MACMILLAN
CANCER SUPPORT

Understanding cancer of the ovary, fallopian tube or peritoneum

About this booklet

This booklet is about cancer of the ovary, fallopian tube or peritoneum. It is for anyone who has been diagnosed with these cancers. There is also information for carers, family members and friends.

The booklet explains about cancer that starts in the ovary, fallopian tube or peritoneum. It explains how these cancers are treated and how certain symptoms are managed.

It also has information about:

- the different feelings you may have
- looking after your wellbeing
- getting support.

This booklet does not have information about a rare cancer that can spread to the peritoneum called pseudomyxoma peritonei (PMP). We have information on our website. Visit **macmillan.org.uk/pmp**

We hope it helps you deal with some of the questions or feelings you may have.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

On pages 130 to 139, there are details of other organisations that can help.

Quotes

In this booklet, we have included quotes from people who have had cancer of the ovary, fallopian tube or peritoneum which you may find helpful. These are from people who have chosen to share their story with us. To share your experience, visit **macmillan.org.uk/shareyourstory**

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDF and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

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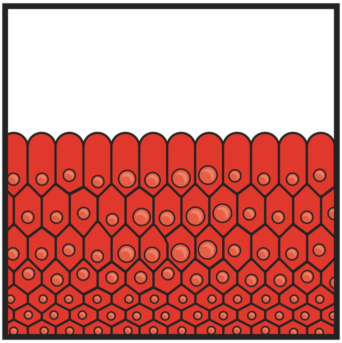
What is cancer?

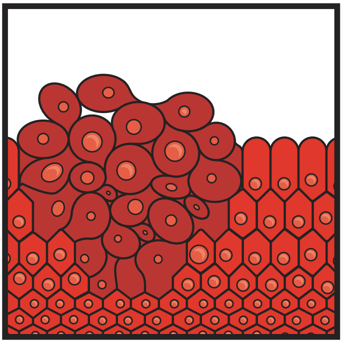
Cells are tiny building blocks that make up the body's organs and tissues. Cells receive signals from the body, telling them when to grow and when to divide to make new cells. This is how our bodies grow and heal. These cells can become old, damaged or no longer needed. When this happens, the cell gets a signal from the body to stop working and die.

Sometimes these signals can go wrong, and the cell becomes abnormal. The abnormal cell may keep dividing to make more and more abnormal cells. These can form a lump, called a tumour.

Abnormal cells forming a tumour



Normal cells



Cells forming a tumour

Not all tumours are cancer. Doctors can tell if a tumour is cancer by taking a small sample of cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.

A tumour that is not cancer (a benign tumour) may grow, but it cannot spread to anywhere else in the body. It usually only causes problems if it grows and presses on nearby organs.

A tumour that is cancer (a malignant tumour) can grow into nearby tissue.

Sometimes cancer cells spread from where the cancer started (the primary site) to other parts of the body. They can travel around the body in the blood or through lymph fluid which is part of the lymphatic system (pages 11 to 12). When these cancer cells reach another part of the body, they may grow and form another tumour. This is called a secondary cancer or a metastasis.

Some types of cancer start from blood cells. Abnormal cells can build up in the blood, and sometimes the bone marrow. This is where blood cells are made. These types of cancer are sometimes called blood cancers.

The ovaries, fallopian tubes and peritoneum

The ovaries and fallopian tubes

The ovaries are 2 small, oval-shaped organs in the pelvis. The pelvis is the lower area between the hips. The ovaries are on either side of the womb (uterus), close to the ends of the fallopian tubes. The ovaries are part of the reproductive system.

Each month, one of the ovaries produces an egg. The ovaries also produce the hormones oestrogen and progesterone. These help to control the reproductive system. As you get older, the ovaries make less of these hormones. The ovaries eventually stop releasing eggs each month and your periods stop. This is called the menopause. It usually happens between the ages of 45 and 55. It means you cannot get pregnant anymore.

The fallopian tubes are 2 fine tubes that connect the ovaries to either side of the womb. The egg released by an ovary travels down the fallopian tube to the womb. If the egg is not fertilised by a sperm, it passes out of the womb as part of the monthly period.

There are several organs close to the ovaries and fallopian tubes. These include:

- the womb
- lymph nodes in the pelvis
- the bladder
- the ureters – tubes that drain pee (urine) from the kidneys to the bladder
- the back passage (rectum)
- part of the bowel.

Ovarian cancer can affect anyone who has ovaries and fallopian tubes. This includes women, transgender (trans) men and people assigned female at birth.

The peritoneum

The peritoneum is a layer of tissue (membrane) that lines the wall of the tummy (abdomen).

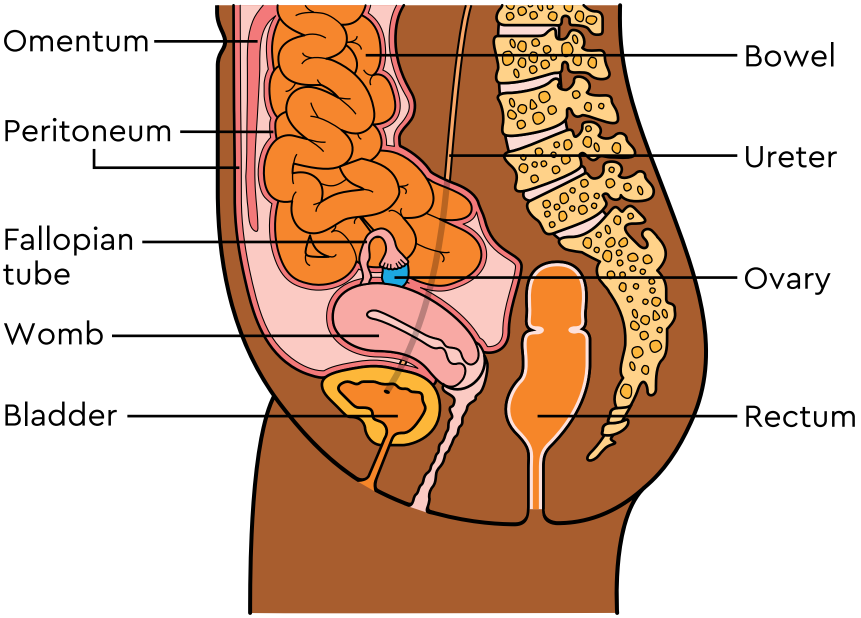
The inner layer of the peritoneum covers the surface of all the organs in the tummy, such as the stomach, liver and bowel. The outer layer lines the wall of the tummy. Between the 2 layers is a small amount of fluid. This allows the layers to move easily against each other.

The peritoneum helps protect the organs in the tummy and keep them in place.

The omentum

The omentum is a fatty flap of tissue. It hangs down from the stomach and the middle part of the large bowel (transverse colon). It is like an apron.

Side view of an ovary and surrounding structures



The lymphatic system

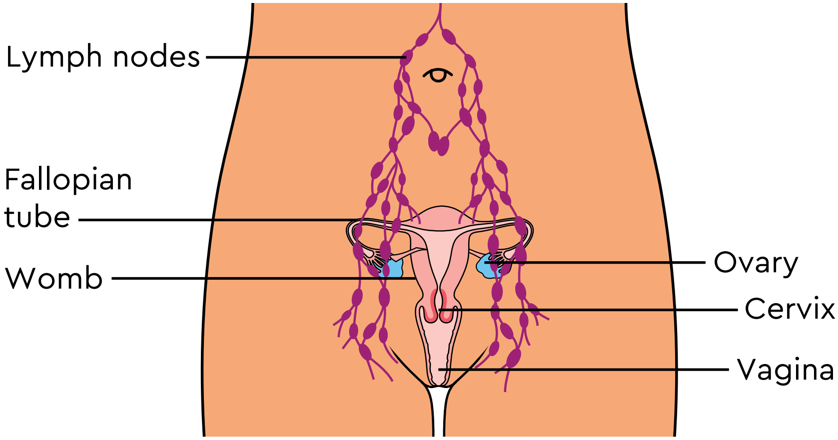
The lymphatic system is part of the body's immune system. It helps protect us from infection and disease. It is made up of fine tubes called lymph vessels, lymph fluid and lymph nodes (glands).

Lymph vessels are a network of tiny tubes throughout the body. Lymph fluid is a colourless fluid that flows through the lymph vessels. It is filtered through the lymph nodes before it moves back into the bloodstream.

Lymph nodes act like a filter for the lymph fluid. They remove germs (bacteria and viruses) and other harmful cells. You might sometimes be aware of your lymph nodes, such as the ones in your neck. They can feel sore or swollen for a short time while your body fights an infection.

Sometimes cancer can spread through the lymphatic system. Cancer that starts in the ovaries, fallopian tubes or peritoneum is most likely to spread to the lymph nodes in the pelvis or tummy (abdomen) area.

Lymph nodes in the abdomen and pelvis



Cancer of the ovary, fallopian tube or peritoneum

About 7,500 women are diagnosed with cancer of the ovary each year in the UK.

The surface of the ovaries, fallopian tubes and peritoneum are very close together. The tissue that covers the ovary is called epithelial tissue or the epithelium. It is made of the same cells that line the peritoneal cavity. Sometimes it may not be clear which of these areas a cancer started in. Doctors now think most ovarian cancers start in the cells at the end of the fallopian tubes and travel to the ovaries or the peritoneum (pages 8 to 10).

Doctors often group cancers of the ovary, fallopian tube or peritoneum together because they are so similar. These cancers have similar:

- symptoms
- risk factors
- treatments.

In this booklet, we use the term ovarian cancer to describe cancer of the ovary, fallopian tube or peritoneum.

Ovarian cancer can affect anyone who has ovaries and fallopian tubes. This includes women, transgender (trans) men and people assigned female at birth.

Types of ovarian cancer

Different types of cancer can start in the ovary, fallopian tube or peritoneum.

Epithelial ovarian cancers

The most common type of cancer to start in the ovary, fallopian tube or peritoneum is called epithelial ovarian cancer. It starts in epithelial cells. There are different subtypes.

Serous cancer

High grade serous cancer is the most common type of epithelial ovarian cancer. At least 7 in 10 epithelial ovarian cancers (70%) are high grade serous cancers. High grade means they can grow more quickly. Doctors think serous ovarian and peritoneal cancers start at the very end of the fallopian tube and then spread to the ovaries and peritoneum.

About 1 in 20 epithelial ovarian cancers (5%) are low grade serous cancers. Low grade means they grow more slowly.

Other types of epithelial ovarian cancer

The following types of epithelial ovarian cancer are much less common. They are more likely to be diagnosed at an early stage:

- clear cell (up to 10% of cases)
- endometrioid (10% of cases)
- mucinous (3 to 4% of cases).

Borderline ovarian tumours

Borderline ovarian tumours are made up of abnormal epithelial cells that are not cancer cells. Borderline tumours grow slowly. They are not invasive. This means that although they may spread to nearby tissue, they do not grow in these tissues. They can spread to other parts of the body.

Borderline tumours usually occur at a younger age. They are usually diagnosed at an early stage when the abnormal cells are still within the ovary.

Non-epithelial ovarian cancers

These cancers make up about 1 in 10 ovarian cancers (10%). They usually start in cells specific to the ovaries. There are different types, including sex cord-stromal tumours and germ cell tumours. Germ cell tumours usually occur at a younger age.

