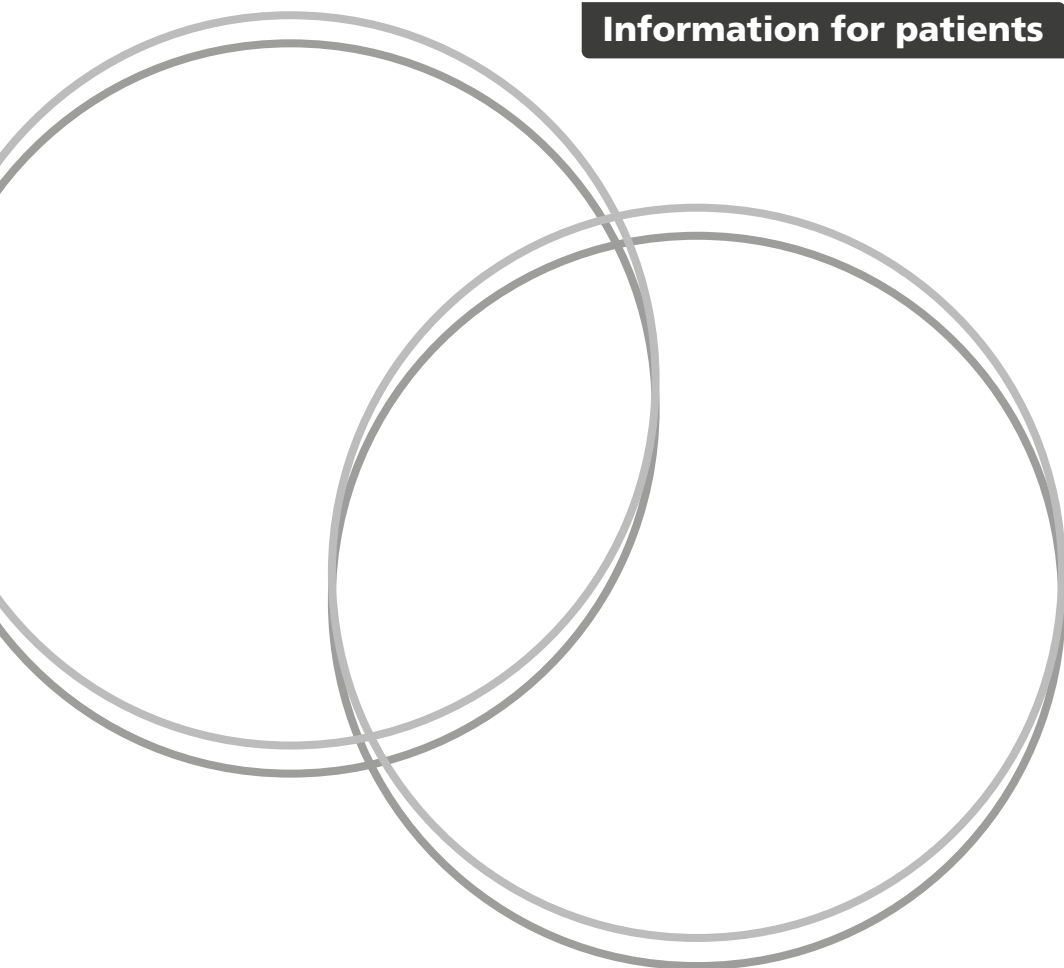


Enhanced Recovery After Surgery (ERAS) Gynaecology Oncology

Open Abdominal Hysterectomy Surgery

Information for patients



This booklet aims to provide essential information to help you take an active role in your recovery. It will help you to:

- understand what to expect before and after surgery.
- prepare physically and psychologically.
- prepare for your recovery at home after discharge.
- plan and put in place support you may need after your surgery

If you have any questions or concerns regarding the information provided, please speak to your specialist team looking after you.

What is Enhanced Recovery?

Enhanced recovery is a way of improving the experience and wellbeing of people who need major surgery. It aims to help you recover sooner and return to normal life as quickly as possible.

