

Endometrial Cancer: Surgery



Surgery is the main treatment for endometrial cancer. Surgery is usually done by a gynecologic oncologist. This healthcare provider is a specialist who has had extra training in diagnosing and treating female cancers.

The goal of surgery is to remove all the cancer. This often involves removing the uterus (called a hysterectomy). In most cases, the ovaries, fallopian tubes, and other tissues near the uterus are also removed. (This is called a bilateral salpingo-oophorectomy.) After the uterus is removed, you'll no longer be able to become pregnant.

Types of surgery to treat endometrial cancer

Endometrial cancer can be treated with these surgeries:

- Simple or total hysterectomy
- Bilateral salpingo-oophorectomy
- Lymph node removal
- Radical hysterectomy

Hysterectomy

This is when the surgeon removes your uterus and cervix. The cervix is the lower part of the uterus that connects to, and opens into, the vagina. Nearby lymph nodes may also be removed so they can be checked for cancer. A hysterectomy can be done in one of these ways:

- **Simple or total abdominal hysterectomy.** The surgeon makes a cut (incision) in your lower belly. It may start at your belly button and goes about 3 to 4 inches down. (This is called a midline incision.) The other possible incision is made across the lower part of your belly and is called a bikini or transverse incision. The surgery is done through this opening.
- **Vaginal hysterectomy.** In this surgery, the uterus and cervix are taken out through a small cut made at the top of your vagina. This method is more difficult for the surgeon than an abdominal cut. But your recovery may be easier. If this choice is used, the rest of your abdomen cannot be checked for cancer and lymph nodes cannot be removed.
- **Laparoscopic-assisted hysterectomy.** Surgery is done through small incisions made on your abdomen. A long, thin tool called a laparoscope is put into one incision. The scope has a tiny camera on the end attached to a telescope. It lets the surgeon inspect your entire abdomen and see your uterus, fallopian tubes, and ovaries. The surgeon puts other tools in through other incisions. These are used to detach and take out your uterus. The surgeon can also check some lymph nodes through the scope. This surgery might be done using a robotic system controlled by the surgeon.

Bilateral salpingo-oophorectomy

The surgeon will usually take out one or both ovaries and both fallopian tubes. This is often done at the same time as the hysterectomy. Your age helps determine whether the surgeon takes out your ovaries. Some younger women with early stage cancer may not have their ovaries removed. This keeps a young woman from going through early menopause.

Lymph node removal

The surgeon will likely take out lymph nodes from your pelvis and maybe some that are higher up in your abdomen. It depends on how much cancer there is in the uterus and how deeply it has grown into the uterine

wall.

Removed lymph nodes are checked for cancer cells. This helps the surgeon know if tissue outside the uterus needs to be removed. Cancer cells found in the lymph nodes means that the cancer has spread. This information helps your healthcare provider plan treatment you might need after surgery.

Lymph nodes are often removed during a hysterectomy. They can also be removed at another time using a laparoscope or robotic method. This is called laparoscopic or robotic lymph node sampling.

Radical hysterectomy

This surgery is done if cancer has spread to the cervix or the tissue around the uterus (the parametrium). The surgeon removes:

- The uterus
- Tissues next to the uterus called the parametrium and uterosacral ligaments
- The cervix, which is the lower part of the uterus that connects your vagina
- The upper part of your vagina
- Nearby lymph nodes
- Both ovaries and fallopian tubes

This type of surgery is not often needed for endometrial cancer.

Radical hysterectomy is usually done through an abdominal incision. It can also be done through laparoscopic or robot-assisted surgery.

Risks of surgery for endometrial cancer

All surgery has risks. The risks of endometrial cancer surgery may include:

- Excess bleeding
- Infection
- Damage to the urinary tract or nearby organs
- Bulging of organs under the incision (hernia)
- Medical complications, such as heart attack, stroke, pneumonia, or blood clots
- Swelling of the legs (lymphedema) when lymph nodes are removed

Your risks depend on your overall health, the exact type of surgery you need, how it's done, and other factors. Talk with your healthcare provider about which risks apply most to you.

It's important you know that you will not be able to get pregnant or carry a baby after a hysterectomy. If you want to have children in the future, talk with your healthcare team about your choices before treatment starts.

Making a decision

Your healthcare team will talk with you about the surgery choices that are best for you. You may want to bring a family member or close friend with you to appointments. Write down questions you want to ask about your surgery. Make sure to ask:

- What type of surgery will be done?
- How will the surgery be done and where will the incision(s) be?

- Which organs will be removed?
- Will lymph nodes be removed?
- What are the risks and possible side effects of the surgery?
- How long will I need to be in the hospital?
- When can I return to my normal activities?
- Will the surgery leave scars and, if so, what will they look like?
- How will surgery affect my sex life?

Getting ready for your surgery

Tell your healthcare team if you are taking any medicines. This includes prescription and over-the-counter medicines, vitamins, herbs, and other supplements. It also includes illegal drugs and marijuana. This is to make sure you're not taking anything that could affect the surgery or your ability to heal after surgery.

After you've discussed all the details with the surgeon, you'll sign a consent form. This form says that the healthcare provider can do the surgery.

You'll also meet the anesthesiologist. You can ask questions about the anesthesia and how it will affect you. Just before your surgery, you'll be given general anesthesia. These medicines help you sleep through the surgery and keep you from feeling pain.

After your surgery

You may have to stay in the hospital for a few days. It depends on the type of surgery you had. For the first few days after surgery, you will likely have pain from the incision. Your pain can be treated with medicine. Talk with your healthcare provider about your choices for pain relief. Pain medicine can help your healing. For instance, if you don't control pain well, you may not want to cough and do breathing exercises, or you may not want to get up very often. But you need to do these things as you recover.

If you have a radical hysterectomy, you'll likely have a urinary catheter for a few days. This is a tube put through your urethra and into your bladder. Your urine flows into a bag outside your body. In some cases, you may go home with the catheter still in.

You may have constipation from the pain medicine, from not moving much, or from not eating much. Talk with your healthcare provider or nurse about getting more dietary fiber or using a stool softener. This is very important as straining to move the bowels can cause bleeding or separation of areas that have been stitched (sutured) together.

You may feel tired or weak for a while. This is normal. The amount of time it takes to recover from surgery is different for each person.

Recovering at home

When you get home, you may get back to light activity. You should not do any strenuous activity for about 6 weeks. Your healthcare team will tell you what kinds of activities are safe for you while you recover. Ask when it's OK for you to have sex and what you can expect it to be like after surgery.

Follow-up care

You may need more treatment after surgery. This treatment may include radiation therapy, chemotherapy, hormone therapy, or some combination of these. Your healthcare provider will talk with you about this and any other treatments you need to help reduce the risk of the cancer coming back.

When to call your healthcare provider

Let your healthcare provider know right away if you have:

- Vaginal bleeding that's more than just spotting
- Redness, swelling, separating of the edges, or fluid leaking from your incision
- Changes in bladder function or burning or trouble passing urine
- Increase in pain or pain that isn't controlled by your pain medicine
- Fever
- Chills
- Swelling, warmth, pain, or redness in an arm or leg
- Chest pain
- Shortness of breath or trouble breathing

Before you leave the hospital or surgical center, talk with your healthcare provider. Make sure you know the signs of a serious problem. Know when to call your healthcare provider after surgery with questions or concerns. Ask what number to call after office hours, on weekends, and on holidays.

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