge), which can smell
- a temperature above 37.5°C or above 99.5°F (a fever)
- feeling shivery and shaky
- feeling generally unwell, even with a normal temperature.

If you have any signs of infection, contact your doctor or nurse straightaway on the phone number you have been given.

They will look at the wound and may take a wound swab to send for testing. They may prescribe antibiotics.

Scars

Your scar may feel itchy at first. It may be red if you have white skin, or a darker colour if you have black or brown skin. In time, it will usually fade, although this might not always happen.

Long-term effects

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 problems, talk to your doctor or nurse. There are usually things that can help.

Fertility

Some operations can affect your fertility, such as having your womb removed. If you are worried about this, talk to your doctor or nurse before your treatment starts.

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. Contact your doctor if you notice any swelling. It is important to treat it quickly.

Erectile dysfunction

In people assigned male at birth, surgery to remove the prostate gland may cause bladder problems, or difficulty getting an erection. This is called erectile dysfunction.

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 or the way your body works. These changes may cause you to feel upset. They 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. A counsellor is a professional who is trained to help people cope with their emotions or personal problems. You could also call the Macmillan Support

Line free on 0808 808 00 00 and speak to one of our nurses. You can ask for an interpreter if you need one.

Getting the right care and support for you

If you have cancer and do not speak English, you may be worried that this will affect your cancer treatment and care. But your healthcare team should offer you care, support and information that meets your needs.

We know that sometimes people may have extra challenges in getting the right support. For example, if you work or have a family you might also have worries about money and transport costs. All of this can be stressful and hard to cope with.

How Macmillan can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Macmillan Support Line

We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use.

Our expert advisers on the Macmillan Support Line can help with medical questions or be there to listen if you need someone to talk to. We can also talk to you about your money worries and recommend other useful organisations that can help. The free, confidential phone line is open 7 days a week, 8am to 8pm. Call us on 0808 808 00 00.

Macmillan website

Our website has lots of information in English about cancer. There is also more information in other languages at macmillan.org.uk/translations

We may also be able to arrange translations just for you. Email informationproductionteam@macmillan.org.uk to tell us what you need.

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. Find your nearest centre at macmillan.org.uk/informationcentres or call us on 0808 808 00 00.

Local support groups

At a support group, you can talk to other people affected by cancer. Find out about support groups in your area at macmillan.org.uk/supportgroups or call us on 0808 808 00 00.

Macmillan Online Community

You can also talk to other people affected by cancer online at macmillan.org.uk/community

You can access it at any time of day or night. You can share your experiences, ask questions, or just read people's posts.

More information in your language

We have information in your language about these topics:

Signs and symptoms of cancer

- Signs and symptoms cards

If you are diagnosed with cancer

- Cancer care in the UK
- Healthcare for refugees and people seeking asylum
- If you are diagnosed with cancer

Types of cancer

- Bowel cancer
- Breast cancer
- Cervical cancer
- Lung cancer
- Prostate cancer

Treatment for cancer

- Chemotherapy
- Radiotherapy
- Sepsis and cancer
- Side effects of cancer treatment
- Surgery

Living with cancer

- Claiming benefits when you have cancer
- Eating problems and cancer
- Healthy eating
- Help with costs when you have cancer
- LGBTQ+ people and cancer
- Tiredness (fatigue) and cancer

End of life

- End of life

To see this information, go to macmillan.org.uk/translations

For more support to understand information, go to macmillan.org.uk/understandinginformation

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into this language by a translation company.

The information included is based on our Surgery explained content available in English on our website.

This information has been reviewed by relevant experts and approved by members of Macmillan's Centre of Clinical Expertise.

Thanks also to the people affected by cancer who reviewed this information.

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

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