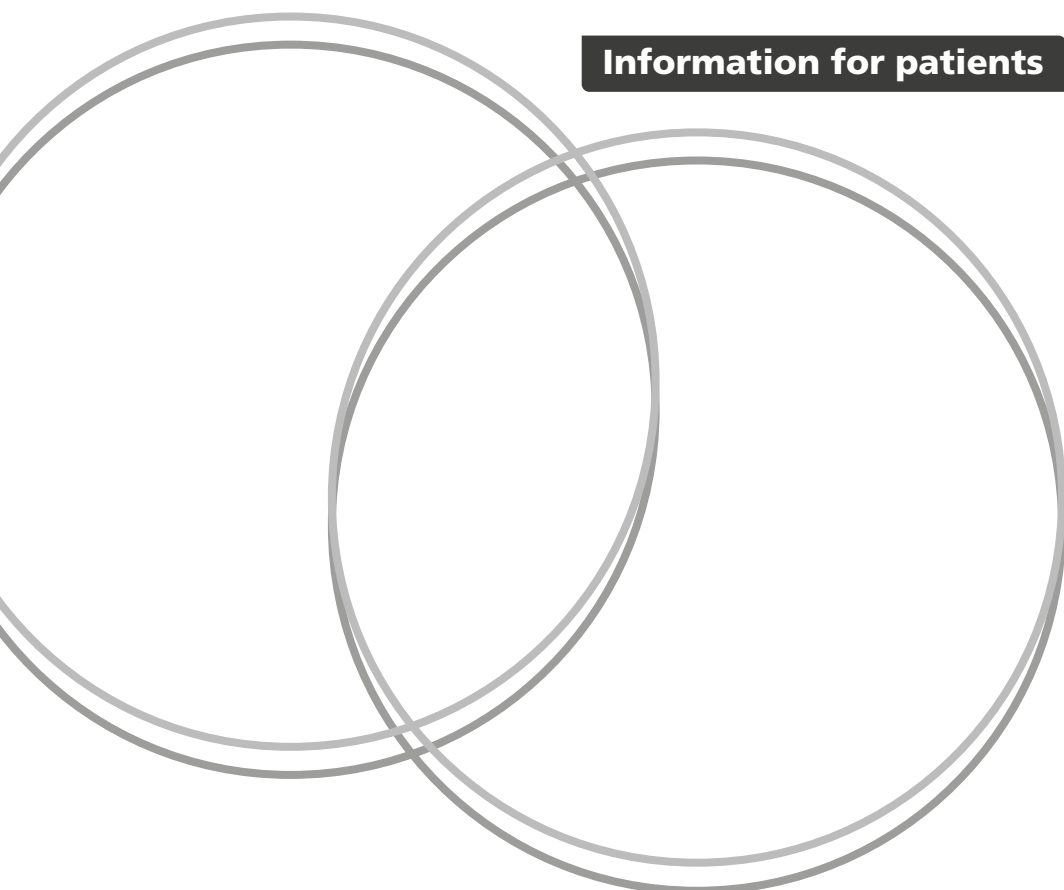




Oxford University Hospitals
NHS Foundation Trust

Gynaecology Oncology Debulking Surgery

Information for patients



**Enhanced Recovery After
Surgery (ERAS)**

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 well-being of people who need major surgery so that they can hopefully 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 will complete this, it is not compulsory.

The enhanced recovery programme may not be suitable for everyone. If this is the case, the team looking after you will 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 to make sure you are fit for anaesthesia and surgery. You will see a nurse who will check your general health and do some important tests (e.g. blood tests). You may also see an anaesthetist at the same time. It is important that your pain is well controlled. This will allow the opportunity to find out more about your pain relief needs before your day of admission and what types of pain relief maybe suitable for you. This may include possible administration of suppository analgesics. 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 myself for the surgery?

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

1. Nutrition and hydration

Eating a healthy, balanced diet is essential to strengthen your immune system. Keeping well hydrated is necessary for essential body functions. Right nutrition and hydration will strengthen your immune system and 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.

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.

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, free from gluten, lactose and fibre. Please take these drinks according to the specific instructions given to you at the pre-operative assessment clinic. Once opened, you should aim to consume within four hours. You may prefer to have the drinks chilled.

