

手術治療

本資訊主要介紹手術治療（動手術）。

任何帶底線的詞語都在末尾的詞語清單中進行解釋。詞語清單還包括英語單詞的發音。

許多癌症患者的治療方案中都會包含手術治療。

手術治療可能並不是您需要的唯一治療方法。有些人還需要進行化療或放療。醫院的醫生會向您解釋您的治療方法。我們還提供更多有關下列治療方法的繁體中文資訊。

若您對此資訊有任何疑問，請諮詢您正在接受治療的醫院的醫生或護士。

您也可於每日上午 8 時至晚上 8 時，致電麥克米倫癌症援助機構（Macmillan Cancer Support）免費熱線：**0808 808 00 00**。

我們有口譯員，所以您可以使用中文與我們溝通。當您致電我們時，請以英文告訴我們您所需要的語言（說「釵尼斯」）。

欲參閱更多繁體中文癌症資訊，請瀏覽 [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

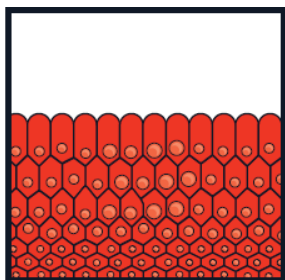
本資訊主要介紹：

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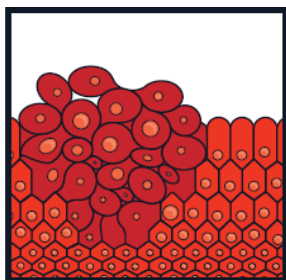
什麼是癌症？

癌症從我們身體的細胞開始。細胞是構成我們身體器官及組織的微小組成部分。通常，這些細胞以受控制的方式分裂，生成新細胞。我們的身體正是以這樣的方式成長，獲得治癒及修復。有時，在這一階段出了問題，細胞變得異常。異常細胞不斷分裂，產生越來越多的異常細胞。這些細胞形成稱為腫瘤的腫塊。

正常細胞



形成腫瘤的細胞



並非所有的腫塊都是癌症。非癌症的腫塊稱為良性。它不會擴散到身體的其他地方。屬於癌症的腫塊稱為惡性。它會發展到身體的其他區域。

癌細胞有時會脫離第一個癌瘤，通過血液或淋巴系統轉移到身體的其他部位。在身體的其他地方擴散並發展成腫瘤的癌細胞被稱為繼發性癌瘤。

您的外科醫生

為您做手術的醫生稱為外科醫生。選擇與癌症類型相適合的適當外科醫生非常重要。例如，乳腺癌患者需要選擇乳房外科醫生。外科醫生通常在當地醫院工作。如果您希望的話，可以詢問外科醫生他們的經驗。

如果您患有不太常見的癌症，可能需要去腫瘤專科醫院就醫。這可能離您居住的地方較遠。

為什麼需要手術？

患者接受癌症手術的原因各有不同：

診斷

外科醫生可能會切下一小片癌細胞。這稱為活組織檢查。在某些類型的掃描中也可以進行活組織檢查。這能幫助醫生確定癌症的類型。

分期

分期是指醫生觀察腫瘤的大小以及癌細胞是否已經擴散到身體的任何其他部位。瞭解癌症期別可以幫助醫生計畫您的治療。分期通常涉及一些掃描。掃描分許多不同類型。您的醫生或護士會說明您可能需要哪些掃描，以及預期會發生什麼。