This information is about epithelial ovarian cancer. We have separate information about germ cell tumours on our website. Visit **macmillan.org.uk/germ-cell-tumours**

Planning your treatment

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Finding out you have cancer of the ovary, fallopian tube or peritoneum

Being diagnosed can cause many different emotions. There is no right or wrong way to feel. You may have been worrying about having cancer for a while. Or your diagnosis might have been unexpected. Ovarian cancer may not cause symptoms for a long time. Having tests and waiting for test results can be a difficult time.

This information is written for people who have already been diagnosed with ovarian cancer. We also have information to support you if the cancer is advanced (pages 88 to 93). We have more information about possible causes, risk factors and symptoms of ovarian cancer on our website. Visit **macmillan.org.uk/ovarian-cancer-symptoms** We also have information online about tests to diagnose ovarian cancer. Visit **macmillan.org.uk/ovary**

Waiting for treatment to start can be a difficult time. You may be worried about telling people and about what treatment options you will have. You might choose to spend some time reading about the cancer. Or you may prefer to wait until you visit your cancer doctor. Do what feels right for you.

If you need support, you can contact our cancer support specialists on **0808 808 00 00**. They will be able to talk to you about what has happened and any worries you have.

> **"When I was diagnosed I was scared, angry, terrified, confused and to a certain extent relieved. I finally had a reason for all of the symptoms I was feeling, and plan of action for what needed to be done."**
>
> Laura, diagnosed with cancer of the ovary

Staging and grading

Knowing the stage and grade of the cancer helps your doctors and nurses plan your treatment.

Staging

The stage of a cancer describes its size and whether it has spread from where it started. Knowing the stage helps your doctors and nurses plan the best treatment for you.

If you are having surgery, your doctor will usually not know the exact stage until the cancer has been removed. If you are not having surgery, doctors use tests and CT scans to decide the stage of the cancer.

Doctors use FIGO staging for cancer of the ovary, fallopian tube or peritoneum. This system uses numbers and letters to describe the stages.

Stage 1

This is described as early cancer.

Stage 1a

The cancer is only within 1 ovary or 1 fallopian tube and does not affect the surface (page 10).

Stage 1b

The cancer is in both ovaries or both fallopian tubes.

Stage 1c

The cancer is in 1 or both ovaries or fallopian tubes, and 1 or more of the following has happened:

- The surface (capsule) of the ovary or fallopian tube has broken. This may have caused cancer cells to leak into the tummy (abdomen) or pelvis (the lower area between the hips).
- Cancer cells are on the surface of the ovaries or fallopian tubes.
- Cancer cells are in the fluid in the tummy or pelvis.

Stage 2

The cancer is in 1 or both ovaries or fallopian tubes and has grown into nearby areas inside the pelvis.

Or the cancer has started in the peritoneum but only affects areas inside the pelvis. The peritoneum is the layer of tissue that covers the ovaries and fallopian tubes.

Stage 2a

Cancer is in the womb, fallopian tubes or ovaries.

Stage 2b

Cancer is in other structures in the pelvis, such as the bowel or bladder.

Stage 3

Cancer is in 1 or both ovaries or fallopian tubes or in the peritoneum. It has also spread to:

- the lymph nodes in the pelvis or tummy (the retroperitoneal nodes)
- parts of the peritoneum outside the pelvis.

Stage 3a1

The cancer has spread to the retroperitoneal nodes. This stage is further divided depending on whether the cancer is bigger or smaller than 1cm in diameter.

Stage 3a2

Very small amounts of cancer have spread to parts of the peritoneum outside the pelvis. Cancer may also be in the retroperitoneal nodes.

Stage 3b

The cancer is in parts of the peritoneum outside the pelvis. These areas are up to 2cm in diameter. Cancer may also be in the retroperitoneal nodes.

Stage 3c

Cancer is in parts of the peritoneum outside the pelvis. These areas are larger than 2cm in diameter. Cancer may also be in the retroperitoneal nodes. It may have spread to the capsule that surrounds the liver and spleen, but not inside these organs.

Stage 4

The cancer has spread to other parts of the body outside the tummy.

Stage 4a

The cancer has caused a build-up of fluid in the lining of the lungs (the pleura). This is called a pleural effusion.

Stage 4b

The cancer has spread to the inside of the liver or spleen. Or the cancer has spread to lymph nodes or organs outside the tummy, such as the lungs or armpits.

Grading

Grading describes how the cancer cells look under the microscope compared with normal cells. Knowing the grade helps your doctors plan your treatment.

Cancer of the ovary, fallopian tube or peritoneum is graded as:

- Low grade or well differentiated (grade 1) – the cancer cells look very like normal cells. They usually grow slowly and are less likely to spread.
- Moderate or intermediate grade (grade 2) – the cancer cells look more abnormal. They are slightly faster growing.
- High grade or poorly differentiated (grade 3) – the cancer cells look very different from normal cells. They usually grow more quickly.

Most epithelial ovarian cancers are high grade serous cancers (pages 14 to 15).

Doctors do not grade borderline tumours. This is because borderline tumours are made up of abnormal cells rather than cancer cells.

Your data and the cancer registry

When you are diagnosed with cancer, some information about you, your diagnosis and your treatment is collected in a cancer registry (page 139).

The information is used to help understand cancer in the UK better. This is important for planning and improving health and care services. It can be used to ensure that people living with cancer get the best possible care and support.

Hospitals automatically send information to the cancer registry. There are strict rules about how the information is stored, accessed and used. Information about health is sensitive, so by law it has to be kept under the highest levels of security.

If you have any questions, talk to your doctor or nurse. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out.

Treating cancer of the ovary, fallopian tube or peritoneum

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Treatment overview

The main treatments for cancer of the ovary, fallopian tube or peritoneum are surgery, chemotherapy and targeted therapy.

Depending on the stage of the cancer, the aim of treatment may be to cure the cancer or to control it for as long as possible (pages 20 to 23). Your cancer doctor and specialist nurse will explain the aim of treatment to you.

Sometimes hormonal therapy or radiotherapy are used to improve symptoms. Your cancer doctor may also talk to you about taking part in a clinical trial to research new treatments (pages 94 to 95).

The treatment you have will depend on:

- the type of cancer you have (pages 14 to 15)
- its stage and grade (pages 20 to 24)
- your general health
- your personal preferences.

Cancer treatments can cause an early menopause. They can also affect your ability to get pregnant (fertility). If you still want to be able to get pregnant, talk to your cancer doctor before treatment starts.

We have more information in our booklet **Cancer and fertility** (page 124) and on our website. Visit **macmillan.org.uk/fertility**

We also have information about coping with the menopause at **macmillan.org.uk/menopausal-symptoms**

Treating borderline ovarian tumours

Most borderline tumours are found at an early stage and can often be cured with surgery. No further treatment is needed, and these tumours rarely come back.

Rarely, borderline tumours behave more like a low grade cancer (pages 24). If this happens, you may need more treatment.

Ovacome has more detailed information about borderline ovarian tumours (page 130).

Treating stage 1 cancer

Some stage 1 cancers in the ovary or fallopian tube can be cured with surgery.

If you want to get pregnant in the future, you may be able to have surgery to remove only the affected ovary and fallopian tube. This is called fertility-sparing surgery (page 43). It is only possible for very early stage (stage 1a), low grade cancers.

If the cancer is stage 1c or high grade, you will have surgery, but not fertility-sparing surgery. Your doctor may advise you to have chemotherapy after surgery (page 62). This is to reduce the risk of the cancer coming back.

Treating stage 2 to 4 cancer

You will usually have surgery and chemotherapy. You may also have treatment with a targeted therapy drug.

Surgery

You usually have surgery to remove as much of the cancer as possible. If the cancer has spread to other areas in the pelvis, you may need more surgery.

Sometimes you have chemotherapy before surgery. This is to shrink the cancer and make it easier to remove. You may have chemotherapy into the tummy area during surgery. This is called hyperthermic intraperitoneal chemotherapy or HIPEC (page 63).

Chemotherapy

You may have chemotherapy:

- after surgery – to reduce the risk of the cancer coming back (adjuvant chemotherapy)
- before surgery – to shrink the cancer in the places where it cannot be removed (neo-adjuvant chemotherapy)
- to treat any cancer that cannot be removed during surgery
- during surgery – to help treat cancer cells in the tummy area (HIPEC)
- as your main treatment – if surgery is not the best option for you.

If you have chemotherapy before surgery, you have a CT scan halfway through the course of chemotherapy treatment. If the cancer has shrunk enough, you have surgery before having more chemotherapy. If not, you finish the whole course of chemotherapy.

"After my referral, we had more clarity that it was ovarian cancer and I had a treatable and curable plan. It was still scary, and I worried about all sorts of things. Would I be able to work? What was it going to be like to go through chemo? „

Debbie, diagnosed with cancer of the ovary

Targeted therapy

You may have targeted therapy with or after chemotherapy, to help control the cancer. This is called maintenance treatment.

You may have maintenance treatment with a targeted therapy drug called bevacizumab. You have this if the cancer has spread or come back. You have bevacizumab into a vein as a drip (infusion).

You may have a type of targeted therapy drug called a PARP inhibitor. You have these if the cancer has responded to chemotherapy. You usually have PARP inhibitors after the first course of chemotherapy. But you may have PARP inhibitors after chemotherapy has finished, if the cancer comes back.

You may have bevacizumab with a PARP inhibitor called olaparib. We have information about these drugs on our website, visit:

- **macmillan.org.uk/bevacizumab**
- **macmillan.org.uk/olaparib**

Treating cancer that comes back

If cancer comes back, it can usually be treated again with chemotherapy, targeted therapy and sometimes more surgery.

You may have several courses of chemotherapy and targeted therapy over several years. This can help to keep the cancer under control and improve any symptoms. Sometimes doctors will talk to you about hormonal therapy if you do not want more chemotherapy or want to delay it.

Treating symptoms of advanced cancer

Sometimes ovarian cancer may cause discomfort or pain. It may also cause bowel problems and fluid to gather in the tummy. Treatments can help manage and reduce these symptoms. For example, you may have radiotherapy to reduce pain or bleeding in the pelvis. If you have fluid in the tummy (ascites), a doctor can drain it to make you feel more comfortable – pages 88 to 90.

Your cancer doctor and specialist nurse will help to make sure your symptoms are controlled. This is called supportive or palliative care. You may meet with a specialist palliative care doctor or nurse for expert help with your symptoms.

We have more information in our booklet **Coping with advanced cancer** (page 124) and on our website. Visit **macmillan.org.uk/advanced-cancer**

How your treatment is planned

After your test results, you and your doctor start to talk about your treatment. Your doctor usually meets with other specialists to get their opinions too.

Multidisciplinary team (MDT) meeting

A team of specialists meet to talk about the best treatment for you. They are called a multidisciplinary team (MDT).

The MDT look at national treatment guidelines or the latest evidence for the type of cancer you have (page 14 to 15). If you have any treatment preferences, your doctor will tell them about this.

For ovarian cancer, the MDT will usually include the following professionals:

- a gynaecological oncologist – a surgeon who specialises in cancers of the female reproductive system
- a gynaecologist – a doctor who treats problems with the female reproductive system
- a medical oncologist – a doctor who uses chemotherapy and other anti-cancer drugs to treat people with cancer
- a clinical oncologist – a doctor who uses radiotherapy, chemotherapy and other anti-cancer drugs to treat people with cancer
- a clinical nurse specialist (CNS) – a nurse who gives information about cancer, and support during treatment
- a radiologist – a doctor who looks at scans and x-rays to diagnose problems
- a pathologist – a doctor who looks at cells or body tissue under a microscope to diagnose cancer.

Depending on the type of cancer you have, the MDT may also include:

- a physiotherapist
- a dietitian
- an occupational therapist
- a counsellor or psychologist
- doctors and nurses who are experts in symptom control.

