PATIENT INFORMATION SHEET

Gynaecological Oncology

Neoadjuvant Pathway for Ovarian Cancer – Checklist

You have been given this information leaflet because you have been diagnosed with ovarian cancer or we suspect you may have ovarian cancer. We understand that this is likely to be a particularly stressful time in your life and there is a lot of information to take in. This leaflet can help you understand the treatment pathway for this type of cancer.

As we are all different, it is not possible to personalise this information, so there may be differences between your treatment and the information given here. The flowchart overleaf is there as guidance, but you may also find it helpful to use the checklist below to monitor your progress through your treatment.

We have provided space for you to record the date of each event in the pathway. This may also be useful to the medical and surgical teams looking after you when you are seen in clinic.

FIRST CONTACT AND CONFIRMATION OF DIAGNOSIS	First visit in clinic		_ _/_ _/_ _
	Laparoscopic or radiologically-guided biopsy		_ _/_ _/_ _
	Discussion at Multidisciplinary Team Meeting (MDT) – you may not be told when this will take place, but you will be contacted once the results are known		
CHEMOTHERAPY UNDER YOUR MEDICAL ONCOLOGIST	Meet your oncologist and discussion about chemotherapy		_ _/_ _/_ _
	These are each roughly 3 weeks apart	Chemotherapy cycle 1	_ _/_ _/_ _
		Chemotherapy cycle 2	_ _/_ _/_ _
		Chemotherapy cycle 3	_ _/_ _/_ _
	Note: These may not be scheduled until after your surgery	Chemotherapy cycle 4	_ _/_ _/_ _
		Chemotherapy cycle 5	_ _/_ _/_ _
		Chemotherapy cycle 6	_ _/_ _/_ _
REPEAT INVESTIGATIONS AND DECISION-MAKING	Repeat CT scan *(approximately 1 week after chemotherapy cycle 3)*		_ _/_ _/_ _
	Discussion at Multidisciplinary Team Meeting (MDT) – you may not be told when this will take place, but you will be contacted once the results are known		
SURGERY AND YOUR CARE BEFORE, DURING AND AFTER THE OPERATION	Outpatient appointment to meet your surgeon in Oxford and discuss your surgery		_ _/_ _/_ _
	Pre-operative assessment		_ _/_ _/_ _
	Exploratory laparoscopy (this may be as part of your debulking surgery, or may be scheduled on a separate date)		_ _/_ _/_ _
	Debulking surgery		_ _/_ _/_ _
COMPLETION OF CHEMOTHERAPY AND FOLLOW-UP	Follow-up appointment with your surgeon – usually 2-3 weeks after discharge from hospital, following your surgery		_ _/_ _/_ _

If you have any queries about this information, please talk to your surgeon or contact your Specialist Nurse/Key Worker from your referring centre.

If you become unwell at any time in your treatment, please see your GP or seek medical advice from your hospital-based medical team.

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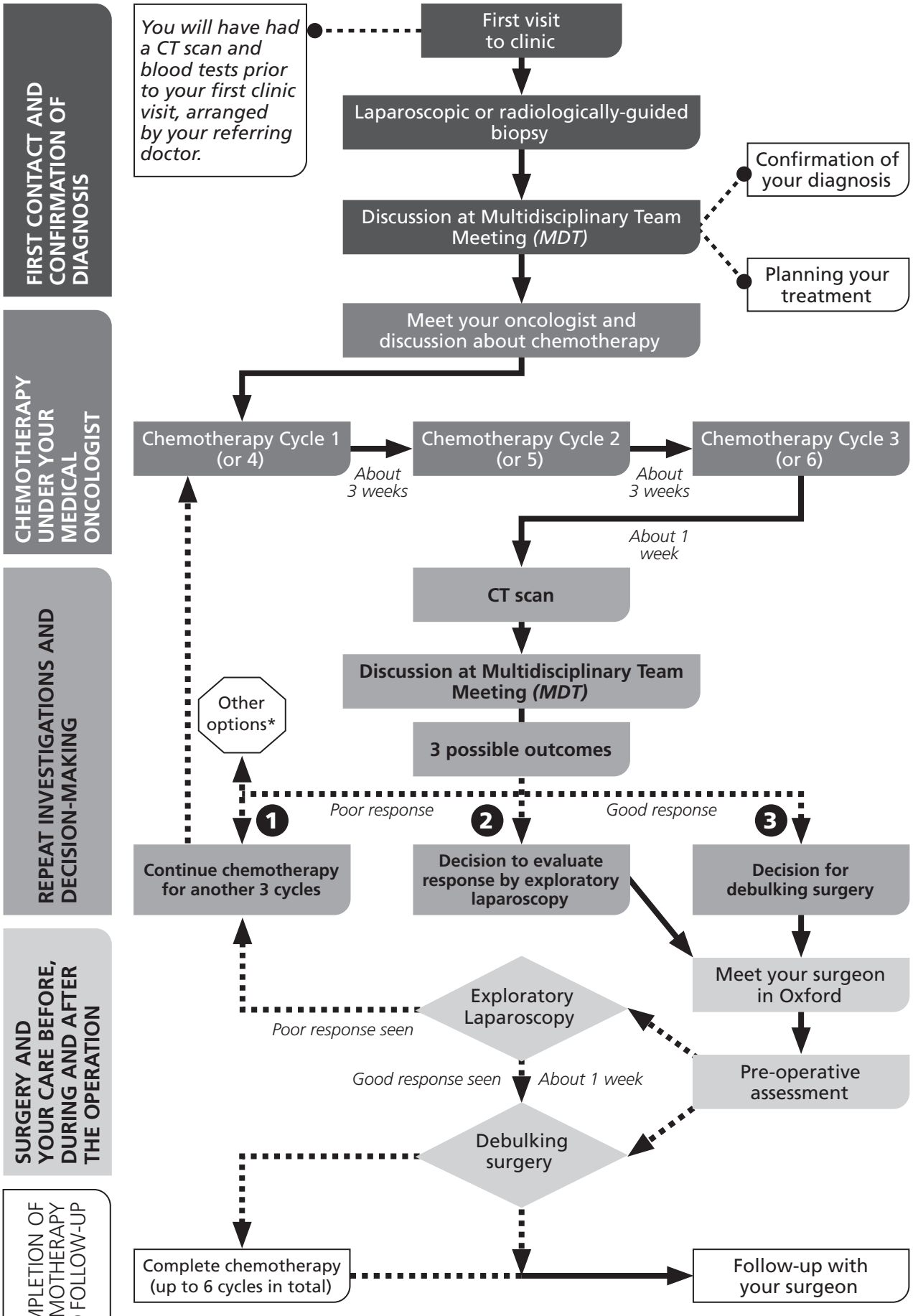
Neoadjuvant Pathway for Ovarian Cancer – Flowchart