這是一個CT掃描的例子：



如果外科醫生在掃描中無法看到腫瘤，則可能需要進行其他檢查。這些檢查可能包括用一種末端帶有燈和攝像系統的特殊工具觀察身體內部。這可以採用兩種方式實施：

- 有時候工具從腹部的一個小切口進入。這稱為鎖孔手術。
- 有時候工具從身體的一個天然開口進入。例如，他們會把工具放進您的嘴裡，順著喉嚨往下觀察，進入您的腹部。

治療

手術用於嘗試切除腫瘤及其周圍可能含有癌細胞的區域。有時候，手術也用於切除已擴散到身體另一個部位的癌細胞。

有時手術前會進行其他治療，如化療和放療，使腫瘤變小。這可能意味著所需的手術量較少。

在進行任何治療之前，醫生團隊和其他醫療保健專業人員將會面討論您的情況。這有助於確保您得到最好的治療。會後，您的癌症專科醫生或護士會和您解釋您的治療方案。

重建

重建意味著再造一個新的身體部位。這可能有助於身體更好地發揮機能。例如，在膀胱切除後，再造一個新的膀胱。重建還可以讓人外表更好看。例如，切除乳房後進行乳房重建。

控制症狀

有時候，癌症並不能完全去除。在這種情況下，手術通常仍然有助於控制症狀並使患者感覺更好。

有時候手術沒有可能。這可能是因為腫瘤太難切除，或者是因為癌症已經擴散到身體的其他部位。如果手術不可能，其他治療方法可以幫助控制癌症。

手術能治癒癌症嗎？

通常，手術的目的是試圖治癒癌症。但這並不總是可能的。有時癌細胞會擴散到腫瘤周圍或身體的另一部位。外科醫生看不到非常小的細胞群，掃描中也並不總是能夠顯示出來。

如果存在不能完全去除癌細胞的風險，您的醫生可能會建議您在手術後進行其他治療，如化療。這有助於降低癌症將來復發的風險。

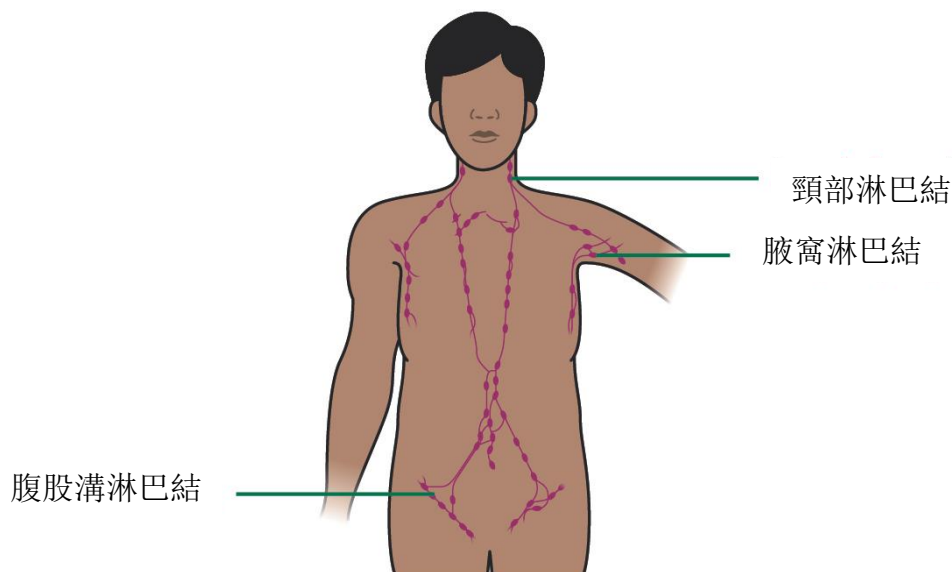
有時候，外科醫生會發現他們無法切除整個腫瘤。在這種情況下，可能會用其他治療方法。

手術過程中會發生什麼？

外科醫生將切除腫瘤及其周圍的健康組織。醫生將在顯微鏡下觀察組織。他們將確保腫瘤周圍沒有任何癌細胞。這意味著不太可能有任何癌細胞殘留。這有助於降低癌症將來復發的風險。

淋巴結

淋巴結是淋巴系統的一部份，幫助對抗感染和排出體內的液體。



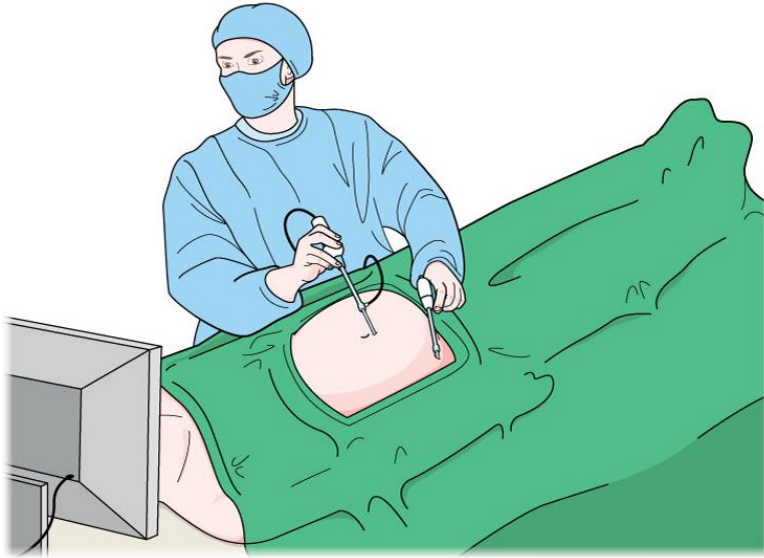
外科醫生可能會切除腫瘤附近的一些淋巴結。這是因為癌細胞會擴散到淋巴結。如果淋巴結含有癌細胞，這會增加癌症復發的機率。

如果切除的淋巴結含有癌細胞，您會被轉介到稱為腫瘤學家的醫生那裡。他們會和您解釋其他可以降低這種機率的治療方法。

鎖孔手術（腹腔鏡）

這種類型的手術會在身體上開一個小的開口，而不是一個大的切口。外科醫生使用一種儀器通過皮膚上的一個小切口來切除腫瘤。有時由機器拿著工具。外科醫生操作這台機器。這稱為機器人手術。

鎖孔手術留下的傷口較小，因此患者能夠更快地恢復。有時候，身體狀況不適合實施大手術的患者也許能夠實施鎖孔手術。鎖孔手術的效果與其他類型的手術一樣。這是由受過專業訓練的外科醫生完成。



手術之前

外科醫生和一名稱為麻醉師的醫生會確認您的身體狀況是否適合手術。

在手術之前，您通常需要與醫院預約進行一些檢查。該醫院稱為預評估診所。護士會詢問您的病史以及是否有任何過敏。他們還將檢查您的血壓、脈搏、身高和體重。告訴他們您正在服用的藥物，包括任何中草藥或補充劑非常重要。