Talking about your treatment plan

After the MDT meeting, you will usually meet with your cancer doctor and specialist nurse. They will talk to you about your treatment plan. It can help to write down your questions before you go. You may want to ask a family member or friend to come with you. They can help remember what is said and talk with you about it afterwards. You need to know as much as possible before you can make any treatment decisions.

Your cancer doctor should explain:

- the aim of the treatment – whether it is to cure the cancer or control it
- the benefits of the treatment
- the disadvantages of the treatment – for example, the risks and side effects
- any other treatments that may be available
- what may happen if you do not have the treatment.

Cancer treatments can be complex. It can also be hard to concentrate on what you are being told if you are feeling anxious. If the doctor says something you do not understand, ask them to explain it again.

Most people worry about the side effects of treatment. Your doctor or nurse will explain how side effects can be controlled and what you can do to manage them. They can also tell you if your treatment is likely to cause any late effects and how these can be managed.

You may need more than one meeting with your doctor or nurse to talk about your treatment plan.

Making treatment decisions

You and your doctor can decide together on the best treatment plan for you. Your doctor is an expert in the best treatments. But you know your preferences and what is important to you. You can decide how involved you want to be in your treatment plan.

Sometimes doctors need to review a treatment plan. This may be when more information about the cancer becomes available – for example, when the doctor knows the results of surgery to remove the cancer. It may mean making more decisions with your doctor.

Decisions about advanced cancer

For some people with advanced cancer, depending on the situation, the aim of treatment may be to cure the cancer.

For other people with advanced cancer, the aim of treatment is to control the cancer, help them live for longer and improve symptoms.

This can mean you have different treatments depending on when you need them. You may have long periods in between treatments when you feel well and can continue with everyday life. You may have ongoing treatment to control the cancer. This is sometimes called maintenance treatment.

Your doctor can usually give you an idea about how well a treatment will work. You may decide to have one treatment instead of another because:

- the side effects are different
- it means you will spend less time at the hospital.

We have more information about making treatment decisions on our website. Visit **macmillan.org.uk/making-treatment-decisions**

You may need to have a treatment for a while to see if it is helping. Doctors will try to avoid you having unnecessary side effects from a treatment that is not working well.

If it becomes difficult to control the cancer, you may decide not to have further treatment. Your doctor and nurse will support you and make sure your symptoms are managed.

We have more information in our booklet **Coping with advanced cancer** (page 124). Or you can visit our website at **macmillan.org.uk/advanced-cancer**

Giving your permission (consent)

Doctors need your permission (consent) before you have any treatment. They will give you all the information you need to make your decision. We explain this in our section on talking about your treatment plan (pages 35 to 36).

You can give consent in writing when you sign a form that your doctor gives you, agreeing to a treatment. Or it can be a spoken agreement with your doctor. Your doctor records your consent in your patient notes.

You may decide not to have treatment even when your doctor advises you to have it. If you refuse treatment, your decision must be respected. But your doctor needs to make sure you have all the information you need to make your decision. You need to understand all your treatment options and what will happen if you do not have the treatment. Always talk to your doctor about any concerns you have, so they can give you the best advice.

Second opinion

A second opinion is an opinion from a different doctor about your treatment. If you think you want a second opinion, talk to your cancer doctor or GP first. Tell them your concerns or ask them to explain anything you do not understand. This might help reassure you.

If you still want a second opinion, you can ask your cancer doctor or GP to arrange it. They are usually happy to do this. You may have to travel to another hospital to get a second opinion. Getting a second opinion could delay your treatment. Check with your doctor if this delay could be harmful to you.

If the doctor you see for the second opinion gives you the same advice, this can reassure you. Sometimes they give you other treatment options to think about.

We have more information about getting a second opinion on our website. Visit **macmillan.org.uk/second-opinion**

Surgery

Surgery is one of the main treatments for cancer of the ovary, fallopian tube or peritoneum. You have surgery to remove the cancer. But it also helps doctors to:

- diagnose the type of cancer (pages 14 to 15)
- find out more about its stage (pages 20 to 23).

You usually have surgery to remove the following:

- the ovaries
- the fallopian tubes
- the womb (uterus)
- the layer of tissue that covers the stomach and part of the bowel (the omentum)
- lymph nodes.

If the cancer has spread to other areas in the pelvis, you may need more surgery.

Sometimes you have chemotherapy before surgery. This is to shrink the cancer (page 62). If the cancer comes back, it may be possible to have more surgery.

You may have chemotherapy into the tummy area (abdomen) during surgery. This is called hyperthermic intraperitoneal chemotherapy or HIPEC (page 63).

If you have very early stage cancer and want to get pregnant in the future, it may be possible to have only the affected ovary and fallopian tube removed. This is called fertility-sparing surgery (page 43). A specialist doctor does this type of surgery. They are called a gynaecological oncologist.

Before you have surgery, your surgeon and specialist nurse will talk to you and answer any questions. It is important you understand what your operation may involve.

Surgery to remove the cancer

The surgeon aims to remove all the cancer or as much of it as possible. They usually remove the:

- ovaries and fallopian tubes – this is called a bilateral salpingo-oophorectomy or BSO
- womb and cervix – this is called a total hysterectomy
- omentum – this is called an omentectomy.

The surgeon will also check how far the cancer has spread. This is important because it tells them more about the stage of the cancer. During surgery, they will:

- take samples of tissue (biopsies) from other areas nearby
- remove some lymph nodes in the tummy and pelvis
- put fluid into the tummy and collect it to test for cancer cells – this is called abdominal washing or peritoneal washing.

You may also need surgery to other areas, to remove as much of the cancer as possible. This depends on where the cancer has spread in the pelvis.

Surgery if the cancer has spread

Many cancers of the ovary, fallopian tube or peritoneum have spread when they are diagnosed. If the cancer has spread to other areas in the pelvis or tummy, it may not be possible to remove it all. Your surgeon will try to remove as much of the cancer as they can. Doctors sometimes call this debulking or cytoreductive surgery.

If at the time, the surgeon does not think that surgery will lead to a better result, they will not go ahead. You will have different treatment, such as chemotherapy.

Removing part of the bowel

If the cancer has spread to the bowel, you may also need a section of bowel removed. If possible, the surgeon removes the affected piece of bowel and joins the 2 remaining pieces together. This is called a bowel anastomosis or rejoin.

Sometimes the surgeon cannot safely join the remaining pieces of bowel together. Instead, they bring the upper end of the bowel out onto the skin of the tummy. This is called a stoma. After the operation, you wear a bag over the stoma to collect stools (poo). A stoma may be temporary to protect the bowel rejoin. Or it may be permanent if a bowel rejoin is not possible.

If you are likely to need part of the bowel removed, your surgeon will talk to you about this before your operation. If you need a stoma, your hospital team and a stoma nurse will give you support and advice.

We have more information on having a stoma on our website. Visit **macmillan.org.uk/what-is-a-stoma**

Early menopause

If you still have periods, having a total hysterectomy and BSO will cause your periods to stop (the menopause). This can cause menopausal symptoms such as hot flushes and vaginal dryness (pages 108 to 109).

Surgery to protect fertility (fertility-sparing surgery)

If you have very early stage ovarian cancer, it may be possible to have surgery that means you can still get pregnant. This is usually possible if the cancer is stage 1a and low grade (pages 20 to 24).

The surgeon only removes the affected ovary and fallopian tube. They leave the other ovary, other fallopian tube and the womb. During the operation, the surgeon checks the other ovary and may take biopsies from it.

If any biopsies, lymph nodes or fluid removed from the pelvis show the cancer has spread, you may need more surgery. This may include removing the womb, remaining ovary and remaining fallopian tube. You may find this difficult to cope with if you were hoping to get pregnant in the future.

Your specialist nurse will give you lots of support. They may be able to refer you to a counsellor for further emotional support. They may also refer you to a fertility specialist before surgery to talk about options.

Before surgery

Your surgeon and specialist nurse will talk to you about preparing for your surgery. They will give you information about your surgery. They may also suggest things you can do to improve your general health before and after surgery. This is sometimes called prehabilitation. Some hospitals have a prehabilitation service.

Your surgeon and nurse may also talk about things you can do to reduce the time you spend in hospital and recover as quickly as possible. This is called enhanced recovery.

You can do some things at home to help improve your general health before surgery. These include:

- stopping smoking at least 2 weeks before surgery
- eating healthily
- being more physically active
- drinking less alcohol – **drinkaware.co.uk** has information about alcohol and drinking guidelines.

Sometimes as part of prehabilitation, you may be given:

- information and support if you need to manage a stoma
- information and guidance about pelvic floor exercises – these help with recovery after surgery to the pelvic area
- an appointment with a counsellor or psychologist – especially when surgery will cause big or permanent changes to your life.

We have more information about pelvic floor exercises on our website. Visit **macmillan.org.uk/pelvic-floor-exercises**

Enhanced recovery may include:

- taking high energy supplement drinks before surgery
- continuing to eat and drink as close as possible to surgery and as soon as possible afterwards – this is to reduce the time you go without nutrition
- good pain management so you can get out of bed and move around as early as possible after surgery.

Before surgery, you may also have a pre-operative assessment. This may involve having tests to check your general health and fitness. You can also find out more about how to prepare for your operation at this appointment.

If you have other health conditions, such as heart or lung problems, you may also meet with an anaesthetist. They can assess you and give specialist advice about how to stay as fit as possible before and after surgery. They will decide the type of anaesthetic you have.

At the assessment, a nurse will take your:

- weight
- blood pressure
- heart rate
- oxygen level
- temperature.

They will also take blood tests. They may also arrange for you to have checks on your heart and lungs. These include lung function tests, exercise tests and an electrocardiogram (ECG).

You usually go into hospital on the day of your surgery or the day before. If you are going into hospital on the day of your surgery, you may be asked not to eat or drink anything for a few hours.

Your nurse will give you compression stockings to put on before surgery. These may be called TED stockings. You wear these during surgery and for a while afterwards. Compression stockings reduce the risk of getting a blood clot in your legs. This is called deep vein thrombosis or DVT.

You may also be given a laxative drink. This will help empty your bowel before surgery. You may have to take this at home or at the hospital.

Sometimes the surgeon or a stoma nurse will draw marks on your abdomen (tummy). This is in case you need a stoma.


oup Room
Fire exit
Treatment Room 2
Consulting

After surgery

You might feel drowsy when you wake from surgery. This is caused by the general anaesthetic. You may not remember much about the first few hours after you wake up.

A nurse will check on you regularly. They will check your blood pressure, so you might be aware of the machine cuff tightening on your arm every so often. Depending on the surgery, you may have inflatable cuffs on your lower legs. These help to prevent blood clots (DVT). You may notice the cuffs gently squeezing your legs as they pump up and down.

You might be wearing a face mask or have small plastic tubes going into your nose. This is to give you oxygen until you are more awake. You may also be wearing a special blanket to keep you warm. You might be aware of the nurses checking your wound. The nurses will explain what they are doing and what to expect. You may feel thirsty or have a dry or sore throat. This is from having a breathing tube during surgery.

Drips and drains

When you wake, you may have some tubes attached to your body. These give fluids into a vein in your hand or arm. This is called an intravenous (IV) infusion. The fluids are given through a cannula. A cannula is a small, thin plastic tube that goes into your arm or the back of your hand. If you have a central line, you may have fluids through this. A central line is a fine tube that goes under the skin of the chest and into a vein close by. The infusion is to keep you hydrated until you can eat and drink normally.