There are four main stages:

- Planning and preparation before admission (including early nutrition)
- Reducing the physical stress of the surgery
- A structured approach to peri-operative (during surgery) and post-operative (after surgery) care, including pain relief
- Early mobilisation (moving as soon as possible after the surgery)

We will give you a patient diary to note down your progress, your thoughts and feelings during your time in hospital after your surgery. This will help us understand more about your experience. Whilst we hope that you would complete this, it will not affect your care if you chose not to.

The Enhanced Recovery programme may not be suitable for everyone. If this is the case, the team looking after you can make changes to suit your specific needs.

Before your surgery

You will be seen in an outpatient clinic to discuss what is planned for surgery and have your surgery explained to you, including the risks and benefits.

It is important that you tell us as early as possible if you have any concerns about managing your daily recovery at home following your discharge from hospital or if your circumstances change during your admission.

You will have an appointment with the pre-operative assessment clinic before your surgery to make sure you are fit for anaesthesia and surgery. You will see a nurse who will check your general health and tests such as blood tests and Electrocardiogram (ECG).

You may see also an anaesthetist to discuss the anaesthetic you will have for your surgery. This will allow the opportunity to find out more about your pain relief needs before your day of admission and what type of pain relief maybe suitable for you. It is important that your pain is well controlled after surgery. This may include possible administration of suppository analgesia.

We will use the information we gather to plan your care in hospital. You will also have an opportunity to ask any questions you may have.

What can I do to prepare for my surgery?

Having surgery is a significant experience for anyone and it is normal to feel anxious about it. There are certain things that you can do in the days or weeks before your surgery to reduce the physical stress of the surgery and increase the chances of a successful outcome.

1. Hydration

Keeping hydrated by drinking well is vital for good health. Dehydration happens by not drinking enough fluid, through losing fluids and not replacing them. Drinking water is the best way to remain hydrated. You can add sugar free squash for flavour or slices of fruit to make drinking water more interesting. Sugar-free fizzy drinks, tea and coffee do also count, although we advise to avoid drinking them in large quantities.

Alcohol does not count towards your daily fluid needs.

2. Nutrition

Eating a healthy, balanced diet is essential to strengthen your immune system. The right nutrition will also help you recover well after your surgery. In the days before surgery, eat foods that are rich in vitamins and minerals and avoid processed foods and foods that are difficult to breakdown.

For more information, please see [The Eatwell Guide-GOV.UK](#)

You may be given some carbohydrate drinks by your pre-operative assessment nurse. They contain carbohydrates and minerals and are designed for patients undergoing surgery. Research has shown that taking carbohydrate drinks up to two hours before surgery as part of an enhanced recovery programme can reduce the stress of the surgery on your body. They are clear, still drinks that are easy to digest. Please take these drinks according to the specific instructions given to you at the pre-operative assessment clinic. Once opened, you should consume within four hours.

- **Evening** before your surgery (take ____ sachets/bottles)
- **Morning** of your surgery (take ____ sachets/bottles) - to be finished **at least two hours** before your admission time

Carbohydrate drinks are not suitable for patients with diabetes or patients with delayed gastric emptying.

Carbohydrate drinks are gluten, lactose and fibre free. You may prefer to drink these drinks chilled.

If you take nutritional supplement drinks such as Fortisips or Complan Shake, please note:

These drinks are different from carbohydrate drinks and take longer to empty from your stomach. They should be taken whilst you are still allowed to eat food before your surgery.

You may also be required to clear your bowel before your surgery. If this is the case, the pre-operative assessment staff will give you instructions on the medications you need to take to prepare your bowel at your pre-assessment appointment.

If you have any further questions, please speak to your pre-operative assessment nurse.

3. Being active

Your heart and lungs will be working harder after surgery to help your body to heal. If you are already active and do regular physical exercises, your heart and lungs will be used to working harder. Improving your health and activity levels means that you are more likely to have a shorter recovery and less complications. Even small changes can make a big difference. Regardless of your general health condition, there may be many changes you can make to reduce the risks of complications from your surgery.

Try to complete an activity for 20 minutes each day that makes your breathing a little harder. Examples of some exercises include brisk walking, swimming, cycling, gardening, and sporting activities. Activities that improve strength and balance are also important.