其他檢查可能包括：

- 血液和尿液化檢查
- 妊娠檢查
- 胸部 X 光
- 測試檢查您的心臟功能情況。

您要做的化驗取決於您的手術類型，以及您是否有其他健康問題。

如果您不能進行全身麻醉，您仍然可以接受手術。您可能會被給予不同類型的麻醉劑以消除手術區域的任何感覺或疼痛，但您會保持清醒。

大多數人都擔心做手術。家人和朋友也會感到擔心。告訴醫生或護士您有哪些擔憂會有所幫助。

瞭解關於您的手術的一切非常重要。在手術之前，您應該能夠與您的外科醫生交談。當您與外科醫生交談時，最好是有既會講中文又會講英語的人隨行。醫院裡可能有口譯員，但如果您想要的話，盡量提前提出。

您將需要簽署一份表格，表明您同意接受該手術。這稱為給予知情同意。知情同意書會以繁體中文提供。沒有簽署表格，您無法接受手術。

手術當日

手術當日會發生什麼取決於您要做哪種類型的手術。如果您需要為手術做任何準備，醫院會給您建議。

可能會要求您：

- 手術前不要吃或喝任何東西
- 除去所有首飾或金屬物件
- 除去指甲油或卸妝
- 手術當日早上進行清潔。

護士可能會要求您在手術前去除手術區域的體毛。他們會告訴您需要做些什麼。只有在需要時，才會要求刮除體毛。這可以使用一次性除毛刀完成。手術之後，體毛會長回來。

做手術會增加患有血栓的風險。使用稱為彈性襪的特殊襪子有助於降低這種風險。在手術期間及之後，您可能需要穿一雙彈力襪。您的護士會測量您的腿部並幫助您穿上襪子。

手術之後

手術後醒來有時候會讓人感到很恐懼，因此知道預期的情況會有所說明。

當您第一次醒來時，您會感到困倦。護士會檢查您的血壓。您可能會感覺到血壓監測儀在手臂上加壓了。

可能還會將一些導管連接到您的身體。這些可能包括：

- 靜脈點滴，給您輸送營養和水分，直到您能夠正常進食 – 這可能持續幾小時或數天。
- 小靜脈導管，給您輸送治療疼痛和疾病的藥物 – 直到您能夠服用藥片。
- 手術區域的導管，以便將液體排到一個小瓶中 – 這通常會在數天后移除。
- 稱為導尿管的小管，以便將尿液從膀胱排出到一個袋子中 – 當您能夠走動後這將會被移除。

疼痛

手術之後感覺到一些疼痛很正常。這通常可以用止痛藥很好地控制。如果您有任何疼痛，請告訴照顧您的護士。

疼痛通常會隨著時間而得以改善。如果您的藥物對疼痛沒有幫助，請告訴您的醫生。他們可以改變您的藥物。

噁心或嘔吐

如果您手術後感到噁心，請告訴照顧您的護士。他們可以給您藥物來幫助您。

走動

手術之後不久您應該便能夠從床上起身。護士會幫助您。四處走動有助於您更快康復，並有助於降低出現問題的風險。

有時候，在大手術之後，您可能需要臥床較長的時間。呼吸練習和腿部練習可以幫助降低手術後出現問題的風險。您的護士或物理治療師會教您這些練習。

在手術後的最初幾天，您在洗漱和上廁所時可能需要一些幫助。如果您希望由同性別的護士幫忙，您可以告訴您的護士。

每個人手術後的恢復情況都不一樣。之後的一段時間您可能會感覺疲勞。有些人很快會好起來，而有些人則需要較長的時間。這取決於您所接受的手術類型。

傷口護理

您的外科醫生會用夾子或縫線縫合您的傷口。縫線將由護士在醫院去除或由社區或診所護士在家中去除。

一些外科醫生使用不需要拆線的溶解縫線。當傷口部位癒合時，它們將會消失。

您的傷口上可能需要敷藥。護士會告訴您如何護理您的傷口。

疤痕

一開始您可能會感覺到疤痕發癢。如果您是白色皮膚，疤痕可能是紅色的，如果您是深色皮膚，疤痕可能更深。隨著時間的推移，疤痕通常會褪色，但並不總是這樣。如果您的傷口變熱、疼痛或出血或滲出任何液體，必須立即告訴您的醫生，這非常重要。

長期影響

許多人手術後恢復得很好，但有些人有長期的問題。醫生或護士在您手術之前應該會告訴您相關的情況，因此您可以預期到會出現的情況。若您擔心這些，可以與您的醫生或護士交談。通常有一些事情可以幫助您。

生育能力

有些手術會影響您的生育能力，比如摘除子宮。若您擔心這一點，您可以在治療開始前與您的醫生或護士交談。

淋巴水腫

如果淋巴結被切除，則可能會出現稱為淋巴水腫的腫脹。淋巴結將體液排出體外。將它們切除可能會引起體液積聚。這可能發生在靠近淋巴結被切除處的手臂或腿部等部位。如果您在淋巴結附近做過放療，也會發生這種情況。若您注意到任何腫脹，請聯繫您的醫生。快速對其進行治療非常重要。

神經損傷

有時神經會在手術中受損或被切除。這會導致疼痛或麻木。情況通常會改善，但對一些人來說，這可能是永久性的。有些止痛藥會有所幫助。您可以詢問您的外科醫生手術後會發生什麼。