During surgery, you may have a small, plastic tube placed into your tummy. This is to drain any lymph fluid that collects in that area. The end of the tube will stick out your tummy and be held in place with a stitch. The tube connects to a bag or bottle to collect the fluid. It is usually removed after a few days.

Urinary catheter

You will have a small, flexible plastic tube called a catheter put into your bladder. This drains urine (pee) into a bag. It is called a urinary catheter. It is usually put in during surgery. It usually stays in until you are out of bed and moving around.

Pain

It is normal to have some pain or discomfort after surgery. If you had keyhole (laparoscopic) surgery, the gas in your tummy can make you feel uncomfortable for a few days. The feeling goes away as your body absorbs the gas.

Painkillers can control pain and discomfort. Your doctors and nurses will be keen to get you up and moving as soon as possible after surgery. This will help your recovery. It is important that you are comfortable enough to move around. Tell your nurses if you are in pain.

Straight after surgery you may need stronger painkillers. You may have these in the following ways:

- You may have painkillers as an injection into a vein (IV injection). They are given through a cannula. Sometimes a pump controls the drugs given. You may have a handset to control the pump yourself. You press the button when you have pain. The pump is designed so that you cannot give yourself too much painkiller.
- You may have painkillers or local anaesthetic through an epidural. This is a small, thin tube in your back that goes into the space around your spinal cord. The epidural might be put in during surgery. You will not be able to move around when the epidural is in.
- You may have painkillers through a rectus sheath catheter. This is if you have open surgery with the cut going down from the belly button. A rectus sheath is a small plastic tube that goes into your abdomen (tummy). It will be put in during surgery. It gives painkillers or local anaesthetic to numb the abdominal area. The tube connects to a pump which delivers the drugs.

You only have painkillers in these ways until you can eat and drink normally. After this, you will have painkiller tablets. You will start taking the tablets before you can go home. You will be given tablets to take at home. Your doctor or nurse will tell you how often you should take them.

We have more information about keyhole surgery on our website. Visit **macmillan.org.uk/surgery**

Feeling sick (nausea)

Many people worry about feeling sick (nausea) or being sick (vomiting) after surgery. Medications can help with nausea and vomiting.

Your nurse can give you anti-sickness injections or tablets to help prevent nausea or control any sickness. These are also called anti-emetic drugs. It is important to tell the nurses if you are feeling sick. They will want you to eat and drink as soon as possible, as this helps your recovery.

Moving around

After surgery, the nurses can help you with washing and going to the toilet. But they will encourage you to get up and move around as soon as possible.

You may feel anxious about being up and about soon after your surgery. But movement can prevent complications, and help your recovery. This is why it is important that pain and sickness are controlled. You can only move properly if you feel comfortable. If you have drips, drains or a catheter, you can still move around. The nurses can help you and show you how to do this safely.

Your wound

Your surgeon will close the wound with clips or stitches. These are usually removed by a practice nurse at your GP surgery after you go home.

Before you go home, a nurse will:

- give you contact details for someone to care for your wound or someone to call if you are worried about your wound
- explain how to keep the wound clean and give advice about baths and showers
- tell you whether any dressings should be changed or removed, and when to do this
- give you a letter for your GP practice nurse or district nurses.

The nurse might also ask you to check your wound when you get home. If you have to keep the dressing on, they may ask you to check the area around the dressing. This is to check there are no signs of infection and that the wound is healing well.

Signs of infection can include:

- heat, pain, swelling or redness, or a change in skin colour over the wound, around the scar or both
- fluid coming from the wound (discharge or pus), which may smell.

You may also:

- have a temperature above 37.5°C (99.5°F)
- feel shivery and shaky
- feel generally unwell, even with a normal temperature.

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

If you cannot talk to your hospital team, contact your GP or call the NHS urgent advice number on **111**.

Constipation

Constipation means that you are not able to pass stools (poo) as often as you normally do. It can become difficult or painful. Constipation can happen after surgery. Tell your specialist nurse if you are constipated. They can give you drugs called laxatives to help. If you are taking regular painkillers, they may give you a laxative to help prevent constipation.

You may also have uncomfortable wind. Both constipation and wind usually improve when you are moving around more.

Low mood

You may have all kinds of emotions after your surgery. You can feel a sense of loss. It is common to feel low. This is often a reaction to:

- the diagnosis of cancer
- the changes to your body and how you feel about it (body image)
- being in hospital and away from your usual support network.

These feelings may start to get better after a few days. Or you may continue to feel this way. Tell your doctor or specialist nurse if you are not feeling better or you begin to feel very low or depressed. You may need extra help and support.

Some hospitals have local support groups for people who have gynaecological cancers. You may find a support group helpful. Ask your specialist nurse about support groups in your hospital or local area.

You may want to talk about your feelings with an organisation that specialises in your type of cancer. You could also join an online support group such as our Online Community. You can chat with other people who have the same type of cancer. Or you can just read the posts or blogs other people have written.

We have more information about emotions and your feelings after cancer treatment in our booklet **How are you feeling? The emotional effects of cancer**.

You can order our booklets and leaflets for free. Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Going home after surgery

When you go home will depend on your surgery and how quickly you recover. You are usually in hospital for about 5 days. If you have surgery for a very early stage cancer, you may only be in hospital for a few days. If you have keyhole (laparoscopic) surgery, you may only be in hospital overnight.

The nurses on the ward will give you advice on your recovery, and how to care for your wounds. It is important not to do too much for a while. Try to get plenty of rest, do gentle exercise and eat well. If you have any problems, it is important to contact your doctor or specialist nurse. We have more information in our booklet **Going home from hospital** (page 124).

Preventing blood clots

Your nurse will talk to you about how to wash and care for your compression stockings. They will also tell you how long you need to wear them for. It is usually 1 month.

After surgery, you will have small injections to help prevent blood clots. These contain blood-thinning drugs (anticoagulants). You will continue to have these injections for 1 month after you go home. The nurses can show you, a family member or carer how to give them. Or they can arrange for a district nurse to give them.

Vaginal care

After your surgery, it is usual to have some vaginal discharge for up to 6 weeks. The discharge is usually reddish-brown in colour. Contact your hospital team on the ward or call NHS **111** straight away if the discharge:

- becomes bright red
- gets heavier
- has a bad smell
- contains lumps (blood clots).

The nurses will advise you to shower daily. They will also talk to you about sex. They will advise you not to have penetrative sex or put anything inside the vagina (such as tampons) for at least 6 weeks.

You should also avoid swimming. This will allow the area to heal properly and reduce the risk of infection.

Sex

After 6 to 8 weeks, if you feel comfortable and if your wounds have healed, it is usually safe to:

- have penetrative sex.
- use sex toys inside the vagina
- use fingers inside the vagina.

But you may need more time before you feel ready to have sex. You may be having other treatment as well. If you have any questions or concerns, you can talk to your specialist nurse.

We have more information about cancer treatment and your sex life in our booklet **Cancer and your sex life** (page 124).

You may also find it helpful to contact one of the support organisations we list on pages 130 to 139. Or you can call the Macmillan Support Line on **0808 808 00 00**, 7 days a week, 8am to 8pm.

Physical activity

You cancer doctor or specialist nurse will advise you to avoid strenuous physical activity or heavy lifting for about 12 weeks after surgery.

Your nurses will give you advice about this before you go home. You may meet with a physiotherapist, who may talk to you about exercise. Try to do some gentle exercise every day, such as walking. You can slowly increase how much you do. Gentle exercise can help you feel like you have more energy. It can also improve your mood. You can always check with your specialist nurse whether an activity is safe. We have more information in our booklet **Physical activity and cancer** (page 124). Or visit **macmillan.org.uk/physical-activity-cancer**

Driving

You may find it uncomfortable to drive for a few weeks after the surgery. Ask your nurse or doctor for advice on when it will be safe for you to drive. This is usually when you are comfortable wearing a seat belt and you can perform an emergency stop if needed. Some insurance companies have guidelines about this. It is best to contact your insurer to check you are covered to drive.

We have more information about recovering after surgery on our website. Visit **macmillan.org.uk/recovering-surgery**

Follow-up

You will be given an appointment to come back to the hospital to meet with the surgeon. You may also meet your specialist nurse. You may have this appointment over the telephone.

Your surgeon or nurse will ask about how you are feeling. They will ask questions so they can make sure you are recovering as expected. They will explain the results of your surgery. They can talk to you about any further treatment, such as chemotherapy.

Possible long term complications

Most people do not have any long term complications after surgery. But having other cancer treatments and surgery can increase the risk.

If your pelvic lymph nodes are removed, there is a risk of swelling affecting 1 or both legs. This is called lymphoedema. It is caused by a build-up of lymph fluid in the tissues. Lymphoedema is not common.

We have information about lymphoedema in our **Understanding lymphoedema** booklet (page 124) and on our website. Visit **macmillan.org.uk/lymphoedema**

Getting support

It is common to feel anxious after surgery. You may feel your recovery is taking longer than you expected. Or you may be worried about having further treatment. It is often helpful to talk about your feelings with your family and friends. You can also talk to your specialist nurse. Or you can talk to our cancer support specialists on **0808 808 00 00**.

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. It is one of the main treatments for cancer of the ovary, fallopian tube or peritoneum.

Chemotherapy after surgery

Chemotherapy starts when you have recovered from surgery. This is usually about 4 weeks after surgery. But it can be up to 12 weeks after.

If you have stage 1 ovarian cancer (pages 20 to 23), you may not have chemotherapy. It can depend on the type, sub-stage and grade of the cancer (page 24). Your doctor can talk to you about this.

Chemotherapy before surgery

If you are having chemotherapy before surgery, you usually have it every 3 weeks. This is called a treatment cycle. You will have 3 treatment cycles.

After 3 treatment cycles, you will have a CT scan to check how well the chemotherapy has worked. Your doctors will tell you if the cancer has shrunk enough for you to have surgery. If you do not have surgery, you will have another 3 cycles of chemotherapy (6 cycles in total).

Chemotherapy during surgery (HIPEC)

You may have a chemotherapy drug called cisplatin during surgery. It is given through plastic tubes that go into the abdomen (tummy area). This is called hyperthermic intraperitoneal chemotherapy or HIPEC. The chemotherapy is heated and left inside the tummy for 90 minutes. It is drained before the surgery has finished, and the tubes are removed.

HIPEC can help control the cancer. The side effects can be different from chemotherapy given into a vein. Your cancer doctor can tell you more about this. You will usually have 3 more cycles of chemotherapy after you have recovered from surgery.

Chemotherapy drugs for ovarian cancer

You usually have a combination of the chemotherapy drugs paclitaxel and carboplatin.

You may have carboplatin on its own. This may be because you are not well enough to cope with the side effects of a paclitaxel and carboplatin combination. Carboplatin is sometimes given on its own for early stage ovarian cancer.

You may have chemotherapy with a targeted therapy drug called bevacizumab.

Other chemotherapy drugs used to treat ovarian cancer include:

- cisplatin
- docetaxel
- paclitaxel
- etoposide
- gemcitabine
- pegylated liposomal doxorubicin (sometimes called Caelyx®).

Treating ovarian cancer that comes back

If ovarian cancer comes back, chemotherapy can usually control it for a period of time. If your first treatment with carboplatin or cisplatin worked, you may have the same combination of drugs again. Or you may have other drugs such as pegylated liposomal doxorubicin or gemcitabine.

If the cancer comes back soon after chemotherapy treatment, you will have different chemotherapy drugs.