Further information can be found on the website for **Royal College of Anaesthetists**:

www.rcoa.ac.uk/patient-information/preparing-surgery-fitter-better-sooner

4. Stopping smoking

It is extremely important to stop smoking as soon as possible before any major surgery. The longer you are smoke-free before your surgery the better. Continuing to smoke before surgery can increase the risk of complications involving anesthesia, heart, lungs and wound healing. These complications may result in slower recovery and a longer stay in hospital.

5. Reducing alcohol intake

Alcohol consumption of three units or more a day (for example, a 250ml glass of wine or a pint of beer above 5.2% in alcohol strength) can lead to multiple complications after surgery and can weaken your body's immune system. Reducing or stopping alcohol can help towards sleep better, loss of any excess weight and increase in energy levels.

Avoid drinking alcohol for at least three days before surgery.

There are several places you can get support for stopping smoking and reducing alcohol intake:

Here for Health - Health Improvement Advice Centre

Oxford University Hospitals' health improvement advice centre offers a range of tailored support for healthy living and wellbeing. This include giving up smoking, reducing alcohol consumption, healthier eating and becoming more active. Please speak to your surgical team about a referral for telephone, video, or in person support at one of our drop-in centres. To self-refer, you can contact the team directly via telephone or email. The centre is open from 9.00am to 5.00pm, Monday to Friday.

Tel: **01865 221429**

Email: hereforhealth@ouh.nhs.uk

Website: www.ouh.nhs.uk/HereforHeath

GP health centres

GP health centres can also offer support with alcohol reduction. GPs may suggest different types of assessment and support options available such as local community alcohol services. You can find local support services in your area from this website: www.nhs.uk/live-well/alcohol-support

Local pharmacy

Make an appointment at the local pharmacy. Some retail pharmacies have fully trained Stop Smoking Advisers who can also help you to quit.

National Smoking Helpline

Call the National Smoking Helpline number listed below to find out the nearest support available.

Tel: **0300 123 1044**

Website: www.nhs.uk/smokefree

Stop For Life Oxon

Offers community-based behavioural support and nicotine replacement products for patients in Oxfordshire

Tel: **0800 122 3790**

Text: **STOPOXFORD to 60777**

Website: www.stopforlifeoxon.org

Drinkaware

Drinkaware is an independent UK-wide alcohol education charity that offers a variety of services and information on calculation of units & calories in alcohol, alcohol intake self-assessment as well as tools and services available to support you reduce your alcohol intake.

Telephone: **02077 669 900**

Email: **contact@drinkaware.co.uk**

Website: www.drinkaware.co.uk/

6. Managing Constipation

It is important that you avoid being constipated before coming into hospital for surgery as it can cause significant discomfort during your recovery. Please speak to your GP or specialist nurse for advice if you suffer from constipation or are concerned and may need laxatives the week before surgery.

7. Contraception

It is important that you are not pregnant when you come in for surgery. We recommend the use of a barrier contraception such as condoms or to avoid have sex from the first day of your last period until the day of your admission for surgery.

8. Shower

We advise that you have a shower and wash your hair the evening before or the morning of your surgery. This helps towards reducing the risk of developing an infection.

9. Mouth care

Research suggests a build-up of bacteria in the mouth can increase the risk of infection in your lungs following major surgery. Practicing good mouth care can reduce this build-up and help towards your recovery after surgery.

Before you come into hospital, recommend that:

- You brush your teeth or dentures twice daily using a fluoride-based toothpaste. After brushing, spit out any excess toothpaste. Do not rinse with water or mouthwash straight after brushing as this dilutes the fluoride toothpaste and reduces its benefits.
- Rinse your mouth with an alcohol-free, fluoride based, antiseptic mouthwash 30 minutes after brushing. Alternatively, you can use the mouthwash at a different time of the day such as after lunch. Avoid eating or drinking for 30 minutes after using a fluoride mouthwash.

- Visit your dentist or dental hygienist as part of your routine check-up to manage any existing dental health problems.

Bring your toothpaste, toothbrush, and mouthwash with you when you come into hospital to continue with mouth care after surgery as part of your recovery.