如果某些神經被切除或受損，會影響您的身體運作。例如，一些男性在前列腺癌手術後無法勃起。一些女性在子宮切除手術後出現膀胱問題。處理這類問題可能很困難，許多人覺得很難啟齒。但是，與您的醫生或護士談談會有所幫助。他們在許多事情上都能提供幫助。

身體和情緒變化

手術後康復可能需要一些時間。許多人覺得這令人沮喪。當感到累的時候便休息，這很重要。試著逐漸增強體力。當您覺得有能力時，做一些溫和的運動，比如散步等，可以幫助您獲得更多的能量。有些人會覺得很難適應手術可能帶來的各種變化。

有些手術會改變身體的外觀或運作方式。這些變化可能會讓您感到不安。可能會影響您看待自我的方式。您可以得到很多的支援服務，因此如果您有這樣的感覺，請告訴您的護士或醫生。他們應該能夠幫助您或者安排您見[心理輔導師](#)。如果您想談談，可以致電麥克米倫（Macmillan）援助熱線，與我們的一名護士交談。

麥克米倫（Macmillan）如何給予協助

麥克米倫（Macmillan）致力於協助您和您的家人。您可通過下列方式獲得援助：

- 麥克米倫（Macmillan）援助熱線 (0808 808 00 00)。我們有口譯員，所以您可以使用中文與我們溝通。您只需用英語告訴我們您希望使用何種語言即可。我們可以回答有關醫療的問題、提供有關資金援助的資訊或與您討論您的感受。熱線服務時間為每日上午 8 時至晚上 8 時。
- 麥克米倫（Macmillan）網站 (macmillan.org.uk)。我們的網站提供許多有關癌症和癌症病患生活的英文資訊。欲瞭解其他語言的更多資訊，請瀏覽 macmillan.org.uk/translations
- 資訊與支援服務。您可通過資訊與支援服務中心向癌症援助專家諮詢並獲得書面資訊。瀏覽 macmillan.org.uk/informationcentres 尋找離您最近的諮詢中心或致電我們。您的醫院可能設有資訊中心。
- 本地支援團體 – 您可以在支援團體中與其他受癌症影響的人交流。瀏覽 macmillan.org.uk/supportgroups 尋找離您最近的當地支援團體或致電我們。
- 麥克米倫（Macmillan）網路社群 – 您亦可以前往 macmillan.org.uk/community 與其他受癌症影響的人士交流。

詞語清單

詞語 (目標語言)	英語	如何用英語說 (英語單詞的音譯)	意思
麻醉師	Anaesthetist	呃訥斯特忒斯特	讓您睡著以進行手術的醫生。
良性	Benign	必拿英	體內的一個腫塊，不是癌症，不會擴散到身體的其他任何地方。
細胞	Cells	塞奧斯	構成我們身體器官及組織的微小組成部分。
化療	Chemotherapy	奇莫塞熱批	使用藥物殺死癌細胞的癌症治療方法。
心理輔導師	Counsellor	卡噁色勒	受過訓練，幫助人們處理情緒或個人問題的專業人士。

全身麻醉	General anaesthetic	杰叻繞 呃叻斯塞鐵克	讓您睡著以進行手術。
淋巴系統	Lymphatic system	淋巴提克 西斯特姆	整個身體的淋巴管和腺體網路，幫助排出體液和對抗感染。 <u>淋巴結</u> 是其中的一個腺體。
淋巴結	Lymph node	淋姆夫 諾德	<u>淋巴系統</u> 當中的其中一個腺體。
惡性	Malignant	麼力格恁特	體內的一個腫塊，是癌症，可以擴展至身體四周。
腫瘤科醫師	Oncologist	噢恩考勒吉斯特	專於 <u>化療</u> 和 <u>放療</u> 的癌症醫生。
前列腺	Prostate	拍若斯泰特	前列腺是男性體內的一個小腺體，在膀胱附近。
物理治療師	Physiotherapist	費日哦撒惹皮斯特	幫助他人通過活動或鍛煉從疾病或損傷中恢復過來的專業人士。
放療	Radiotherapy	瑞迪歐塞熱批	使用高能 X 射線殺死癌細胞的癌症治療方法。
機器人手術	Robotic surgery	肉爆鐵克 瑟究瑞	手術中由機器拿著工具，而由外科醫生操作這台機器。
掃描	Scan	斯甘	身體內部成像。
腫瘤	Tumour	特由麼	腫瘤是一組以不正常方式生長的細胞。異常細胞不斷繁殖並形成腫塊。

更多繁體中文版資訊

我們提供更多有關下列主題的繁體中文資訊：

癌症類型	應對癌症
<ul style="list-style-type: none">• 乳腺癌• 大腸癌• 肺癌• 前列腺癌	<ul style="list-style-type: none">• 若您被診斷患有癌症 – 快速指南• 飲食問題與癌症• 生命的終點• 經濟援助 – 福利救濟金• 經濟援助 – 財務協助• 健康飲食• 疲憊（疲勞）與癌症• 癌症治療的副作用• 您可以做些什麼來幫助自己
治療 <ul style="list-style-type: none">• 化療• 放療• 手術治療	