You may prefer to have the drinks chilled.

- **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 stomach emptying.

If you take nutritional supplement drinks such as ensure plus or complan shake, these 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.

Some surgeries may need clearing of the bowel before the procedure. If this is the case for you, the pre-operative assessment staff will give you the specific instructions on the medications you need to take to prepare your bowel at your appointment.

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

2. Exercise regularly

Your heart and lungs will be working harder after a surgery to help the body to heal. If you are already active and do regular physical exercises, your heart and lungs will be used to working harder. Any improvement towards your health and activity levels before surgery can help make your recovery quicker and reduce the risk of complications. Regardless of your general health condition, there may be many changes you can make to decrease the risks associated with your surgery.

Whilst waiting for your surgery, try and increase your activity levels as this could hugely influence recovery and long-term health. Even small changes can make a big difference. Try any activity that can make you out of breath at least three times per week. Examples of some exercises include brisk walking, swimming, cycling, gardening, and sporting activities.

Activities that improve strength and balance are also important. Check with your surgical team or surgical physiotherapy team if you are unsure about the type of exercise that is most appropriate for you or have any concerns.

For more information, please see:

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

3. Stopping smoking and alcohol intake

It is in your best interest to stop smoking and stop or reducing alcohol intake as early as possible before any major surgery. The longer you are smoke free and or abstain from alcohol before surgery, the better. Smoking and alcohol intake before surgery can increase the risk of complications involving anaesthesia, heart, lungs and wounds healing. This may result in slower recovery and a longer stay in hospital. Reducing or stopping alcohol will help you to sleep better, lose excess weight, and have more energy in the long term.

Avoid drinking alcohol for a minimum of 24 hours before surgery.

For further advice, information or support:

a) 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. These include giving up smoking, reducing alcohol consumption, healthier eating and becoming more active and self-care for general wellbeing. 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

b) 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

c) 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.

d) 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

e) Stop For Life Oxon

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/

f) 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.

- Website: www.drinkaware.co.uk/

4. Managing Constipation

It is important that you are not constipated before coming to the hospital for surgery as it can cause significant discomfort during recovery. Please speak to your GP or specialist nurse for advice if you think you might be constipated and may need laxatives the week before surgery.

5. Contraception

It is important that you are not pregnant when you come in for the surgery. We recommend the use of a barrier contraceptive method (e.g. condoms) or that you do not have sex from the first day of your last period until the day you come to the hospital for surgery.

6. 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.

7. Mouth care

Build-up of micro-organisms in the mouth increases the risk of infection in the lungs following major surgery. Practicing good mouth care can reduce this build-up and help towards recovery after surgery.

Our recommendations are:

- brush your teeth or dentures twice daily using a fluoride-based toothpaste. After brushing, spit out any excess toothpaste. Do not rinse with water straight after brushing as this dilutes the paste and reduces its preventative effects.
- visit your dentist or dental hygienist as part of your routine check-up to manage any existing dental health problems.

- rinse your mouth with an alcohol-free, antiseptic mouthwash 30 minutes after brushing. Using a mouthwash that contains fluoride can help prevent tooth decay, but do not use mouthwash (even a fluoride one) straight after brushing your teeth as it will wash away the concentrated fluoride in the toothpaste left on your teeth. Alternatively, you can choose a different time of the day to use the mouthwash, such as after lunch. Do not eat or drink for 30 minutes after using a fluoride mouthwash.
- 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.

8. Preparing for your recovery at home

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

If you have any questions or concerns about leaving hospital or are concerned that you might struggle to manage at home, please speak with the nurses on the ward.

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
- Planning for your discharge –making preparations for your return home.

On the day of your 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 the surgery itself 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, pain management medicines, anti-sickness medicines and 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.** Whilst we hope you will complete this, it will not affect your care if you choose not to.

Pain management

You will have your pain management plan discussed with you prior to your surgery. It is important that your pain is well controlled after surgery to allow you to be able to perform your deep breathing exercises, coughing, and mobilising in the ward. Remember to communicate any pain concern you may have with your nurse as early as possible.