10. Preparing for your recovery at home

Before your admission to hospital, try to organise and prepare your home for your return after discharge. If you have a freezer, stock foods that are easy to prepare and cook. Plan and arrange with your relatives and/or friends to help with any heavy work (such as changing bed linens; laundry; gardening or shopping) and looking after children and other dependents if needed.

If you have any questions or concerns about leaving hospital or manage at home, please speak with your ward nurse after surgery.

Further Information

Further information can be found in the following patient information booklets. These will be given to you in pre-operative assessment clinic or can be accessed via our website:

www.ouh.nhs.uk/patient-guide/leaflets

- Pre-Operative Assessment Preparation for your operation and Theatre Direct Admission
- Preventing blood clots while in hospital
- My journey home – patient discharge leaflet.

What happens on the day of my surgery?

You will come into hospital as a Theatre Direct Admission (TDA) and will be seen by an anaesthetist to discuss anaesthesia and pain management. The surgeon will see you to discuss and sign the consent form if not already done. After surgery, you will be moved to a bed in the recovery unit. How long you will stay in recovery will depend on your surgery and your recovery from anaesthesia. You will be moved to the ward when you are fully awake and comfortable.

You may have the following attachments:

- an oxygen mask or oxygen through small plastic tubes in the nose
- a tube into your vein to give antibiotics, painkillers, medication if you feel sick and attach intravenous drip of fluids.
- a urinary catheter (hollow tube) in the bladder to collect and measure urine.

What happens after the surgery?

The patient diary included in your pack sets out an example of what to expect in the first few days after the surgery. It explains the expected goals for you to achieve during your hospital stay and how to prepare yourself for leaving hospital.

We recommend that you bring this diary with you when you come to the hospital for the surgery.

Managing your pain after surgery

It is important your pain is well managed after your surgery to help you take deep breaths, cough effectively and meet your mobility goals. Please do let your nurse or doctor know if your pain is not being effectively managed with the pain relief given or if you are experiencing any side effects from the painkillers (such as nausea or vomiting, hallucinations, vivid dreams or itching) so additional or alternative pain relief can be considered for you.

Your ward team may arrange a review by our Pain Service whilst you are in hospital if required for your care.

Sugar-free chewing gum to aid bowel function

After your surgery it can take some time for your bowels to start working again. This may cause sickness and vomiting. As well as keeping your mouth moist and tasting refreshing, research studies have shown that chewing sugar-free gum stimulates the gut to start working again after surgery, which may allow you to go home sooner. Sugared gum does not have the same effect.

Please do not chew gum within the 6 hour period before your surgery, as this may lead to surgery being cancelled.

To aid your recovery, we would like you to chew some sugar-free gum after your surgery, three times a day for 20 minutes, in between mealtimes. After you have chewed the gum, please discard it into the medicine pot provided by your nurse - do not swallow it.

We would like you to chew gum until you pass stool after surgery. You may continue to chew gum after this time if you wish.

Please be aware:

- if you are allergic to soya, mint or aspartame, chewing gum is not suitable for you
- for safety, sit upright whilst you are chewing the gum
- chewing gum can cause you to swallow air. To avoid this, try not to talk whilst chewing and limit the chewing time to 20 minutes
- chewing gum can occasionally cause headaches. If you experience these, please tell your ward nurse
- if you have loose dentures, chewing gum may irritate your gums. You may remove your dentures whilst chewing.

Please bring in one packet of sugar-free chewing gum for use after your surgery. Chewing gum is also available for purchase from the hospital shop.

Eating and drinking after surgery

How quickly you start eating and drinking after surgery will depend on the specific surgery you have had. If you have also had bowel surgery, drinks and food will be introduced gradually. Otherwise, you can start eating and drinking from the day of your surgery.

A reduced appetite can occur after surgery. It is important to avoid any unplanned weight loss due to lower appetite and reduced dietary intake as this can affect recovery and potentially delay your discharge from hospital.

