

Surgery

An operation could be the best, most effective way of getting cancer out of your body, especially if it hasn't started to spread.

Why would I do it?

Surgery is often used when cancer is restricted to one part of the body – in other words, it hasn't spread. The idea is to rid your body of the disease by physically removing the cancer. The surgeon will take out both the tumour and neighbouring tissue that may contain cancer cells.

Sometimes surgery is used to remove the original or 'primary' tumour even when the cancer has spread to other parts of your body. This might be done to make other treatments like chemotherapy or radiotherapy more effective, or to relieve pain caused by a tumour.

Occasionally you'll be offered surgery to remove a part of your body at high risk of developing cancer. For example, if there is a strong family history of breast cancer, you may be advised to have breast tissue removed.

Is surgery always successful?

When a surgeon removes a tumour and the surrounding tissue, the aim is to take out all the cancerous cells. It's possible, though, that cells have already broken away from the main tumour and are in the process of forming secondary cancers too small to be picked up on a scan. That's why you may be asked to have other treatment, such as chemotherapy or radiotherapy, either before or after your operation.

The other possibility is that the surgeon finds out there is more to your tumour than the scans have revealed. If that's the case, the surgeon may not be able to safely take out all of the tumour during the operation.

What should I expect?

The sort of surgery you have depends on your cancer. Some operations require a general anaesthetic; others can be done under a local anaesthetic or an epidural.

The surgeon may remove the tumour and a layer of the surrounding tissue, as well as the lymph nodes nearest to the tumour. That's because cancer cells are prone to spread into the body's lymph nodes.

After the operation, a specialist will examine the removed tissue to see if it contains any cancer cells. If it does, your care team will talk to you about further treatment.

What happens after surgery?

How long it takes for you to recover depends on the extent of your surgery. Your care team can tell you how long you'll have to stay in hospital, when things are likely to get back to normal and what sort of permanent changes you'll be dealing with (if any).

You'll feel some pain immediately after surgery, but you'll be given painkillers by the hospital staff. You should also be given some simple breathing and leg exercises to reduce the chance of blood clots forming while you recover.

WORDS TO KNOW

Lymph nodes: small masses of tissue that make up part of the body's immune system; they are also known as lymph glands.

Prosthetic devices: artificial devices that help the body to function normally.

MORE HELP

CanToo

www.cantoo.org.au
Free professional coaching for endurance events, including marathons and ocean swims, in exchange for your participation in fundraising activities.

Cancer Council Helpline

13 11 20
Cancer Councils can direct you to a support group for your condition. Call or go to one of the websites.

Cancer Council ACT

www.actcancer.org

Cancer Council Northern Territory

www.cancercouncilnt.com.au

Cancer Council New South Wales

www.cancercouncil.com.au

Cancer Council Queensland

www.cancerqld.org.au

Cancer Council SA

www.cancersa.org.au

Cancer Council Tasmania

www.cancertas.org.au

Cancer Council Victoria

www.cancervic.org.au

Cancer Council Western Australia

www.cancerwa.asn.au

THINGS TO ASK

► **Who is my surgeon?** Some cancers require highly specialised surgeons, so talk to your surgeon about their experience. If you're not comfortable with your surgeon, ask your care team for another referral.

► **What will the long-term impact be?**

Speak to your care team about the likely long-term impact of your operation and ask to be connected with specialists or organisations that can help you manage those issues. For example, if you're having an amputation, you may want to talk to someone about prosthetic devices. *To read more about living with the physical changes from cancer, see page 50.*

EXPERT'S INSIGHT

Professor Sanchia Aranda worked with cancer patients for nearly a decade at Melbourne's Peter MacCallum Cancer Centre, preparing them for the physical and emotional consequences of surgery.

"The first really helpful thing you can do before surgery is to stop smoking. If you stop smoking you have a much better outcome in terms of post-operative side effects such as pneumonia. Try to be in a relatively fit and healthy condition.

"Always talk to the team caring for you about what strategies you could use to manage the aches and pains after the surgery. Get involved in your decisions from the start and you'll be more prepared for the side effects.

"The critical thing before surgery is to make sure the people treating you work in a multi-disciplinary environment, and that decisions are being made by a team who understands all forms of cancer treatment, not just surgery. Some surgeons work in isolation and other treatments may not be given a chance.

"In the immediate period after surgery, focus on healthy sleep, exercise and diet. Getting up and about as early as possible is your best defence. The risk of deep vein thrombosis in hospital is very real, making movement even more important. Surgery is often used in collaboration with other treatments, and it may be used to reduce the bulk of a tumour so other treatments work more effectively. If this is your situation, you should be thinking about how you can get into the best position for the next stage of your treatment."

Just two weeks after running a half-marathon in 2008, Jules Mackin was diagnosed with cervical cancer and told she needed radical surgery – quickly.

Jules had a hysterectomy and, as an extra precaution, the doctors removed lymph nodes in the area. After two years in the clear, she is fitter than ever. She has learnt to swim, competes in triathlons and is a personal trainer and speaker for CanToo, a cancer research fundraising organisation. She hopes to start a family one day, using the eggs she harvested before surgery.

"I guess I was numb when I found out. And then I fell apart. At the time, I couldn't think straight. I was presented with an illness that I never thought I'd be diagnosed with. I was young – I was, I'm still, in my early 30s.

"The diagnosis was shock number one and shock number two was the fact that they were going to operate on me and the outcome was that I would never carry children.

"I'm from England, so although my family were supportive, they weren't close by. I rounded up close friends and asked them to offer me positive energy and support. I couldn't cope with anything negative. Feeling sorry for me was not an option.

"In the build-up to the surgery I had to let go of the fact that I couldn't do everything by myself. You need to allow yourself to feel out of control – even if you hate it. You can't afford to feel that you're being needy, because you do actually need people at that time.

"It's amazing what people who love and care for you will do. There's no way I would have got through my surgery without my friends.

"The surgery was a three-hour operation. It went incredibly well and I think that was because I was so fit and healthy. They were able to remove the cancer without too much hassle.

"My recovery was good, too. I'm a pretty driven individual, so I was out walking probably far sooner than I should have been and running two months later. That's just who I am."



"You can't afford to feel that you're being needy, because you do actually need people at that time."



PHOTO: BRUCE DALY