We have more information about these chemotherapy and targeted therapy drugs and their side effects on our website. Visit **macmillan.org.uk/treatment-and-drugs**

Having chemotherapy

You usually have chemotherapy as an outpatient in a hospital chemotherapy day unit. You usually have the drugs into a vein (intravenously).

You have chemotherapy as 1 or more sessions of treatment. Each session takes a few hours. After the session, you will have a rest period of a few weeks. Together, a chemotherapy session and rest period is called a cycle.

The length of a cycle depends on the chemotherapy drugs you have. But most cycles are 1 to 4 weeks long. Your cancer doctor, specialist nurse or chemotherapy nurse will explain what to expect. Most courses of chemotherapy are 6 cycles.

If you are having bevacizumab with chemotherapy, you may continue having bevacizumab after chemotherapy has ended.

We have more information about having chemotherapy on our website. Visit **macmillan.org.uk/chemotherapy**

Side effects

Chemotherapy drugs may cause side effects. But these can usually be controlled with medicines and will usually go away after treatment has finished. Not all drugs cause the same side effects for each person. Some people have very few side effects. Your cancer doctor or specialist nurse will explain what to expect.

Risk of infection

Chemotherapy can reduce the number of white blood cells in your blood. These cells fight infection. If your white blood cell count is low, you may be more likely to get an infection. A low white blood cell count is called neutropenia.

An infection can be very serious when the number of white blood cells is low. It is important to get any infection treated as soon as possible. If you have any of the following symptoms, contact the hospital straight away on the 24-hour number:

- a temperature above 37.5°C
- a temperature below 36°C
- you feel unwell, even with a normal temperature
- you have symptoms of an infection.

Symptoms of an infection include:

- feeling shivery and shaking
- a sore throat
- a cough
- breathlessness
- diarrhoea
- needing to pass urine (pee) often, or discomfort when you pass urine.

It is important to follow any specific advice your cancer treatment team gives you.

Your white blood cell count will usually return to normal before your next treatment. You will have a blood test before having more treatment. If your white blood cell count is low, your doctor may delay your treatment for a short time, until your cell count increases.

Bruising and bleeding

Chemotherapy can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot.

If the number of platelets is low, you may bruise or bleed easily. You may have:

- nosebleeds
- bleeding gums
- heavy periods
- blood in your urine (pee) or stools (poo)
- tiny red, brown or purple spots that may look like a rash – these spots can be harder to see if you have black or brown skin.

If you have any unexplained bruising or bleeding, contact the hospital straight away on the 24-hour number. You may need a drip to give you extra platelets. This is called a platelet transfusion.

Anaemia (low number of red blood cells)

Chemotherapy can reduce the number of red blood cells in your blood. Red blood cells carry oxygen around the body. If the number of red blood cells is low, this is called anaemia. You may feel:

- very low in energy
- breathless
- dizzy and light-headed.

If you have these symptoms, contact the hospital straight away on the 24-hour number. You may need treatment for anaemia. If you are very anaemic, you may need a drip to give you extra red blood cells. This is called a blood transfusion.

Diarrhoea

Chemotherapy can cause diarrhoea. Diarrhoea means passing more stools (poo) than is normal for you, or having watery or loose stools. You may also have stomach cramps. If you have a stoma, it may be more active than usual.

If you are passing loose stools 3 or more times a day and this is not normal for you, contact the hospital as soon as possible on the 24-hour number. Follow the advice they give you about:

- taking anti-diarrhoea medicines
- drinking enough fluids to keep you hydrated and to replace lost salts and minerals
- any changes to your diet that might help.

They might also ask you for a specimen of your stool to check for infection.

Feeling sick

Chemotherapy can cause you to feel sick. Your doctor, nurse or pharmacist will prescribe anti-sickness drugs to help prevent or control sickness. Take the drugs exactly as they tell you to, even if you do not feel sick. It is easier to prevent sickness than to treat it after it has started.

If you feel sick, take small sips of fluid often and eat small amounts regularly. It is important to drink enough fluids. If you continue to feel sick, or if you are sick (vomit) 1 to 2 times in 24 hours, contact the hospital on the 24-hour number as soon as possible.

They will give you advice. They may change your anti-sickness treatment. Let them know if you still feel sick.

Feeling tired (fatigue)

Feeling tired is a common side effect of chemotherapy. It is often worse towards the end of treatment and for some weeks after it ends. Try to pace yourself and plan your day so you have time to rest. Gentle exercise, like short walks, can help you feel less tired.

If you feel sleepy, do not drive or use machinery.

We have more information in our **Coping with fatigue (tiredness)** booklet (page 124) and on our website. Visit **macmillan.org.uk/tired**

Hair loss

Some chemotherapy drugs cause hair loss. This can range from hair thinning to losing all your hair, including eyelashes and eyebrows. The extent of hair loss depends on what chemotherapy drugs you have. Your doctor or nurse can tell you what to expect.

Scalp cooling is a way of lowering the temperature of your scalp to help reduce hair loss. Your nurse can tell you if this is an option for you.

Your nurse can talk to you about ways to cope with hair loss. There are lots of ways you can cover up, if you choose to, such as using wigs, hats, turbans, scarves or bandanas. It is important to cover your head to protect your scalp when you are out in the sun.

Hair loss is usually temporary, and hair grows back after treatment ends. But rarely, hair loss is permanent. Hair may not grow back or it may be thinner than before. If you are worried about this, talk to your cancer doctor or nurse.

We have more information in our booklet **Coping with hair loss** (page 124) and on our website. Visit **macmilllan.org.uk/hair-loss**

Hand-foot (palmar-plantar) syndrome

Chemotherapy can affect the palms of your hands and the soles of your feet. This is called palmar-plantar or hand-foot syndrome.

If you have white skin, these areas may become red. If you have black or brown skin, these areas might get darker.

The skin on the palms of your hands and the soles of your feet may:

- be sore
- be painful, tingle, or swell
- peel, crack or blister.

If you have any of these symptoms, contact the hospital straight away on the 24-hour number. They can give you advice. This is especially important if you have any broken skin or if walking is difficult. They can prescribe creams and painkillers to help.

You can care for your hands and feet by:

- keeping your hands and feet cool by washing in cool water
- gently moisturising your hands and feet regularly
- wearing gloves to protect your hands and nails when working in the house or garden
- wearing loose cotton socks and avoiding tight-fitting shoes and gloves.

Numb or tingling hands or feet (peripheral neuropathy)

Chemotherapy can affect the nerves in your fingers and toes. This can cause numbness, tingling or pain in your hands or feet. This is called peripheral neuropathy. You might find it hard to do fiddly tasks such as fastening buttons or tying shoelaces.

If you have these symptoms, always tell your doctor, nurse or pharmacist. They sometimes need to change the drug or the dose of the drug. The symptoms usually improve slowly after treatment ends. But for some people they continue and are a long-term side effect of treatment.

We have more information about peripheral neuropathy on our website. Visit **macmillan.org.uk/peripheral-neuropathy**

Muscle or joint pain

You may get pain in your muscles or joints for a few days after chemotherapy treatment. If this happens, tell your doctor, nurse or pharmacist. They can give you painkillers and advice. They can also tell you if any of the painkillers you usually take are suitable.

Tell them if the pain does not get better. Having warm baths and resting regularly may help.

Sore mouth and throat

Chemotherapy can cause a sore mouth and throat. You may also get mouth ulcers. This can make you more likely to get a mouth or throat infection. Use a soft toothbrush to clean your teeth or dentures in the morning, at night and after meals.

Contact the hospital straight away on the 24-hour number, if:

- your mouth or throat is sore, or affecting how much fluid you can drink or food you can eat
- your mouth, tongue, throat or lips have any blisters, ulcers or white patches.

They can give you advice, and mouthwash or medicines to help with the pain or to treat any infection. Follow their advice and make sure you:

- drink plenty of fluids
- avoid alcohol and tobacco
- avoid food or drinks that irritate your mouth and throat.

We have more information on our website. Visit **macmillan.org.uk/mouth-problems**

Loss of appetite

Chemotherapy can affect your appetite. Don't worry if you do not eat much for 1 or 2 days. But if your appetite does not come back after a few days, or if you are losing weight, tell your doctor, nurse or pharmacist. They can give you advice. They may give you food or drink supplements. Or they may suggest changes to your diet or eating habits to help.

We have more information in our booklet **Eating problems and cancer** (page 124) and on our website. Visit **macmillan.org.uk/eating-problems**

Effects on the kidneys

Chemotherapy can affect how the kidneys work. This is usually mild and goes back to normal after treatment ends. You will have blood tests to check how well your kidneys are working. Contact the hospital on the 24-hour number if you:

- have blood in your urine (pee)
- are passing less urine or peeing less often than usual.

Drinking fluids helps protect your kidneys. The advice is usually to try to drink at least 2 litres (3½ pints) of fluid each day. But follow any advice from your doctor, nurse or pharmacist about how much is right for you.

Hearing changes

Chemotherapy such as carboplatin, cisplatin and paclitaxel can cause hearing changes, including hearing loss. You may have ringing in the ears. This is called tinnitus. You may also become unable to hear some high-pitched sounds. Hearing changes may get better after this treatment ends. But this does not always happen. If you notice any changes in your hearing, tell your doctor, nurse or pharmacist.

Blood clot risk

Cancer and some cancer treatments can increase the risk of a blood clot. Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- throbbing pain or swelling in a leg or arm
- reddening of the skin in the area – if you have black or brown skin, this can be harder to notice, but the skin might become darker
- suddenly feeling breathless or coughing.

Always call **999** if you have:

- chest pain
- difficulty breathing.

A blood clot is serious, but it can be treated with drugs called anticoagulants. These thin the blood. Your doctor, nurse or pharmacist can give you more information about preventing and treating blood clots.

We have more information about blood clots on our website. Visit **macmillan.org.uk/blood-clots**

More information

We have more information about chemotherapy and chemotherapy side effects in our booklet **Understanding chemotherapy** (page 124) and on our website. Visit **macmillan.org.uk/chemotherapy**

We also have information about understanding and coping with the side effects of cancer treatment in our booklet **Side effects of cancer treatment** (page 124).

Targeted therapy

Targeted therapy uses drugs to find and attack cancer cells. There are different types of targeted therapy drug. Each type targets something in or around the cancer cell that is helping it grow and survive.

Your cancer doctor and specialist nurse can explain whether targeted therapy is suitable for you. They can explain how long you will have targeted therapy for. You may have it for as long as it is keeping the cancer away or controlling it.

Bevacizumab

You may have bevacizumab if either:

- the cancer has spread
- the cancer has come back.

You will have bevacizumab with chemotherapy (pages 62 to 76). You usually have it every 3 weeks. You have it into a vein as a drip (infusion).

You continue having bevacizumab after chemotherapy ends. You may have it for 1 year or longer if it is working for you and any side effects can be managed. This is called maintenance treatment. Sometimes you have bevacizumab with another targeted therapy drug called olaparib.

Side effects of bevacizumab

Your cancer doctor, specialist nurse or pharmacist will explain the side effects of bevacizumab. They will explain how some side effects can be controlled or managed. Always tell them about your side effects, especially if they do not improve or get worse. It is important to follow any advice your doctor, nurse or pharmacist gives you.

Some common side effects of bevacizumab include:

- a low number of blood cells – this can increase the risk of infection, anaemia and bleeding or bruising (pages 66 to 68)
- tiredness
- feeling sick (nausea)
- loss of appetite and changes to your taste
- high blood pressure
- protein in your urine (pee) – you will have tests to check for this
- tummy pain
- bowel problems
- slow wound healing and skin problems
- sore hands and feet
- tingling in your hands and feet.