Below is a list of some useful tips to help you manage your eating and drinking after surgery:

- Try a little and often approach instead of focusing on three set meals each day as often with a reduced appetite, eating large portions can be a struggle.
- It is normal to not feel able to finish full meals at lunch and dinner. If this is the case for you, ask your ward nurse for small snacks or dessert options (such as yogurt or jelly) throughout the day.
- Eat when your appetite is best, for example, some people may feel hungry first thing in the morning.
- Avoid drinking a large amount of fluid with your meals, as this can fill you up quickly and leave less room for nutritious foods. A high intake of fizzy drinks or tea and coffee could also reduce your appetite.
- It is not unusual to experience nausea, retching or vomiting for the first 24 to 48 hours after surgery because of the anaesthesia. If this is the case for you, please inform your nurse.
- Try cold or dry snacks (for example, cheese and biscuits, plain digestives, crackers).
- Ensure you are sitting up during your meal and stay upright for at least 30 minutes after.

If your low appetite symptoms are persisting despite trying out the above steps, speak with your surgical team for further advice. Your surgical team may provide you with some nutritional supplement drinks to take in between your meals to help boost your nutritional intake and help with recovery and healing.

Early mobilisation

Getting up and moving soon after your surgery is important for your recovery. This means getting out of bed as soon as possible after your surgery, sitting out of bed and walking increased distances on the ward every day until you are discharged home. This is one of the most important parts of the Enhanced Recovery programme. Early mobilisation will help prevent or reduce complications such as chest infection, pneumonia and developing blood clots (e.g. deep vein thrombosis or pulmonary embolism). Moving around can also get your bowels and gut working which can help you stop feeling sick. This means you will be able to eat and drink sooner, giving your body energy to recover.

Your mobility goals will be outlined in your patient diary. If you have problems or limitations with walking, we will develop a personalised, mobility plan with you during your recovery.

Preventing blood clots after surgery

You will be started on blood thinning injections whilst in hospital to reduce the risk of getting a blood clot in the leg after surgery. You may need to continue with these once daily injections, for 28 days in total after the surgery, which you will need to give yourself until the course has finished. You will be taught how to inject yourself and will have the chance to practice before you go home.

If you are already on blood-thinning medication before surgery, the surgical team will decide on a plan for resuming these medications. If you have any further questions, please discuss them with the specialist team.

How long will I stay in hospital after my surgery?

The Enhanced Recovery After Surgery (ERAS) programme sets out recovery goals and discharge targets. You will be discharge from hospital when you have achieved these goals and targets. The goals may be different if the recovery plan has been adapted to meet individual clinical needs after surgery.

Your length of stay following open surgery is dependent on the extent of your surgery. For Open Hysterectomy surgery without bowel resection, we expect your hospital stay to be up to 3 to 5 days. If you have also had bowel resection, your hospital stay could be 7 to 10 days.

The criteria for discharge are:

- assessed as medically fit for discharge (doctors are happy that you are well)
- pain controlled with oral pain analgesia (painkillers)
- eating and drinking without feeling sick or vomiting
- your bowel functioning after surgery (passing wind or bowel movement)
- you independently managing your stoma care (if applicable)
- you are independently mobile or back to your level of mobility.

Leaving hospital

You will need to make your own arrangements following discharge including transport from the hospital and ensure that you have adequate support at home. If you have any questions or concerns about leaving hospital, please speak to your ward nurse as early as possible.

General advice after discharge

1. Wound care

- Keep your wound dry and clean.
- Shower using running water and pat the wound dry with a clean, dry towel.
- Do not use soap, antiseptic creams or oils on or around the wound.
- Do not swim or use a bath until the wound is fully healed - this is usually up to six weeks.

Your wound may be closed with dissolvable sutures and covered with surgical glue or using clips. If the wound is covered with surgical glue, do not pick or scratch the glue. The film from the glue will stay in place for up to 10 days before naturally flaking off. No further action is required for dissolvable sutures.

If the wound has been closed with clips, you will be advised on when these need to be removed. You will need to make an appointment with your GP practice to have this removed.

Continue to avoid smoking if you normally smoke. Smoking affects the oxygen supply to your wound, preventing healthy wound healing and increases the risk of infection.