欲查看該資訊，請前往 macmillan.org.uk/translations

以中文與我們溝通

您可以撥打麥克米倫（Macmillan）免費電話 **0808 808 00 00** 通過口譯員以中文與我們交談。您可以同我們討論您的憂慮和醫療問題。當您致電我們時，只需用英語說出「中文」即可（請說出「釵尼斯」）。

熱線服務時間為每日上午 8 時至晚上 8 時。

參考文獻與致謝

本資訊由麥克米倫癌症援助機構（Macmillan Cancer Support）癌症資訊開發團隊編寫和編輯。由翻譯公司提供繁體中文的翻譯版本。

本資訊以麥克米倫（Macmillan）宣傳冊《手術治療》為基礎編制而成。我們可以將副本發送給您，但完整手冊只有英語版本。

本資訊經有關專家審查，並獲得我們的首席醫療編輯蒂姆·艾弗森博士、醫學腫瘤學顧問及麥克米倫（Macmillan）首席醫療編輯的批准。

同時感謝審閱本資訊的癌症患者。

我們所有的資料都依據可獲得的最佳證據。關於我們所用資源的更多資訊，請通過 cancerinformationteam@macmillan.org.uk 聯絡我們。

MAC12466_Chinese (Traditional)

內容審閱日期：2020 年 1 月

計畫下次審閱日期：2022 年

我們盡最大努力確保我們提供的資訊準確無誤，但其並不能反映最新的醫學研究情況，因為這是不斷變化的。若您擔心您的健康狀況，則應諮詢您的醫生。麥克米倫（Macmillan）對由於此資訊或第三方資訊（如我們所連結到的網站上的資訊）的任何不準確所造成的任何損失或損害不承擔任何責任。

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MAC12466_Chinese (Traditional)

我們希望這些資訊對您有幫助。若您有任何疑問，我們可使用中文在電話中提供資訊和支援。我們的服務是免費的。您只需致電：0808 808 00 00（每日上午 8 時至晚上 8 時），並以英語說出您選定的語言。

Surgery

This information is about surgery (having an operation).

Any words that are underlined are explained in the word list at the end. The word list also includes the pronunciation of the words in English.

Many people with cancer will have surgery as part of their treatment. It might not be the only treatment you need. Some people also need chemotherapy or radiotherapy. The doctors at the hospital will talk to you about your treatment. We also have information in [language] about these treatments.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need (say "xxxxx").

There is more cancer information in [language] at [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

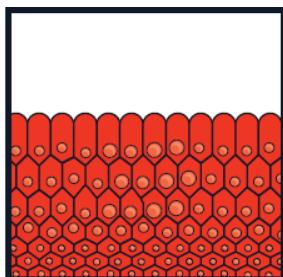
This information is about:

- What is cancer?
- Your surgeon
- Why do you need surgery?
- Can the surgery cure the cancer?
- What happens during surgery?
- Before your operation
- On the day of your operation
- After your operation
- Long-term effects
- Physical and emotional changes
- How Macmillan can help you
- Word list
- More information in [language]
- References and thanks

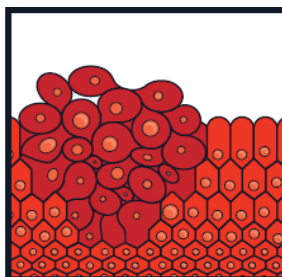
What is cancer?

Cancer starts in our body's cells. Cells are the tiny building blocks that make up the organs and tissues of our body. Usually, these cells split to make new cells in a controlled way. This is how our bodies grow, heal and repair. Sometimes, this goes wrong and the cell becomes abnormal. The abnormal cell keeps splitting and making more and more abnormal cells. These cells form a lump called a tumour.

Normal cells



Cells forming a tumour



Not all lumps are cancer. A lump that is not cancer is called benign. It cannot spread to anywhere else in the body. A lump that is cancer is called malignant. It can grow into other areas of the body.

Cancer cells sometimes break away from the first cancer and travel through the blood or lymphatic system to other parts of the body. Cancer cells that spread and develop into a tumour somewhere else in the body are called a secondary cancer.

Your surgeon

The doctor who does your operation is called a surgeon. It is important to see the right surgeon for your type of cancer. For example, someone with breast cancer will see a breast surgeon. The surgeon usually works at a local hospital. You can ask the surgeon about their experience if you want to.

If you have a less common cancer, you may need to see a surgeon at a specialist cancer hospital. This may be further away from where you live.

Why do you need surgery?

There are different reasons people have surgery for cancer:

Diagnosis

The surgeon may remove a small piece of the cancer. This is called a biopsy. A biopsy can also be taken during certain types of scans. It helps doctors find out what type of cancer it is.

Staging

Staging is when doctors look at how big a cancer is and whether it has spread to any other parts of the body. Knowing the stage of the cancer can help doctors to plan your treatment. Staging usually involves having some scans. There are different types of scan. Your doctor or nurse will explain which one you might need and what to expect.

This is an example of someone having a CT scan:



If your surgeon cannot see the tumour on a scan, you may need other tests. These tests could involve looking inside the body using a special tool with a light and a camera on the end. This can be done in two ways:

- Sometimes the tool is passed through a small cut in the tummy (abdomen). This is known as keyhole surgery.
- Sometimes the tool is passed through a natural opening to your body. For example, they can pass the tool into your mouth, look down your throat and into your tummy area (abdomen).