Rarely, bevacizumab can cause an allergic reaction. This is more likely with the first or second infusions. Your nurse will give these infusions more slowly so they can monitor you closely.

Other rare side effects of bevacizumab include:

- a hole forming in the wall of the bowel – this is called a perforation
- an opening, called a fistula, forming between 2 parts of the body not usually connected – for example, the bowel and vagina.

Very rarely, bevacizumab can cause a:

- brain condition called posterior reversible encephalopathy syndrome (PRES)
- bone problem in the jaw called osteonecrosis.

We have more information about bevacizumab and the side effects on our website. Visit **macmillan.org.uk/bevacizumab**

PARP inhibitors

These drugs block a protein called PARP. The PARP protein helps damaged cells to repair themselves. Without the PARP protein, the cancer cells may become too damaged to survive.

Some cancer cells have a genetic change called homologous recombination deficiency (HRD). They are called HRD positive cells. PARP inhibitors are even more effective against HRD positive cells.

You start taking PARP inhibitors after chemotherapy. You usually start them a few weeks after your last chemotherapy treatment. You take PARP inhibitors as tablets or capsules every day.

PARP inhibitors include:

- olaparib (Lynparza®)
- niraparib (Zejula®)
- rucaparib (Rubraca®).

You may have these drugs as maintenance treatment if the cancer responded to chemotherapy. You may have a PARP inhibitor after your first course of chemotherapy. Or you may have it after chemotherapy if the cancer comes back if and you did not have a PARP inhibitor before.

You may have olaparib, with or without bevacizumab, if:

- you have changes in the BRCA1 or BRCA2 genes
- tests show the cancer cells are HRD positive.

Side effects of PARP inhibitors

Your cancer doctor, specialist nurse or pharmacist will explain the side effects of the PARP inhibitor you are having. They will explain how some side effects can be controlled or managed. Always tell them about your side effects, especially if they do not improve or get worse. It is important to follow any advice they give you.

Some common side effects of PARP inhibitor drugs include:

- low blood cells – this can increase the risk of infection, anaemia, bleeding or bruising
- tiredness
- feeling sick (nausea)
- sore mouth
- loss of appetite and changes to taste
- high blood pressure
- skin problems.

We have more information about PARP inhibitor drugs and their side effects on our website. Visit **macmillan.org.uk/treatments-and-drugs**

We also have information in our booklet **Side effects of cancer** treatment (page 124).

Radiotherapy

Radiotherapy uses high-energy rays called radiation to treat cancer. It destroys cancer cells in the area being treated.

Radiotherapy can damage normal cells in the area being treated. This can cause side effects. The normal cells are usually able to repair themselves, but cancer cells cannot.

Radiotherapy is usually given from a machine outside the body. This is called external beam radiotherapy.

Radiotherapy to help with symptoms

Radiotherapy is not often used to treat cancer of the ovary, fallopian tube or peritoneum. But it can be used to control symptoms such as pain or bleeding. This is called palliative radiotherapy.

You may have a course of palliative radiotherapy over 1 to 10 daily sessions. Each session takes a few minutes. The number of sessions will depend on the type of cancer (pages 14 to 15) and its size (pages 20 to 24). Your cancer doctor, specialist nurse or radiographer will talk to you about this.

Radiotherapy to treat the cancer

Radiotherapy is occasionally used to treat ovarian cancer itself. If the cancer has only spread to 1 place in the body, you may have a high dose of radiotherapy which aims to cure the cancer. You may have this as a course of daily treatments over 3 to 5 weeks.

You may have a type of radiotherapy called stereotactic ablative radiotherapy (SABR). SABR uses many smaller, focused rays. The radiotherapy machine directs these rays from different angles which meet at the tumour. This means that the tumour receives a high dose of radiation while surrounding healthy tissues receive a much lower dose. This lowers the risk of damage to normal cells.

We have more information about SABR on our website.
Visit **macmillan.org.uk/SABR**

We have more information about radiotherapy in our booklet **Understanding radiotherapy** (page 124).

Hormonal therapy

Hormones are substances produced naturally in the body. They act as chemical messengers and affect the growth and activity of cells. Some hormones may encourage cancer cells to grow. Hormonal therapy works by either affecting the level of a hormone or how it works.

Hormonal therapy is not usually given to treat cancer of the ovary, fallopian tube or peritoneum. But it can be given to help control the cancer.

The drugs used are the same drugs used to treat breast cancer. They block or reduce the level of hormones such as oestrogen. This may help to slow the growth of the cancer. Tests on the cancer cells can find out whether they have receptors (proteins) for oestrogen.

You may have hormonal therapy if the cancer comes back and you do not want more chemotherapy or want to delay chemotherapy for a while. Hormonal therapy is usually given for low grade cancers which grow more slowly (page 24).

The hormonal therapy drugs you may have include:

- tamoxifen – this blocks oestrogen from reaching the cancer cells
- letrozole – this reduces the amount of oestrogen in the body.

These drugs can cause menopausal symptoms such as hot flushes and vaginal dryness. Letrozole can cause joint pain. Your specialist nurse will explain the different side effects and how they can be managed.

We have more information about these drugs and their side effects on our website. Visit **macmillan.org.uk/treatments-and-drugs**

Coping with advanced cancer

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Managing the symptoms of advanced cancer

Treatments such as chemotherapy, targeted therapy or surgery can improve symptoms of advanced cancer. Symptoms can also be managed in other ways.

We have more information about managing symptoms of advanced cancer on our website. Visit **macmillan.org.uk/advanced-cancer** These symptoms include feeling sick, tiredness, pain and breathlessness.

We have included some information here about specific symptoms that may be linked with advanced cancer of the ovary, fallopian tube or peritoneum.

Fluid build-up in the tummy (ascites)

Cancer that starts in the ovary, fallopian tube or peritoneum can cause a build-up of fluid in the abdomen (tummy area). The build-up of fluid is called ascites. The fluid collects in between the 2 layers of the peritoneum. It can make you feel uncomfortable or breathless. The fluid can be drained to make you feel more comfortable. This is called ascitic drainage.

Having the fluid drained (ascitic drainage)

If only a small amount of fluid is in the tummy, you may have ascitic drainage in the outpatient clinic. But you may have a short stay in hospital if there is more fluid to drain.

For the procedure, you lie down on a bed or reclining chair. A specially trained doctor or nurse will clean your tummy. They then give you an injection of local anaesthetic to numb the area. They make a very small cut in the skin of the tummy and insert a tube. They might use an ultrasound scan to help them position the tube. The tube drains the fluid from the tummy into a drainage bag. The tube is covered with a dressing. Sometimes the doctor or nurse uses a couple of stitches to hold the tube in place. If you have any pain or discomfort, tell your doctor or nurse. You can have painkillers if you need them.

Ascitic drainage usually takes a few hours, but it depends on:

- the amount of fluid
- what is right for you – for example, if you have low blood pressure, fluid may be drained more slowly.

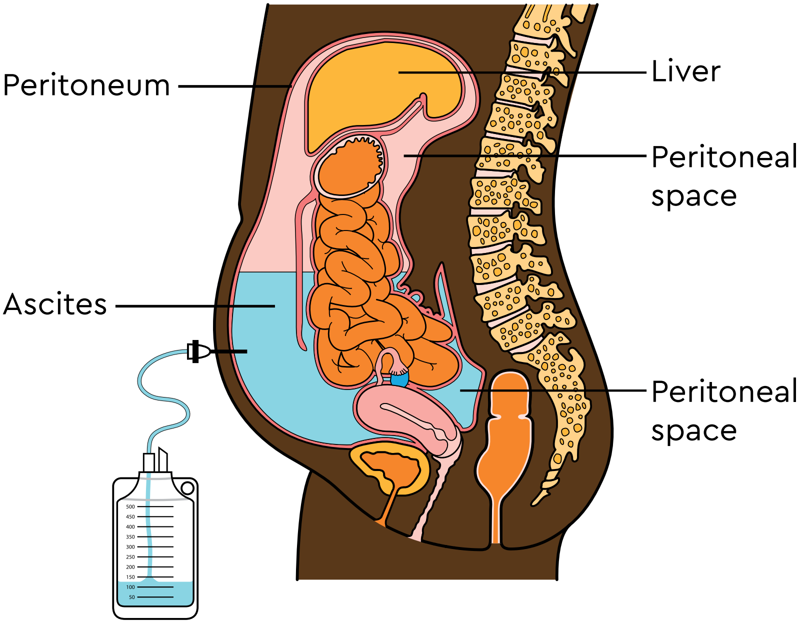
After the tube is removed, a small amount of fluid may leak until the hole heals. You will have a dressing or drainage bag over the area until the leaking stops. Your doctor and nurse can tell you more about this.

The fluid may build up again. If this happens, you may need to have it drained again. If your doctor thinks you may continue to need ascitic drainage, they may suggest a catheter. This can help to manage fluid that builds up again quickly after drainage. It is similar to the tube normally used for ascitic drainage, but it stays in place after the fluid has drained. When the catheter is not being used, it is closed and covered by a dressing.

When the fluid builds up, a doctor or nurse attaches a drainage bottle or bag to the catheter. They then open the catheter to drain fluid from the tummy. The doctor or nurse can tell you more about this and show you how to care for the catheter.

We have more information about ascites on our website. Visit **macmillan.org.uk/ascites**

Peritoneum with drainage



Blocked bowel (bowel obstruction)

Sometimes the cancer can put pressure on the bowel. This may gradually narrow the bowel, which stops stools (poo) passing through. This is called a blocked bowel or bowel obstruction.

Sometimes a bowel obstruction happens because surgery to the abdomen (tummy area) has caused tissues to stick together. These are called adhesions.

A bowel obstruction can cause symptoms such as:

- tummy pain or cramps
- feeling bloated
- loss of appetite
- nausea (feeling sick)
- vomiting (being sick) in large amounts
- not being able to pass any stools
- not being able to pass wind.

Treatments for the cancer may improve bowel obstructions. But you may need surgery to remove the blocked section of bowel. This may mean you have a temporary or permanent stoma after surgery. Surgery is only suitable for some people and only if the obstruction affects 1 area of bowel.

We have more information about stomas on our website. Visit **macmillan.org.uk/what-is-a-stoma**

Sometimes bowel obstructions are managed by resting the bowel. During this time, you have fluids through a drip. If you are unable to eat and drink, you may need nutrients through a tube into your tummy or a vein. This is called artificial feeding or artificial nutritional support.

If your cancer team think you are at risk of a bowel obstruction, they may put you on a diet with little or no fibre. This is called a low residue diet. It can help prevent a bowel obstruction by reducing types of food that add bulk to your stools. Your doctors may also arrange for you to meet with a dietitian.

Fluid in the lungs

If cancer cells spread to the lining of the lungs (the pleura), it can cause fluid to build up. This can make you feel breathless.

Between the 2 layers of the pleura is a small amount of fluid. This acts as a lubricant. It allows the lungs to move in and out smoothly and helps you to breathe easily. Sometimes too much fluid builds up between the 2 layers of the pleura. This is called a pleural effusion. Doctors can see the fluid on a chest x-ray or ultrasound scan. We have more information on our website.

Doctors can treat a pleural effusion by removing the fluid. This usually improves your breathing straight away. If only a small amount of fluid is in the chest, a doctor may insert a small needle or thin tube (cannula) into the chest. They will use a syringe to remove the fluid. They remove the tube after the fluid has fully drained. The area is then covered with a dressing.

If a large amount of fluid is in the chest, you may have a type of narrow tube put into your chest. This is called a chest drain.