It is normal for the wound to look mildly red and uncomfortable for the first week after surgery. However, if you are concerned or if the wound:

- has increased redness, painful or swollen
- starts to leak fluid
- starts to open

Please contact your GP or 111 service for advice.

2. Vaginal discharge

It is normal to experience some vaginal discharge or bleeding after a hysterectomy. The discharge is usually less than during a period but can last up to 6 weeks.

Do not use tampons at this time, use only sanitary towels.

If you have heavy vaginal bleeding, start passing blood clots or have an offensive smelling discharge, please contact your GP or 111 service for urgent advice.

Following surgery, you may experience swelling of your thighs/vulva and leakage of clear fluid via your vagina, please contact your specialist nurse for advice.

3. Managing your pain after discharge

Please make sure you have a supply of paracetamol ready for you following your discharge from hospital. These can be purchased cheaply from your local pharmacy or supermarket. You may be given additional pain management medications to take home when discharged from hospital. You may need to continue to use pain management medications when you return home and should be able to reduce and gradually stop these as your pain settles. If you have ongoing pain which does not get better, please contact your GP for further advice.

4. Eating well

A healthy, balanced diet is important to help your recovery after surgery. Foods rich in protein (e.g. chicken, lean red meat, dairy products, fish, nuts and pulses) help with the healing of your wounds. Foods rich in fibre (fresh vegetables, fruits, whole grains and wholemeal bread, rice or pasta,) will help you to reduce the risk of constipation. Vitamins and minerals help with the healing and regeneration of the body. It is normal to have reduced appetite after surgery and this may take time to return to normal. Continue to follow the advice given after surgery.

5. Keeping active

You should continue with regular, light activity several times throughout the day when recovering at home. This can be going up the stairs or walking to the bottom of the garden during the day. Set yourself daily activity goal by slowly increasing the frequency and the distance until you reach your normal level of activity.

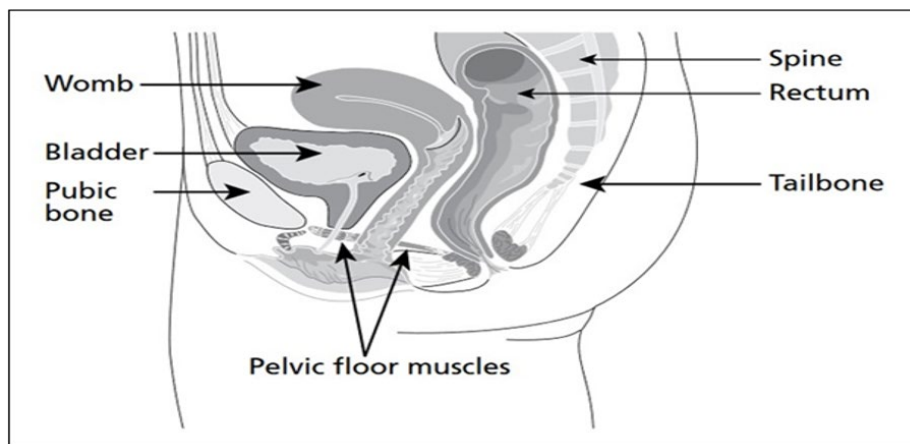
Avoid driving, strenuous activities or vigorous exercise for several weeks after your surgery.

Pelvic floor exercises

The pelvic floor muscles are a supportive sling of muscles, stretching from the tailbone at the back to the pubic bone at the front of your pelvis. Your pelvic floor muscles should contract when you cough, sneeze or laugh, preventing leakage of urine. The muscles should relax when you pass urine or open your bowels, and should then tighten again afterwards. This prevents leakage and controls the passing of urine, bowel and gas motions.

The common factors that can weaken the pelvic floor muscles include:

- childbirth
- long term coughing
- constipation
- being overweight,
- repeated heavy lifting
- menopausal changes
- pelvic surgery/ pelvic trauma



Pelvic floor muscles can be strengthened just like any other weak or damaged muscles through regular targeted exercise. You will receive an information leaflet explaining pelvic floor exercises.