Treatment

Surgery is used to try to remove the tumour and the area around it, which might contain cancer cells. Sometimes, surgery is used to remove cancer cells that have spread into another part of the body.

Sometimes other treatments, such as chemotherapy and radiotherapy, are given before surgery to make the tumour smaller. This may mean that less surgery is needed.

Before any treatment, a group of doctors and other health care professionals will meet to discuss your situation. This helps to make sure you are getting the best treatment. After the meeting, your cancer specialist or nurse will talk to you about your treatment options.

Reconstruction

Reconstruction means to have a new body part made. This may help the body work better. An example is making a new bladder if it has been removed. Reconstruction can also make someone look better. For example, having breast reconstruction after having a breast removed.

Controlling symptoms

Sometimes cancer cannot be completely removed. In this case, surgery can often still help to control symptoms and make someone feel better.

Sometimes surgery is not possible. This may be because the tumour is too difficult to remove, or because the cancer has spread to other parts of the body. If surgery is not possible, other treatments can help control the cancer.

Can the surgery cure the cancer?

Often the aim of surgery is to try to cure the cancer. But this may not always be possible. Sometimes cancer cells can spread to the area around the tumour or to another part of the body. Very small groups of cells cannot be seen by the surgeon and they don't always show up on scans.

If there is a risk that some cancer cells could be left behind, your doctor may suggest you have other treatments after surgery, such as chemotherapy. This can help to reduce the risk of cancer coming back in the future.

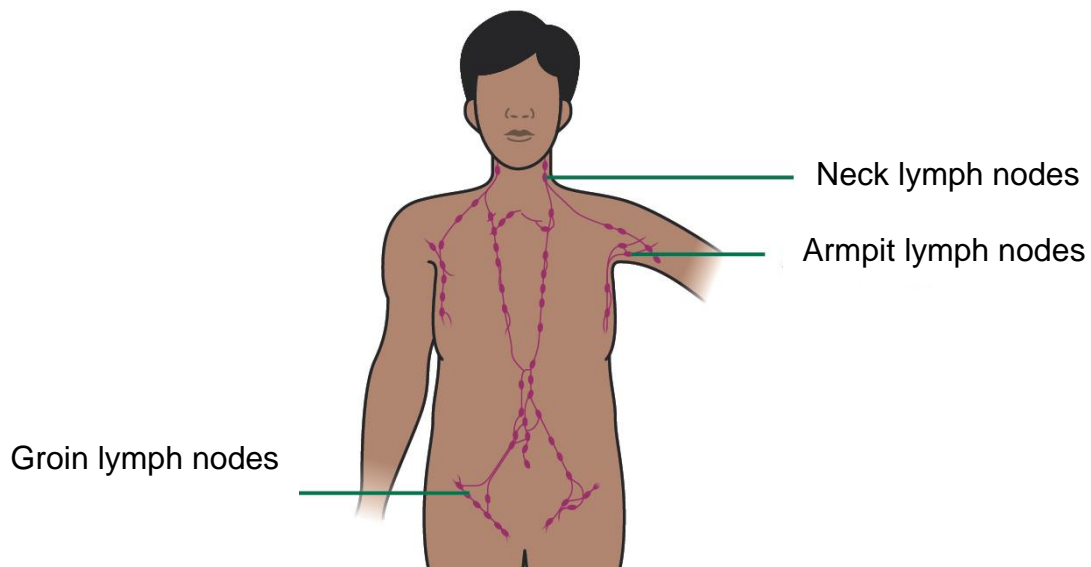
Sometimes a surgeon will find that they cannot remove the whole cancer. In this case, you may have other treatments.

What happens during surgery?

The surgeon will remove the tumour and an area of healthy tissue around it. A doctor will look at the tissue under a microscope. They will make sure the area around the tumour does not contain any cancer cells. This will mean it is less likely that any cancer cells have been left behind. This helps to reduce the risk of the cancer coming back.

Lymph nodes

Lymph nodes are part of the lymphatic system. This helps to fight infection and drain fluid from the body.



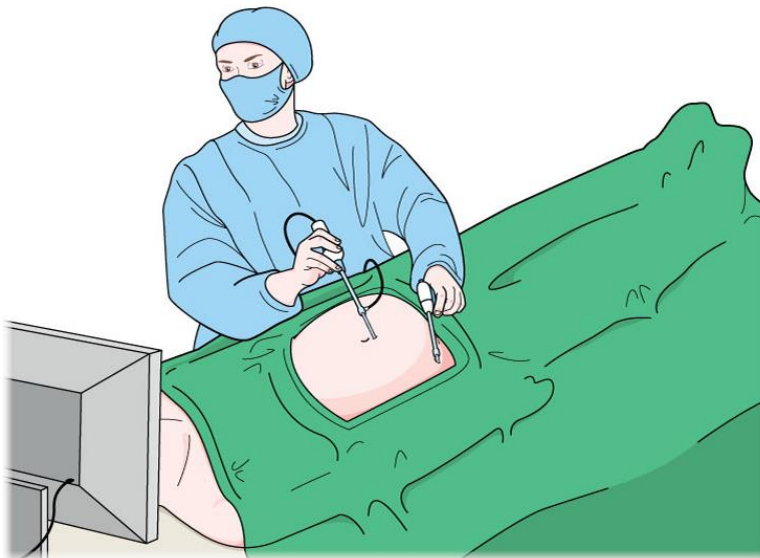
The surgeon may remove some lymph nodes close to the tumour. This is because cancer cells can spread to lymph nodes. If the lymph nodes contain cancer cells, this can increase the risk of the cancer coming back.

