

Endometrial (womb) cancer

Gynaecology Oncology Patient Information Leaflet

Introduction

This information is for women who have been diagnosed with endometrial cancer. Hopefully it will answer some of your questions, helping you and the people around you to understand and manage your illness and reduce some of your worries.

Leaflets cannot take the place of talking with your doctor or specialist nurse. Your specialist nurse is available to help and support you so feel free to ask for more information. The contact details are at the end of this leaflet.

What is endometrial cancer?

Cancer that starts in the lining of the womb is called endometrial cancer. About 8,500 women in the UK develop endometrial cancer each year – most commonly, women over 40 (Macmillan, 2015). It rarely affects women under the age of 35.

What are the symptoms of endometrial cancer?

The most common early symptom of endometrial cancer is bleeding after the menopause (the change). In women who have not gone through the menopause, symptoms can include bleeding between periods or periods that are heavier than normal. Abnormal vaginal bleeding may be due to other causes than cancer; however, it is important to see your GP about it.

What is the treatment?

The treatment you have will depend on the type and extent of the cancer, as well as your age and other health problems that you may have. Also, very importantly, it will depend on what your wishes and preferences are too.

We will see you in an outpatient clinic to discuss the results of investigations and your treatment. It can be difficult to take all the information in at once so it may be helpful to have family member or friend with you. We encourage you to ask as many questions as you wish and discuss any worries with your doctor or nurse.

The most common treatment options are based around surgery and radiotherapy, either one on its own, or a combination of treatments. Sometimes chemotherapy is used. The best option for you will be recommended by your consultant after talking with you.

The multidisciplinary team (MDT) of specialist doctors and nurses meet on a regular basis to discuss each patient's case. A separate leaflet is available about the multidisciplinary team.

Surgery

The main treatment for endometrial cancer is an operation. This is often a total hysterectomy which involves removing the womb, the neck of the womb (cervix) and both fallopian tubes and ovaries. This operation is known medically as a total abdominal hysterectomy, bilateral salpingo-oophorectomy (TAH BSO).

This operation involves a stay in hospital of around one to two days, but everybody is different. Everything that is removed as part of the operation is sent to the laboratory for analysis. This is to give the doctors more information. This can then be used to help decide if any further treatment is required.

In some circumstances, surgery may not be possible. In such cases, we may offer you radiotherapy or hormone treatment. Each case is assessed on an individual basis and your recommended treatment will be discussed with you.

Radiotherapy

Radiotherapy is the use of high energy X-rays to kill cancer cells in the area of the body being treated. Normal cells in the area will also be affected but they are able to repair themselves quickly. Cancer cells are unable to do this and so will be destroyed.

Radiotherapy is given at New Cross Hospital, Wolverhampton because this is where the equipment is available. Please ask your doctor or specialist nurse for further information.

Hormone therapy

Hormone therapy is usually given as tablets that are taken on a daily basis. They have minimal side effects and are usually well tolerated. This treatment alone is usually offered to patients who are not suitable for surgery or radiotherapy.

Family history and genetics

Most womb cancers are not related to your genes. However, if you have several close relatives who have had bowel or womb cancer, this can increase your risk of developing womb cancer.

If you are concerned about this, you can talk to your GP about your family history and they can advise if seeing a genetic counsellor or specialist would be helpful. Also Macmillan Cancer Support has useful leaflets and information about this.

Can I find out more?

You can find out more from your clinical nurse specialist:

Sarah Homer,
Macmillan Gynaecology Oncology Clinical Nurse Specialist
01384 244355 (9am to 5pm, Monday to Friday)

Local support groups

Gynae Cancer Support Group

Meets on the fourth Wednesday of the month at 2pm at
Cancer Support, The White House, 10 Ednam Rd, Dudley.

01384 231232

www.support4cancer.org.uk

National support

Macmillan Cancer Support

0808 808 2020

Cancer support specialists are available Monday to Friday, 9am to
8pm. Calls are free from all UK landlines and mobiles.

E mails can be sent via the website.

www.macmillan.org.uk

Cancer Research UK

0808 800 4040

You can ring on this freephone number, 9am to 5pm, Monday to
Friday.

www.cancerresearchuk.org/about-cancer

Useful contact numbers

Russells Hall Hospital switchboard number: 01384 456111

New Cross Hospital switchboard number: 01902 307999

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/oncology/>

If you have any feedback on this patient information leaflet,
please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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