Eating and drinking after surgery

You begin to have fluids after your surgery. We will offer you soups and puddings the day after your surgery. As you build up your diet in the coming days, we recommend that you start with small portions of foods that are easy to digest such as cornflakes, bread or toast, eggs, soup, chicken, mashed potato, cheese, puddings and build up to a normal diet as tolerated. A reduced appetite can be common when admitted to hospital, particularly after surgery. It is important to avoid unintentional weight loss due to a poor appetite and reduced intake of food and drink as this can affect recovery and potentially delay your discharge from hospital.

We have listed some useful strategies to help you manage your eating and drinking sufficiently:

- Try a little and often approach instead of focusing on 3 set meals per day – often with a reduced appetite, even the sight of a large meal can be off-putting
- Eat when your appetite is best – a good time for many people is first thing in the morning
- Do not drink lots of fluids with your meals, as they will fill you up and leave less room for nutritious foods - a high intake of fizzy drinks/ tea /coffee could reduce your appetite
- It is not unusual to experience nausea, retching or vomiting for the first 24-48 hours after surgery because of anaesthesia. If this is the case for you, please inform your nurse. Try cold/dry snacks (e.g., cheese & biscuits, plain digestives, crackers). Ensure you are sitting up during your meal and stay upright for at least 30 minutes after. Continue with small, frequent meals and avoid fluids with meals.

It is normal for patients following surgery to be unable to finish full meals at lunch and dinner. If this is the case for you, ask your named nurse for small snacks or dessert options (yogurt, jelly etc) throughout the day or nutritional supplement drinks to make up for it.

If any of these symptoms are persistent despite following the above advice, notify the medical team.

Early mobilisation

You will need to start moving soon after your surgery. **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 elements of the Enhanced Recovery programme. These details are all written in your patient diary. Early mobilisation will help prevent or reduce complications such as chest infections (e.g: pneumonia) and blood clots (e.g: deep vein thrombosis or pulmonary embolism). It will also get the gut working which will help manage feeling sick. This will allow you to eat and drink sooner, giving the body energy to recover.

If you have problems 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 do I stay in hospital after the surgery?

The Enhanced Recovery After Surgery (ERAS) programme sets out recovery goals and discharge targets. Discharge from hospital is based on when these are achieved. Your length of stay following debulking surgery is **dependent on the extent of your surgery** - we expect it may take up **4-5 days for you to recover for discharge ready following your debulking surgery. It could be 7-10 days if you required removal of your bowels along with the debulking.** The goals may be different if the recovery plan has been adapted to meet individual clinical needs after surgery.

The criteria for discharge are:

- assessed as medically fit for discharge (doctors are happy that you are well)
- pain controlled with oral pain management medications
- eating and drinking without feeling sick or vomiting
- return of bowel function (passing wind or bowel movement)
- independent with stoma care (if applicable)
- return of mobility to baseline

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 the 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

- 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 / 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 CNS service for advice.

3. Pain management 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. Diet

A balanced diet is essential for good recovery. Foods rich in protein (chicken, lean meat, dairy products, fish, nuts and pulses) facilitate the healing of post operative wounds. Fibre rich foods (fresh vegetables, fruits, whole grains and wholemeal bread, rice or pasta,) will help you to avoid constipation. Vitamins and minerals help with healing and regeneration of the body. It is normal to have reduced appetite after surgery and this may take time to return to normal.

- Try to eat little and often. Small regular meals and snacks are better than trying to have three normal meals.
- Eat when you are hungry, or your appetite is at its best. It could be first thing in the morning for some people or late at night for others.
- Avoid drinking lots of fluids with your meals as it will fill you up leaving little room for food. Drink fluids half an hour before or after meals.