If the lymph nodes removed contain cancer cells, you may be referred to a doctor called an oncologist. They will talk to you about other treatments that could reduce this risk.

Keyhole surgery (laparoscopic)

In this type of surgery, small openings are made in the body instead of one large cut. The surgeon uses an instrument to remove the tumour through a small cut in the skin. Sometimes a machine holds the tools. The surgeon operates the machine. This is called robotic surgery.

Keyhole surgery leaves a smaller wound, so people recover more quickly. Sometimes people who are not well enough for a big operation may be able to have keyhole surgery. Keyhole surgery is as good as other types of surgery. It is done by surgeons with specialist training.



Before your surgery

The surgeon and a doctor called an anaesthetist will check that you are well enough to have the surgery.

You will usually have a hospital appointment before the operation to have some tests. This is called a pre-assessment clinic. A nurse will ask about your medical history and if you have any allergies. They will also check your blood pressure, pulse, height and weight. It is important to tell them about any medicines you are taking, including any herbal remedies or supplements.

Other tests may include:

- blood and urine tests
- pregnancy test
- chest x-ray
- test to check how well your heart is working.

The tests you have will depend on what type of operation you are having, and whether you have any other health problems.

If you cannot have a general anaesthetic, you may still be able to have surgery. You may be given a different type of anaesthetic that stops any feeling or pain in the area, but you will stay awake.

Most people feel worried about having surgery. Family and friends might also feel worried. Talking to your doctor or nurse about any worries you have can help.

It is important that you understand everything about your operation. You should be able to talk to your surgeon before your operation. When you speak to the surgeon, it is a good idea to take someone with you who speaks both [language] and English. Interpreters may be available at the hospital but try to ask for one in advance if you would like one.

You will need to sign a form to say that you agree to have the operation. This is called giving consent. Consent forms should be available in [language]. You cannot have an operation without one.

On the day of your operation

What happens on the day of your operation depends on which type of surgery you are having. The hospital will give you advice if you need to do anything to prepare for the operation.

You might be asked to:

- not eat or drink anything before your surgery
- remove any jewellery or metal objects
- remove any nail varnish or make-up
- wash on the morning of your operation.

The nurse may ask you to remove the body hair from the area before the operation. They will tell you what you need to do. Body hair is only shaved if it is needed. It is done using a disposable razor. The hair will grow back after the operation.

Having an operation can increase the risk of a blood clot. Special socks called compression stockings help to reduce this risk. You might need to wear a pair of these during and after your operation. Your nurse will measure your legs and help you put them on.

After your operation

Waking up after your operation can sometimes feel frightening, so it can help to know what to expect.

When you first wake, you will feel sleepy. A nurse will check your blood pressure. You might feel the blood pressure monitor tighten on your arm.

You may also have some tubes connected to your body. These could include:

- a drip of fluids into a vein until you can eat and drink normally – this may be a few hours or a few days.
- a small tube into a vein to give you medicines for pain and sickness – this is until you are able take tablets
- a tube where you had the operation, to drain away fluid into a small bottle – this is usually removed after a few days
- a small tube called a catheter, to drain urine from your bladder into a bag – this will be removed when you are able to move around.

Pain

It is normal to have some pain after surgery. This can usually be well controlled with pain medicine. If you have any pain, tell the nurse looking after you.

The pain will usually improve over time. If your medicines are not helping with your pain, tell your doctor. They can make changes to your medicine.

Feeling sick or being sick

If you feel sick after your operation, tell the nurse looking after you. They can give you medicines to help.

Moving around

You should be able to get out of bed soon after your operation. The nurses will help you. Moving around will help you recover more quickly and reduce the risk of problems.

Sometimes after a big operation you may have to stay in bed for a longer time. Breathing exercises and leg exercises can help reduce the risk of problems after surgery. Your nurse or a physiotherapist will teach you these exercises.

For a few days after your operation, you may need some help to wash and go to the toilet. Speak to your nurse if you would prefer to be helped by a nurse of the same sex.

Everyone recovers from an operation differently. You might feel tired for some time afterwards. Some people feel better quickly, while others can take much longer. This depends on the type of operation you have had.

Wound care

Your surgeon will close your wound with clips or stitches. These will be removed by a nurse at hospital or at home by a community or practice nurse.

Some surgeons use stitches that dissolve and don't need to be removed. These will disappear when the area heals.

You may have a dressing to cover your wound. The nurse will tell you how to look after your wound.

Scars

Your scar may feel itchy at first. It may be red if you have white skin, or darker if you have dark skin. In time, it will usually fade, although this might not always happen. It is important to tell your doctor straight away if your wound becomes hot, painful, bleeds or leaks fluid.

Long-term effects

Many people recover well from surgery, but some people have long-term problems. The doctors or nurses should talk to you about this before your operation, so you know what to expect. If you are worried about any of these, talk to your doctor or nurse. There are usually things that can help.