You can begin pelvic floor exercises once your catheter is removed, and once you feel that you are emptying your bladder well and you feel comfortable. Start gently and gradually progress these exercises. In addition to the information leaflet, the video in the link below explains how to develop a pelvic floor exercise program:

The Pelvic Floor Muscles - Developing an exercise programme - YouTube

Further information can be found in the following patient information booklets. These are available on the ward (ask your ward nurse if you have not received them) or can be found on our website:

A Guide to the Pelvic Floor Muscles – Women (ouh.nhs.uk)

- Physiotherapy after Major Gynecological Surgery - advise on how to gradually build up your physical activity following discharge.
- A guide to the pelvic floor muscles - woman

6. a) Managing your bowel

Bowel function will gradually return to normal after your surgery. However, the pattern may vary if you have also had bowel surgery.

You will usually have started passing wind before discharge from the hospital but may not have opened your bowels. Moving around and drinking plenty of fluids (8 to 10 glasses per day including milk, tea, coffee, fruit squash) will help your bowel pattern recover.

Strong pain relief medications can slow down bowel function.

It is important that you do not strain your bowels or become constipated after your surgery. If you feel the need to strain or have not opened your bowels for 5 days after surgery, please see your GP as you may need laxatives.

6. b) If you have a stoma

A stoma is a surgically created opening on the abdomen, which allows faeces to exit the body and pass to a secure, disposable bag. This can either be permanent or temporary.

If there is a chance that you have a stoma, a member of the stoma team will see you before your operation. They will talk with you in more detail about this part of your operation and will explain all you need to know about caring for your stoma once you leave hospital.

They will put a mark on your abdomen to show where the stoma will be. Please do not rub this mark off before your operation. They will also give you a stoma training pack to practice with at home. Please do use this pack, as the more stoma practice you get before the operation, the easier it will be to manage your stoma afterwards.

7. Passing Urine

It is a good practice to note the colour of your urine. Your urine should be pale yellow to clear if you are well hydrated. If you find the colour of your urine to be darker, it could mean that you are dehydrated. It is advised that you should aim to drink around 1.5 to 2 litres, which equates to approximately 8 to 10 glasses of fluids a day.

Please contact your GP/111 if you have symptoms of urinary tract infection (UTI) which may include: -

- Pain or burning sensation when passing urine
- Increased urine frequency and urgency
- Passing cloudy, dark and strong-smelling urine
- Lower tummy pain or pain in your back
- High temperature, feeling hot and shivering
- Blood in your urine

Further information can be found at:-

Urinary tract infections (UTIs)-NHS (www.nhs.uk)

8. Sexual intercourse

Following your surgery, the top of the vagina is sutured. Your surgeon will advise you to avoid sexual intercourse for 6 to 12 weeks to allow for wound healing.

9. Menopause

Ovaries produces the hormones oestrogen and progesterone. These hormones control monthly cycles (periods). For most women it naturally happens between the ages of 45 and 55. If you were having periods, surgery that removed the ovaries will bring on menopause. You will not be able to get pregnant. The changes in hormone levels can cause menopausal symptoms including:

- hot flushes and sweats
- vaginal dryness
- loss of interest in sex
- difficulty sleeping
- dry skin
- aches and pains
- needing to pass urine more often.
- weight gain
- mood swings
- poor concentration
- loss of confidence

Most women experience some of these symptoms and can vary from mild to severe and may last few years. Often symptoms can be worse if menopause has happened suddenly because of cancer treatment. You may need blood tests to help determine treatment.

There are practical ways to reduce menopausal symptoms. Please speak to your specialist nurse or consultant for more information.

10. Feelings and emotional health

It is very natural to feel low and tearful after such a major surgery. Your body needs time to heal and recover and you are very likely to feel tired. All of this can make it harder to cope with the stress and emotions you are feeling.

You may find you are coping better as you recover, it often helps to talk about your feelings and to get more support. Please speak to your specialist nurse for more information on help and support available. More information on support available can be found on the 'Useful Resources' booklet.

11. Returning to work

Give yourself a couple of weeks to recover before returning to work. We advise to take up to 6 weeks after open abdominal surgery, However, it depends on the extent of the surgery, your recovery progress and the nature of the work you do. If you require a Fit note (sick note) for your stay in the hospital, please let the ward staff know. Your GP can supply further Fit notes until you are able to resume work.

