

Surgery

What is surgery?

Surgery is one of the main treatments for cancer. Surgery usually means having an operation to remove all or part of the cancer. An operation might be the only treatment you need. But sometimes you may have radiotherapy or chemotherapy before or after surgery

The operation you have depends on the type of cancer and other things like where it is and its size.

Surgery is not only used to remove cancers. You can also have other small operations or procedures. For example, you can have surgery to take a sample of tissue (a biopsy) or to put a central line in.

The thought of having an operation can be scary. Knowing a bit more about what to expect can help you feel more prepared.

Before your operation

Your surgeon will talk to you about what will happen during and after the operation. They will also tell you the benefits and risks of the surgery. You will be able to ask questions. You might want to have a relative or friend with you. When you fully understand what is going to happen, your surgeon will ask you to sign a consent form. This means you agree to have the operation.

Pre-operative (pre-op) assessment

You will usually have an appointment with a nurse at a pre-assessment clinic before your operation. This can be a few days or weeks before your operation. The nurse will do some tests, which may include:

- checking your temperature, pulse and blood pressure
- checking your height and weight
- blood tests
- a chest x-ray
- a recording of your heart (ECG).

The nurse will also take swabs from your nose and other parts of your body. This is to check for a bacteria called MRSA, which can cause infections. You may need treatment for this before your operation.

The nurse will ask you about your general health. They will also ask about any drugs or medicines you take, including vitamins, herbal drugs and complementary therapies.

The nurse will talk to you about coming into hospital. They will also explain what kind of anaesthetic you will have (see below). If you are having a general anaesthetic, you will need to fast (not eat and drink) before the operation. Fasting stops you being sick when you are asleep under anaesthetic. Your nurse will tell you how many

hours to fast for. They can also talk to you about how you may feel after your operation.

If you smoke, try to stop before your operation. If you drink alcohol, you should also try to reduce the amount you drink. This will help reduce the risk of problems and help you recover more quickly after the operation. Your GP or hospital can give you advice and support.

The day of your operation

You will usually be admitted to hospital the day before, or on the morning of, your operation. You will see a nurse, who will help you prepare for the operation. Your nurse will put a name band on your wrist, which you will wear until you leave hospital. The doctors and nurses will always check it before they do anything.

You may also see:

- an anaesthetist, who will check you are well enough for the anaesthetic and explain what pain relief you will have after the operation
- a doctor from the surgical team, who will check that you understand what the operation involves – this is a good time to ask any questions you have about the operation.

You may be able to have someone with you while this is happening.

Your nurse will give you a hospital gown and elastic stockings (TED stockings) to wear during and after surgery. The stockings help prevent blood clots in your legs. You will need to take off any make-up before your operation, including nail varnish. Doctors and nurses need to see your skin and nails during and after your operation. This is to make sure your blood circulation is healthy.

Your nurse or doctor might put a fine tube called a cannula into your arm or hand. You can have fluids or medicines through this during and after the operation. Sometimes, you will have a tablet or injection to help make you sleepy before the operation. You may be able to have a relative or friend with you while you have the anaesthetic, until you are asleep.

The anaesthetic you have will depend on the type of operation you're having.

General anaesthetic

The anaesthetist will give you the anaesthetic drugs as an injection into your cannula or as a gas you breathe through a mask. Throughout the operation you will be asleep, and will not feel anything. The anaesthetist will keep a careful check on you. They will make sure you get the right level of drugs throughout surgery.

Local anaesthetic

You may have this for some minor types of surgery, or for procedures such as a biopsy. Usually, your doctor will give you a small injection under the skin. This is to numb the area of the body where the procedure will be done. Occasionally, sprays or creams are used instead of an injection. Your nurse or doctor may also give you medicine to make you feel relaxed and sleepy.

Your doctor will wait a few minutes until the local anaesthetic has worked. You won't feel any pain during the operation or procedure, but you might feel some pressure.