Fertility

Some operations can affect your fertility, such as having your womb removed. If you are worried about this, talk to your doctor or nurse before your treatment starts.

Lymphoedema

If your lymph nodes have been removed, you may get swelling called lymphoedema. The lymph nodes drain fluid out of the body. Removing them can cause fluid to build up. This can happen for example in an arm or leg near where the lymph nodes have been removed. It can also happen if you have had radiotherapy near lymph nodes. Contact your doctor if you notice any swelling. It is important to treat it quickly.

Nerve damage

Sometimes nerves can be damaged or removed during surgery. This can cause pain or numbness. This usually gets better, but for some people, it can be permanent. There are certain types of painkillers that can help. You can ask your surgeon about what to expect after your surgery.

If certain nerves are removed or damaged, it can affect how your body works. For example, some men are unable to get an erection after surgery for prostate cancer. Some women have bladder problems after surgery to remove their womb. It can be difficult to cope with these types of problems and many people find them difficult to talk about. But talking to your doctor or nurse can help. There may be things they can do to help.

Physical and emotional changes

Recovering after an operation can take some time. Many people find this frustrating. It is important to rest when you feel tired. Try to increase your strength gradually. When you feel able to, doing gentle exercise such as a short walk can help give you more energy. Some people can find it difficult to adjust to the different types of changes that surgery might bring.

Some operations change the way your body looks or the way your body works. These changes may cause you to feel upset. They could affect the way you feel about yourself. There is a lot of support available, so please talk to your nurse or doctor if you feel this way. They should be able to help you or arrange for you to see a counsellor. If you would like to talk, you could call the Macmillan Support Line and speak to one of our nurses.

How Macmillan can help you

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line (0808 808 00 00)**. We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. The phone line is open 7 days a week, 8am to 8pm.
- **The Macmillan website (macmillan.org.uk)**. Our site has lots of English information about cancer and living with cancer. There is more information in other languages at macmillan.org.uk/translations
- **Information and support services**. At an information and support service, you can talk to a cancer support specialist and get written information. Find your nearest centre at macmillan.org.uk/informationcentres or call us. Your hospital might have a centre.
- **Local support groups** – At a support group you can talk to other people affected by cancer. Find a group near you at macmillan.org.uk/supportgroups or call us.
- **Macmillan Online Community** – You can also talk to other people affected by cancer online at macmillan.org.uk/community

Word list

Word (target language)	In English	How to say in English (transliteration of English word)	Meaning
	Anaesthetist		The doctor who puts you to sleep for an operation.
	Benign		A lump in the body that is not cancer and cannot spread to anywhere else in the body.
	Cells		The tiny building blocks that make up the organs and tissues of our body.
	Chemotherapy		A cancer treatment that uses drugs to kill cancer cells.
	Counsellor		A professional who is trained to help people cope with their emotions or personal problems.
	General anaesthetic		When you are put to sleep for an operation.
	Lymphatic system		A network of vessels and glands throughout the body that helps to drain fluid and fight infection. A <u>lymph node</u> is one of these glands.
	Lymph node		A gland that is part of the <u>lymphatic system</u> .
	Malignant		A lump in the body that is cancer and can spread around the body.
	Oncologist		A cancer doctor who is an expert in <u>chemotherapy</u> and <u>radiotherapy</u> .
	Prostate		The prostate is a small gland inside a man's body. It is near the bladder.

	Physiotherapist		A professional who helps someone use movement or exercise to recover from illness or injury.
	Radiotherapy		A cancer treatment that uses high-energy x-rays to kill cancer cells.
	Robotic surgery		When a machine holds the tools in surgery. A surgeon operates the machine.
	Scan		This is a picture taken of the inside of your body.
	Tumour		A tumour is a group of cells that are growing in an abnormal way. The abnormal cells keep multiplying and form a lump.

More information in [language]

We have information in [language] about these topics:

<p>Types of cancer</p> <ul style="list-style-type: none">• Breast cancer• Large bowel cancer• Lung cancer• Prostate cancer <p>Treatments</p> <ul style="list-style-type: none">• Chemotherapy• Radiotherapy• Surgery	<p>Coping with cancer</p> <ul style="list-style-type: none">• If you are diagnosed with cancer – a quick guide• Eating problems and cancer• End of life• Financial support – benefits• Financial support – help with costs• Healthy eating• Tiredness (fatigue) and cancer• Side effects of cancer treatment• What you can do to help yourself
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To see this information, go to [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

Speak to us in [language]

You can call Macmillan free on **0808 808 00 00** and speak to us in [language] through an interpreter. You can talk to us about your worries and medical questions. Just say [language] in English when you call (say “xxxxx”).

We are open 7 days a week, 8am to 8pm.

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into [language] by a translation company.

The information included is based on the Macmillan booklet **Surgery**. We can send you a copy, but the full booklet is only available in English.

This information has been reviewed by relevant experts and approved by our Chief Medical Editor, Dr Tim Iveson, Consultant Medical Oncologist and Macmillan Chief Medical Editor.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

MAC12466_Language

Content reviewed: January 2020

Next planned review: 2022

We make every effort to ensure that the information we provide is accurate but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. Macmillan cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information such as information on websites to which we link.

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