If the fluid comes back, it can usually be drained again. It may be possible to have a special catheter put into your chest. This allows you to drain the fluid into a bottle at home.

It may also be possible to seal the 2 layers of the pleura together. This is called talc pleurodesis. It will stop the fluid from building up again. We have more information on our website about this at **macmillan.org.uk/pleural-effusion**

Clinical trials – research

Clinical trials are a type of medical research involving people. They are important because they show which treatments are most effective and safe. This helps healthcare teams plan the best treatment for the people they care for.

Trials may test how effective a new treatment is compared to the current treatment used. Or they may get information about the safety and side effects of treatments.

Some trials help answer questions about treatments we already use. They may test whether combining treatments is more effective. Or they may research different ways to give a treatment so it works better or causes fewer side effects.

Clinical trials also research other areas of cancer care. These include diagnosis and managing side effects or symptoms.

We have more information about cancer clinical trials on our website. Visit **macmillan.org.uk/clinical-trials**

Taking part in a clinical trial

Your cancer doctor or specialist nurse may talk to you about taking part in a clinical trial. Or you could ask them if there are any trials suitable for you.

Joining a trial is always your decision. If you join and then change your mind, you can leave at any time. You do not have to give a reason. Your healthcare team will support you whatever you decide. You will always have the standard treatment for the type and stage of cancer you have.

Not all hospitals have the expertise or resources to take part in certain trials. This means for some trials you may have to travel to a different hospital.

A research nurse or doctor will give you information about the trial. You can ask them any questions you have. It is important to understand what is involved before you agree (consent) to take part – page 38. They will explain the possible benefits and any possible risks of the trial. Clinical trials are designed with safety measures to keep any risks to you as low as possible.

Some trials involve collecting blood samples, or tissue samples from a biopsy. This often happens as a standard part of your treatment. But your research nurse or doctor will explain if they need to take extra samples for the trial.

Your samples can only be stored and used for research if you give your permission. Your name is removed from the samples before they are used. This means you cannot be identified.

After your treatment

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Sex, menopause and fertility 106

> "I feel like I am getting stronger each day, both physically and mentally. I have my days where I don't feel like that at all, but I know that is a normal part of this journey."
>
> Laura, diagnosed with cancer of the ovary

Follow-up

Depending on your treatment, you may have regular check-ups. These usually happen every few months to start with.

During a check-up, your doctor or nurse will ask you how you are recovering from treatment. They will also ask if you have any new symptoms. If needed, they may arrange for you to have a CT scan or blood tests.

At a check-up, you can talk to your doctor or nurse about any problems or worries you have. If you notice new symptoms or have problems between appointments, contact your doctor or nurse for advice. Do not wait for your next check-up.

You may feel anxious before check-ups. This is natural. It can help to get support from family, friends or your specialist nurse. Or you can speak to our cancer support specialists. You can also contact another organisation for support (pages 130 to 139).

You may not have regular check-ups. Instead you may be asked to contact your cancer team if you have any concerns. Your cancer doctor or specialist nurse will explain what to be aware of.

If you do not have regular check-ups and you are worried about something, contact your cancer team. They may arrange for you to visit your cancer doctor. Or they may advise you to go to your GP.

New symptoms

After treatment, it can take time to work out what feels normal for you. You may worry that every ache or pain is a sign of cancer returning. Your specialist nurse can give you information about symptoms to be aware of.

Contact your cancer doctor or specialist nurse if you have new symptoms or if the symptoms you had when you were diagnosed come back. You do not have to wait for a check-up appointment.

Doctors usually advise waiting for cancer symptoms to develop before arranging more tests or treatment. Starting treatment before you have symptoms does not improve the results of treatment. It also means you have shorter periods of time between treatments and have side effects sooner. But you and your doctor and nurse can start to talk about your possible options for further treatment.

If the cancer comes back

If cancer of the ovary, fallopian tube or peritoneum comes back (recurs), it can usually be treated again. The treatment you have will depend on:

- the treatment you had before
- how long after treatment the cancer came back
- whether you had any difficult side effects from previous treatments.

You may have more chemotherapy or targeted therapy. Sometimes you may need more surgery. You may continue to have different treatments over many years. Your cancer doctor and specialist nurse may also talk to you about having treatments as part of a clinical trial (pages 94 to 95).

Wellbeing and recovery

After treatment, you may just want to get back to everyday life. But you may still be coping with the side effects of treatment, adjusting to physical changes or dealing with some difficult emotions. Recovery takes time, so do not rush it. Try to be kind to yourself.

Some people choose to make lifestyle changes to improve their health and wellbeing. Even if you had a healthy lifestyle before cancer, you may be more focused on making the most of your health.

Eat well

Having a healthy, balanced diet is one of the best things you can do for your general health. Eating well can help you feel in control of your health and wellbeing.

Eating well can:

- help you maintain or rebuild your strength after treatment
- help you maintain a healthy weight
- give you more energy
- increase your sense of wellbeing.

A healthy, balanced diet can help reduce the risk of new cancers and other diseases, such as heart disease, stroke and diabetes.

A lot of information about cancer and diet is misleading. It is always good to check information with your healthcare team. They can help and support you.

They can also give you advice that is suitable for you. You may have different needs depending on your cancer treatment. It is always best to check with your healthcare team.

We have more information in our booklet **Healthy eating and cancer** you may find helpful.

Be physically active

Being physically active after cancer treatment can help you feel better. Sometimes it can be hard to know when and where to start. You may worry that you are too tired or there are things you should not do. You can ask your healthcare team what might be suitable.

Whatever exercise you are able to do is better than not exercising at all. You are doing something positive for your health and wellbeing. Gardening or another outdoor activity can improve your mood too.

Being physically active can:

- help you feel less tired and improve your sleep
- help with side effects of cancer treatment
- improve your mood and help support your mental health
- help you manage your weight
- improve your fitness, strength and balance
- improve your bone health and help your heart and lungs
- reduce the risk of other health problems, such as high blood pressure and diabetes.

Some people enjoy being active with other people. For example, you could take regular walks with family and friends or join a walking group. You could ask your healthcare team about joining a cancer rehabilitation programme. This may mean you can exercise with other people who have had similar experiences.

We have more information in our booklet **Physical activity and cancer** you may find useful.

Stop smoking

If you smoke, stopping is one of the healthiest choices you can make. Stopping smoking reduces your risk of:

- heart and lung disease
- bone thinning (osteoporosis)
- smoking-related cancers.

It may also reduce the chances of cancer coming back.

We have more information about stopping smoking on our website. Visit **macmillan.org.uk/stop-smoking**

You can order our booklets and leaflets for free. Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Follow sensible-drinking guidelines

NHS guidelines recommend that you should:

- not drink more than 14 units of alcohol a week
- spread the alcohol units you drink in a week over 3 or more days
- try to have several alcohol-free days every week.

A unit of alcohol is:

- a half pint of ordinary strength beer, lager or cider
- a small glass (125ml) of wine
- a single measure (25ml) of spirits.

Alcohol is linked with an increased risk of some cancers. It can also cause weight gain. Following sensible drinking guidelines is good for your overall health.

There is more information about alcohol and drinking guidelines on the Drinkaware website. Visit **drinkaware.co.uk**

Complementary therapies

Some people use complementary therapies to help them relax or cope with treatment side effects. Some hospitals or support groups offer therapies such as relaxation or aromatherapy. Ask your cancer doctor or specialist nurse what is available in your area. We have more information about complementary therapies in our booklet **Cancer and complementary therapies** (page 124) and on our website. Visit **macmillan.org.uk/complementary-therapies**

"Cancer didn't define me. When I told people that I had ovarian cancer, and they said, 'Oh, poor you,' I thought, not poor me at all. I was still Debbie. I still did all the things that brought me joy – working on my business, swimming and travelling."

Debbie, diagnosed with cancer of the ovary

Sex, menopause and fertility

Cancer of the ovary, fallopian tube or peritoneum and its treatments can affect your sexual wellbeing. Cancer can cause changes that are physical, emotional and practical.

Coping with changes to your sex life

Treatment may have caused changes to your body, such as menopausal symptoms. How you feel about your body (your body image) may have changed. Cancer and its treatment may have caused changes to your routines.

If there is a change to 1 area of your life, it can affect another. Some of the changes caused by treatments get better. Some changes are permanent and take time to adjust to.

If you have had surgery to the pelvic area, you need time to heal properly before having sex. Your healthcare team can advise you about these physical changes. But you may not feel ready for sex after surgery to the pelvic area. If you do not feel like having sex, you can show your partner how much you care in other ways.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

You can ask your healthcare team for advice about sexual wellbeing before, during or after cancer treatment. It is important to get the right information when you need it. It can be difficult to start a conversation about sex. Some people feel embarrassed or uncomfortable talking about something so personal. But your healthcare team are used to talking to people about sex. They would prefer you to ask so that they can best help and support you. You can use words that you usually say. Do not feel you need to use medical language.

If you feel uncomfortable talking to your doctor or nurse, you can call us on **0808 808 00 00**. You may find it helpful to talk to a sex therapist. You can contact a therapist through the College of Sexual and Relationship Therapists (COSRT) – page 131.

Talking to someone who has been through a similar treatment or situation can also help. Sometimes your cancer doctor or specialist nurse can arrange for you to talk to someone like this. Or you could join a cancer support group or our Online Community (page 129).

We have more information about cancer and sex in our booklet **Cancer and your sex life** and on our website. Visit **macmillan.org.uk/sex-and-cancer**

We have more information about coping with your feelings and your relationships in our booklets **How are you feeling? The emotional effects of cancer** and **Cancer and relationships**. Or you can visit our website at **macmillan.org.uk/relationships**

Menopausal symptoms

If you have not been through the menopause, cancer treatment may cause it to start. If you have had surgery to remove the ovaries, this will cause the menopause straight away.

Here are some common menopausal symptoms:

- hot flushes and sweats
- vaginal dryness
- low sex drive caused by physical changes or your feelings
- changes in mood, such as feeling low or anxious
- problems with concentration and memory
- bone thinning (osteoporosis).

The menopause can be difficult, particularly when you are already coping with cancer. You can have treatment and support to cope with the symptoms and emotional effects of early menopause. You can also have treatment to protect you from the long term effects of menopause, such as osteoporosis and heart disease.

You may be offered:

- advice and support from your GP or a menopause specialist
- treatment and advice to help you cope with menopausal symptoms
- hormone replacement therapy (HRT) or a hormonal contraceptive to prevent long term effects.

Your cancer doctor or GP will explain the possible risks and benefits of any treatment to you. HRT is not advised for some types of cancer.

Talking about your feelings with your family, friends, doctor or nurse can help with your emotions. Some people find it helps to talk things through with a counsellor.

Some organisations give support to anybody going through the menopause. This includes the Daisy Network (page 131) and Women's Health Concern (page 132).

We have more information about coping with menopausal symptoms on our website. Visit **macmillan.org.uk/menopausal-symptoms**

We also have information on your feelings after cancer treatment and getting help with emotions in our booklets **How are you feeling? The emotional effects of cancer** and **Your feelings after cancer treatment** (page 124).

Fertility

Fertility problems may develop after chemotherapy or radiotherapy. If you have surgery to remove both ovaries and the womb, you will not be able to become pregnant. If you have early stage ovarian cancer (pages 20 to 24), you may have treatment to preserve your fertility. But you may want to talk to your surgeon, cancer doctor or specialist nurse when you are thinking about trying to get pregnant.