Follow-up after discharge

You may be a little worried about returning home when you have been discharged from hospital after surgery. It is normal for your body to need time to recover and adjust to the surgery. The time it takes to get better is different for every person. We will contact you for an outpatient clinic follow up with a member of the surgical team 2 to 3 weeks after your discharge from hospital to see how you are doing and to discuss further treatment plan and options if required.

What else should I look out for?

You should monitor the healing of your wounds, look out for any sudden changes in your overall recovery and for any signs of infection or a new cough. If you have a stoma, it should remain pink and active. Monitor for feeling of sickness, bloating or if your stoma stops working for 24 hours.

Contact your GP or 111 service for advice if you:

- feel feverish or generally unwell
- have increased redness, throbbing pain or pus-like discharge from your wound(s)
- have increasing abdominal pain not controlled with pain medications.
- have a new productive cough that is not getting better.

Very occasionally following surgery serious complications can develop. Please attend your nearest Emergency Department if you:

- start vomiting and are unable to keep fluids down
- have worsening shortness of breath
- develop chest pain or a painful swollen leg
- have fresh vaginal bleed
- if your stoma stops working

Outside of office hours

Please contact out-of-hours GP service (including NHS 111). They can assess you and decide what further action needs to be taken. 111 calls are free from any landline or mobile.

Useful Contact numbers:

- Contact your Gynae Oncology Specialist Nurse for your **diagnosis and non-urgent recovery related queries**,

Tel: **01865 235355** (Mon-Fri 9am- 4pm)

email gynaeoncologyCNS@ouh.nhs.uk

- Consultant's secretary (**for appointment related queries**)

Tel: **01865 235 662**

In an emergency or life-threatening situation, call 999 or go to your nearest Emergency Department.

Information about surgery for patients and their families/carers

Oxford University Hospitals NHS Foundation Trust

Website: www.ouh.nhs.uk

Information about the hospital services

Patient information leaflets

www.ouh.nhs.uk/patient-guide/leaflets/

Useful Resources

1. Maggie's Centre

Free practical, social and emotional support for cancer patients and their family and friends.

www.maggies.org

Tel: **01865 751 882** (at the Churchill Hospital)

Helpline: **0300 123 1801**

2. Macmillan Cancer Support

www.macmillan.org.uk

Helpline: **0808 808 00 00**

3. Cancer Research UK

www.cancerresearchuk.org/about-cancer/cervical-cancer

Nurse helpline: **0808 800 4040**

4. The Hummingbird Centre

Offer a wide range of services and support for patients and entire family on their cancer journey

thehummingbirdcentre.org.uk

email: **info@thehummingbirdcentre.org.uk**

Tel: **01869 244 244**

Useful Resources

5. Marie curie

Care and support for anyone affected with terminal illness.

www.mariecurie.org.uk

Helpline: **0800 090 23 09**

6. Eve Appeal

Information and support for anyone affected by ovarian, cervical, vaginal and vulval cancers.

www.eveappeal.org.uk

Helpline: **0808 802 0019**

7. Jo's Cervical Cancer Trust

Information and support for anyone affected by cervical cancer.

www.jostrust.org.uk

Helpline: **0808 802 800**

8. OvaCome

UK Ovarian cancer charity providing support and information.

www.ovacome.org.uk

Ovacome: **[support for LGBTQ +people](#)**

Ovacome: **[support in other languages](#)**

Email: **support@ovacome.org**

Helpline: **07503 682 311**

Freephone: **0800 008 7054**

Text or WhatsApp: **07503 682 311**

Useful Resources

9. Target Ovarian Cancer

For anyone affected by ovarian cancer.

www.targetovariancancer.org.uk

Email: **support@targetovariancancer.org.uk**

Helpline: **020 7923 5474**

Research studies

Many research studies are carried out at the Oxford University Hospitals, and you may be eligible to take part in one. During your visit you may be approached about research studies. If you would like further information, please ask your healthcare professional.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Rebecca Ishola

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Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



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