After your operation

If you have a general anaesthetic, you will be taken to a recovery area after the operation.

When you wake up after surgery, you will feel drowsy. You may be able to have a relative or friend with you when you are waking up from the anaesthetic.

Your nurse may give you oxygen through a mask over your mouth and nose. Or you may have oxygen through small tubes that go under your nostrils.

Nurses will check you regularly, including your:

- oxygen levels
- blood pressure
- heart rate
- temperature
- wound site.

You will have a call button to press if you need a nurse. It is important to let them know if you feel sore or sick. The nurse can give you medicine to help.

Once the anaesthetic has worn off, you will be taken to a ward. Depending on the operation you have had, you might need to go to a high-dependency unit. The surgeon will let you and your family know how the operation went.

Your recovery will depend on the type of operation you have had. After minor surgery, you will probably be able to go home on the same day, or the next day. If you have had a bigger operation, you will need more time in hospital. The nurses will check on you carefully, especially for the first few days.

Drips and drains

You might have some drips and drains in place when you wake up. But this is usually only for a short time. You may have:

- a drip going into a vein (intravenous infusion) to give you fluids
- a tube (drain) coming from close to your wound, which drains into a bag or bottle
- a tube (catheter) to drain pee (urine) from your bladder into a collecting bag.

These will be removed as you recover. You probably won't need all of these, and some people do not have any. It depends on the operation you have had.

Moving around

A nurse or physiotherapist may show you some leg and breathing exercises to do while you are in bed. The nurses will help you get up and start moving as soon as possible. This will help prevent problems, such as chest infections or blood clots.

If you have had surgery to an arm or a leg, you will see a physiotherapist afterwards. They will show you exercises that will help you start using your arm or leg again.

Pain

After your operation, you may need pain-relieving drugs (painkillers). These usually control the pain well. The type of drug you have will depend on the operation you have had. Your doctor or nurse may give you the following:

- Pain-relieving tablets or injections. The injections can be given into a muscle, a vein or under the skin.
- Pain relief into a vein in your hand or arm. An electronic pump can give a constant dose of drugs for the first few days. You may also have a hand control with a button to press if you feel sore. This is called patient-controlled analgesia (PCA).
- An epidural anaesthesia. An anaesthetist will put a fine tube into your back, close to the spinal cord nerves. The tube is attached to an electronic pump. This gives you a constant dose of drugs to numb your nerves and stop you feeling sore. You can still lie down, sit and walk around while having an epidural.

Always let the nurses know if you are sore. The pain-relieving drugs can be increased or changed.

When you are ready to go home, your doctor or nurse will give you pain-relieving tablets to take. It is important to take the tablets as explained, to make sure they work as well as possible.

Your wound

The nurses will check your wound regularly to make sure it is healing. A dressing will cover the place where you had your operation. The nurses will check the dressing and change it when needed.

Always tell your nurse or doctor straight away if your wound becomes hot or painful or starts to leak fluid. These are signs of infection.

You may have stitches, clips or staples in your wound. These are usually taken out 7 to 10 days after surgery. If you are at home, your practice nurse or a district nurse can do this.

Getting over surgery

You will be recovering for a while after your operation, even when you go home. Try to get plenty of rest and eat well. Some people take longer than others to recover from their operation.

Gentle exercise, such as regular walks, will build up your energy. You can increase the amount you do as you feel better. If you have been given exercises, make sure you do them as you have been shown. This will help the part of your body that was operated on to recover and work as well as possible.

You can increase your activities slowly. You might not feel ready to see all your friends straight away. Ask them to keep in touch through social media or text, so you don't lose contact.

Some insurance policies give time limits for not driving after surgery. It is a good idea to contact your car insurer to check you are insured before driving again. Don't drive unless you feel in full control of the car.

You might feel low in mood or irritable after an operation. It's important to let people know how you are feeling, so they can support you. You can talk things over with someone in your family, a friend, or your cancer nurse or doctor. You can also ask to be referred to a counsellor.