We have more information in our booklet **Cancer and fertility** and on our website. Visit **macmillan.org.uk/fertility**

Your feelings and relationships

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Your feelings

It is common to have many different feelings when you are told you have cancer. You may feel shocked, scared, depressed, guilty or angry. This can be difficult to cope with. Partners, family and friends may also have some of the same feelings.

We have more information about emotions on our website and in our booklet **How are you feeling? The emotional effects of cancer** (page 124).

Your healthcare team will usually give you support. But you may feel you need more help. Talk to your cancer doctor, GP or specialist nurse. They can refer you to a specialist doctor, psychologist or counsellor who can help

You can also call the Macmillan Support Line on **0808 808 00 00** and talk to one of our cancer support specialists.

Talking to family, friends or other people affected by cancer may help. For more information or for help finding local support groups, visit **macmillan.org.uk/supportgroups** Or talk to other people on our Online Community at **macmillan.org.uk/community**

There is more information on pages 126 to 129 about other ways we can help you.

Relationships

Cancer and its treatment are stressful and may affect your relationships. Your experience of cancer may strengthen your relationships with people close to you. Or it may put a strain on relationships. Any problems usually improve over time, especially if you talk openly with each other.

We have more information about relationships online and in our booklets **Talking about cancer** and **Cancer and relationships: support for partners, families and friends** (page 124).

If you are a family member or friend

If you know someone with cancer, you might find it hard to talk about the cancer or your feelings. You can support the person with cancer by listening and talking with them.

We have more information about supporting someone on our website and in our booklet **Talking with someone who has cancer**.

If you are looking after a family member or friend with cancer, you may be a carer. We have more information and practical tips for carers on our website and in our booklet **Looking after someone with cancer**.

Talking to children and teenagers

Deciding what to tell children or teenagers about cancer is difficult. It can be hard to know what to tell them, and you may be worried about upsetting them. It may be best to start by giving them small amounts of information, and then tell them more when they are ready. Use simple, straightforward language to explain what is happening. You can encourage them to talk to someone they trust, who can support them. They may also find support online.

We have more information in our booklet **Talking to children and teenagers when an adult has cancer**. Or you can visit **macmillan.org.uk/talking-children-teenagers**

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Work and financial support

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Help with money and benefits

When you are affected by cancer, you may need help with extra costs. Or you may need support with money if you have to stop working. We have more information online about Statutory Sick Pay and benefits you may be entitled to.

Benefits are payments from the government to people who need help with money. You can find out more about benefits and apply for them online. Go to:

- **gov.uk** if you live in England or Wales
- **socialsecurity.gov.scot** if you live in Scotland
- **nidirect.gov.uk** if you live in Northern Ireland.

The benefits system and other types of financial support can be hard to understand. Macmillan has expert money advisers who can talk to you about your money worries, provide information about benefits and recommend other useful organisations that can help. You can speak to them by calling the Macmillan Support Line on **0808 808 00 00**. Please note the opening times may vary by service.

You can also get information about benefits and other types of financial help from Citizens Advice if you live in England, Scotland or Wales, or Advice NI if you live in Northern Ireland (pages 135 and 136).

Our booklet **Help with the cost of cancer** has lots more information (page 124). We also have information on our website. Visit **macmillan.org.uk/benefits**

Grants

You may be able to get some financial help from other charities, for example one-off grants. For further information, contact the Macmillan Support Line on **0808 808 00 00**.

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance. We have information about insurance on our website. Visit **macmillan.org.uk/insurance-cancer**

We have more information about travel insurance in our booklet **Travel and cancer** (page 124). Our Online Community forum on Travel insurance may also be helpful. Visit **macmillan.org.uk/community**

Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager or human resources (HR) department soon after you are diagnosed. This will help them to support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, sometimes with reduced hours or other changes to their job.

Your cancer doctor, GP or specialist nurse can help you decide whether you should stop working, and when and if you should go back to work.

Our booklets **Work and cancer, Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful. You can also find out more about your employment rights in our booklet **Your rights at work when you are affected by cancer** (page 124).

There is also lots more information online at **macmillan.org.uk/work**

> **“During chemotherapy, my work contract finished and I became unemployed. But thanks to the Macmillan website, I found all the information I needed to get help to claim benefits.”**

Nicola, diagnosed with cancer of the ovary

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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

Order what you need

You may want to order more booklets or leaflets like this one. Visit **orders.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at **macmillan.org.uk/information-and-support** You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you would like us to produce information in a different format for you, email us at at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information, visit **macmillan.org.uk/ourinfo**

Other ways we can help you

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

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit **macmillan.org.uk/support-line** to chat online and find the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to **macmillan.org.uk/talktous**

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Macmillan Information and Support 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. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information. Call us free on **0808 808 00 00**. Visit **macmillan.org.uk/financialsupport** for more information about benefits.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide information to help you manage cancer at work. Visit **macmillan.org.uk/work**

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Ovarian cancer support organisations

Eve Appeal

Helpline **0808 802 0019**
www.eveappeal.org.uk
Information and support for anyone affected by gynaecological cancers. Also provides information about cervical screening and for trans, non-binary and intersex people.

Ovacome

Tel **0800 008 7054**
www.ovacome.org.uk
Information and support for anyone affected by ovarian cancer, including patients, families, friends, carers and health professionals.

Ovarian Cancer Action

Tel **0207 380 1730**
www.ovarian.org.uk
Information and support for anyone affected by ovarian cancer.

The Robin Cancer Trust

www.therobincancertrust.org/ovarian-cancer
Works to educate and raise awareness of ovarian cancer and other cancers. Provides free materials to newly diagnosed young adults.

Target Ovarian Cancer

Support line **0808 802 6000**
www.targetovariancancer.org.uk
Works to improve early diagnosis, fund life-saving research and provide much-needed support to women with ovarian cancer. You can speak to specialist nurses on the support line.

Early menopause and women's health support organisations

College of Sexual and Relationship Therapists

Email **info@cosrt.org.uk**
www.cosrt.org.uk
A national specialist charity for sex and relationship therapy. Has a list of qualified practitioners and clinics providing sex and relationship therapy in the UK.

Daisy Network

www.daisynetwork.org.uk
A support group for women who have early ovarian failure. The website gives information about premature menopause and related issues. It also has a mailing list for subscribers and details of other helpful groups. Supports with relationships and sexuality.

Women's Health Concern

www.womens-health-concern.org
Provides independent advice to inform and reassure women about their gynaecological, sexual and post reproductive health.

General cancer support organisations

Black Women Rising

www.blackwomenrisinguk.org
Aims to educate, inspire and bring opportunities for women from the BAME community. Shares stories and supports Black cancer patients and survivors through treatment and remission.

Cancer Black Care

Tel **0734 047 1970**
www.cancerblackcare.org.uk
Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Research UK

Helpline **0808 800 4040**
www.cancerresearchuk.org
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's

Tel **0300 123 1801**
www.maggies.org
Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK

Helpline **0303 300 0118**
www.pennybrohn.org.uk
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Tenovus

Helpline **0808 808 1010**
www.tenovuscancercare.org.uk
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

Counselling

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

Tel **0330 320 0851**
www.babcp.com/therapist/list
Promotes the practice, theory and development of cognitive behavioural therapy (CBT) in the UK and Ireland. You can search for therapists on the website.

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the 'Therapist directory' page.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Mind

Helpline **0300 123 3393**
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**
Email jo@samaritans.org
www.samaritans.org
Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial support or legal advice and information

Advice NI

Helpline **0800 915 4604**
adviceni.net
Provides advice on a variety of issues including financial, legal, housing and employment issues.

Benefit Enquiry Line Northern Ireland

Helpline **0800 232 1271**
Textphone 028 9031 1092
www.nidirect.gov.uk/money-tax-and-benefits
Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Carer's Allowance Unit

Tel **0800 731 0297**
Textphone **0800 731 0317**
www.gov.uk/carers-allowance
Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat or find details for your local office by contacting:

England

Helpline **0800 144 8848**
www.citizensadvice.org.uk

Scotland

Helpline **0800 028 1456**
www.cas.org.uk

Wales

Helpline **0800 702 2020**
www.citizensadvice.org.uk/wales

Support for older people

Age UK

Helpline **0800 678 1602**
www.ageuk.org.uk
Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030**
www.lgbt.foundation
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients

www.outpatients.org.uk
A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

Support for carers

Carers Trust

Tel **0300 772 9600**
www.carers.org
Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

Carers UK

Helpline **0808 808 7777**
www.carersuk.org
Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

Advanced cancer and end of life care

Hospice UK

Tel **0207 520 8200**
www.hospiceuk.org
Provides information about living with advanced illness. Also provides free booklets and a directory of hospice services in the UK.

Marie Curie

Helpline **0800 090 2309**
www.mariecurie.org.uk
Marie Curie nurses provide free end of life care across the UK. They care for people in their own homes or in Marie Curie hospices, 24 hours a day, 365 days a year.

The Natural Death Centre

Helpline **0196 271 2690**
www.naturaldeath.org.uk
Offers independent advice on aspects of dying, funeral planning and bereavement.Helps bereaved children and young people throughout the UK re-adjust to life after the death of a parent or sibling.

Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services. There is a cancer registry in each country in the UK. They are run by the following organisations:

England – National Disease Registration Service (NDRS)

digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

publichealthscotland.scot/our-areas-of-work/conditions-and-diseases/cancer/scottish-cancer-registry-and-intelligence-service-scris/overview

Wales – Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel **0292 010 4278**
phw.nhs.wales/wcisu

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**
qub.ac.uk/research-centres/nicr/AboutUs/Registry.

Your notes and questions

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Dr Alexandra Taylor, Consultant Clinical Oncologist, Gynaecology-Oncology.

With thanks to: Ms Christine Ang, Consultant Gynaecological Oncologist; Vickie Gadd, Macmillan Clinical Nurse Specialist in Gynae-Oncology Genetics and Family History; Hilary Maxwell, Gynae-Oncology Clinical Nurse Specialist; Dr Rachel Nirsimloo, Medical Oncologist; Dr Laura Tookman, Medical Oncologist.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our ovarian, fallopian tube and peritoneal cancer information. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

Ovarian cancer: recognition and initial management. Clinical guideline [CG122] Published: 27 April 2011 Last updated: 02 October 2023 www.nice.org.uk/guidance/cg122 [accessed May 2024].

Ovarian cancer: identifying and managing familial and genetic risk. NICE guideline [NG241]. Published: 21 March 2024 www.nice.org.uk/guidance/ng241 [accessed May 2024].

A. González-Martín, P. Harter, A. Leary, D. Lorusso, R. E. Miller, B. Pothuri, I. Ray-Coquard, D. S. P. Tan, E. Bellet, A. Oaknin & J. A. Ledermann, on behalf of the ESMO Guidelines Committee. Newly diagnosed and relapsed epithelial ovarian cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. Published August 17, 2023 [accessed May 2024].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, money advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. **Share your cancer experience**
   Support people living with cancer by telling your story, online, in the media or face to face.

2. **Campaign for change**
   We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. **Help someone in your community**
   A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. **Raise money**
   Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. **Give money**
   Big or small, every penny helps. To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number
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Valid from
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Issue no
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Security number
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Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to **macmillan.org.uk/donate**

Registered with FUNDRAISING REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

MACMILLAN
CANCER SUPPORT

This booklet is about cancer of the ovary, fallopian tube and peritoneum. It is for anyone who has been diagnosed with these cancers. There is also information for carers, family members and friends.

The booklet explains how these cancers may be treated. It also has information about managing symptoms, feelings, practical issues and money.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

Need information in different languages or formats? We produce information in audio, interactive PDFs, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

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