**if you have had a poor response after a full 6 cycles of chemotherapy, you will not continue on this pathway. Your oncologist will discuss the options for your ongoing care with you.*

Glossary of terms

Laparoscopic or radiologically-guided biopsy

This is carried out either by keyhole surgery (laparoscopy) under general anaesthetic, or by using a CT scanner to guide the removal of a small piece of tissue from the area of abnormality using a needle and local anaesthetic. The tissue sample will be reviewed under a microscope to help us make a diagnosis.

Pre-operative assessment

These clinic appointments are designed to make sure you are fit enough to go ahead with your planned operation and anaesthetic. During this appointment you will be asked about:

- your current symptoms and what medication you are taking
- your past medical history, including previous anaesthetics you have had and any allergies you might have
- your general lifestyle, for example, your occupation, exercise and whether you smoke
- plans for going home and any arrangements you may need to make for when you get home after your operation.

You may also be asked to come for further tests before your surgery. This means that any problems can be identified and resolved before your operation. This reduces the risk of your operation being cancelled on the day of surgery.

Exploratory laparoscopy

It may be necessary to carry out an initial keyhole surgery, also called exploratory laparoscopy, so the surgeon can see if debulking is possible.

The laparoscopy will be carried out under general anaesthetic. The laparoscope is a long, slim telescope, connected to a camera, which allows the surgeon to examine the abdominal and pelvic organs on a video monitor. Two to three small incisions (cuts) will be made, through which the camera and instruments will be inserted.

At the start of the operation, carbon dioxide gas will be pumped through one of the incisions, to inflate your abdomen. This makes sure the surgeon can clearly see your pelvic and abdominal organs during the operation.

When the instruments are removed at the end of the laparoscopy, the gas used to inflate your abdomen is released. A dissolvable stitch, or a small amount of special glue, may be put in each of the small incisions to close them.

Debulking surgery

If your disease is responding to chemotherapy, the best treatment is to remove the cancer with an operation. This is called debulking surgery.

The surgeon will open your abdomen, starting at the top of your pubic hairline and going up to, and sometimes above, the umbilicus (belly button). The exact operation depends on what the surgeon finds. Usually it will involve removal of the womb (hysterectomy), and both ovaries and fallopian tubes. Often the omentum is also removed. The omentum is a pad of fat (like an apron) attached to part of the large intestine, and is a common place for ovarian cancer to spread to.

An ovarian cancer which has spread to the bowel may mean bowel surgery is also required. The surgeon may make an opening in the abdominal wall, to pull through and open a section of your bowel. This opening is often called a stoma, or is sometimes referred to as colostomy (large bowel) or ileostomy (small bowel).

A pouch is placed over the stoma to collect the waste products that would usually pass through the bowel and out of your body through your back passage. While the thought of this can be worrying, only a few people require this type of surgery.

Surgery can also involve removal of the lining of the abdomen (the peritoneum), the spleen, or other organs that are affected by spread of the disease. The extent of the surgery depends on how much of the cancer can be removed, and will be discussed with you by your surgeon.

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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.

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2022 Reviewed by CNS and MDT Lead
October 2022
Review: October 2025
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Leaflet reference number: OMI 82417