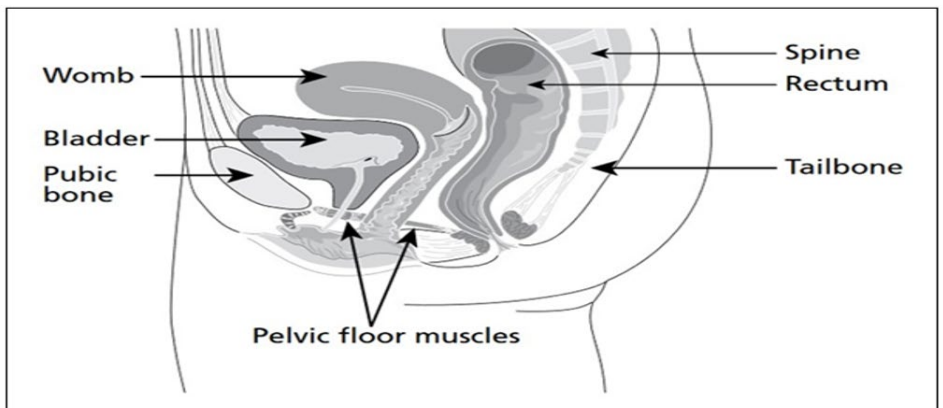
5. Exercises

You should continue with regular exercises or 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 several times a day. Set yourself daily exercise goals by slowly increasing the frequency or 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 programme:

[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 Gynaecological Surgery -advise on how to gradually build up your physical activity following discharge.
- A guide to the pelvic floor muscles-woman

6a. Bowel Care

Bowel function is expected to return to normal soon after your surgery. You will usually have started passing wind before discharge from the hospital but may not have opened your bowels. 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.** Moving around and drinking plenty of fluids (8-10 glasses per day including milk, tea, coffee, fruit squash) will help your bowels to return to normal motility quickly.

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.

6b. Stoma Care

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. Urination

You will have a urinary catheter, which is a small tube placed in your bladder at the time of surgery. This will be removed by the ward nurse who will assess that you are able to pass urine with no problem prior to being sent home. This process is likely to involve a scan of the bladder to monitor if your bladder is empty after you pass urine once the catheter has been removed.

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 8-10 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 \(www.nhs.uk\)](http://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 6-12 weeks to allow for wound healing. But it may take longer than this depending on time it takes for your energy levels and sex drive to improve.

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

Debulking for ovarian cancer is a major surgery. 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 Page 20 -21 of this booklet.

11. Return to work

Give yourself a couple of weeks to recover before returning to work. We advise to take 4-6 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 for your stay in the hospital, please let the ward staff know. You GP can supply further fit notes until you are able to resume work.

Follow-up after discharge

Often it can be daunting and frightening when being 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 2-3 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. Your stoma should remain pink and active, monitor for feeling of sickness, bloating or your stoma stops working for 24 hours.

Contact your GP/ 111 service for advice if:

- 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
- Gynae specific major symptoms- 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, on 01865 235355 (Mon-Fri 9am- 4pm)
or email: gynaeoncologyCNS@ouh.nhs.uk
- **Consultant's secretary** (for appointment related queries)
01865 235 662

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

Information about surgery for patients, for their families:

Oxford University Hospitals NHS Foundation Trust

Information about the hospital services

Website: www.ouh.nhs.uk

Patient information leaflets

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

Royal College of Anaesthetists

Online resources and information to help you to become fitter and better prepared for your surgery.

Website: www.rcoa.ac.uk/fitterbettersooner

Useful Resources

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

Macmillan Cancer Support

www.macmillan.org.uk

Macmillan Cancer Support: find local support services.

Helpline: 0808 808 00 00

Cancer Research UK

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

Nurse helpline: 0808 800 4040

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

Marie curie

Care and support for anyone affected with terminal illness

www.mariecurie.org.uk

www.mariecurie.org.uk/professionals/patient-services

Helpline: 08000902309

Eve Appeal

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

www.eveappeal.org.uk

Helpline: 0808 802 0019

Jo's Cervical Cancer Trust

Information and support for anyone affected by cervical cancer

www.jostrust.org.uk

Helpline: 0808 802 800

Target Ovarian Cancer

For anyone affected by ovarian cancer

www.targetovariancancer.org.uk

email: support@targetovariancancer.org.uk

Online contact form: targetovariancancer.org.uk/contact-our-support-line

Helpline: 020 7923 5474

OvaCome

UK Ovarian cancer charity providing support and information.

www.ovacome.org.uk

Ovacome: support for LGBTQ +people:

www.ovacome.org.uk/support-for-lgbtq-people

Ovacome: support in other languages:

www.ovacome.org.uk/Pages/Category/information-in-other-languages

Email: support@ovacome.org

Helpline: 07503 682 311

Freephone: 0800 008 7054

Text or WhatsApp: 07503 682 311

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.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@ouh.nhs.uk

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: Betty Kagame and Pavana Pillai
August 2023
Review: August 2026
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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