



Laparotomy for large retroperitoneal mass

What does the procedure involve?

This operation involves an incision (cut) on the abdomen to remove a mass at the very back of your abdomen. In order to remove the mass completely, we may also need to remove other organs such as a kidney, parts of the large or small bowel and blood vessels.

What are the alternatives to this procedure?

Many of these large masses eventually turn out to be sarcomas (cancerous cells). Most sarcomas are not easily treatable with chemotherapy or radiotherapy and are therefore best removed surgically.

These masses often become very large before you experience any symptoms, or they may give no symptoms at all despite their size and are often discovered incidentally on a scan the patient had for other reasons. As a result, the operation can require a long incision (cut) and a significant amount of surgery within the abdomen.

What should I expect before the procedure?

Outpatient clinic

You will have been seen in the outpatient clinic by a surgeon and a specialist nurse prior to surgery. Several scans will have been performed including a computed tomography scan (CT) and sometimes a magnetic resonance imaging scan (MRI). These are to assess the mass itself and a biopsy may have been performed to confirm the nature of the tumour prior to surgery. A biopsy is usually performed under local anaesthetic (the area is numbed) and a needle passed into the mass to obtain some tissue.



A CT scan showing a mass on the left side of the abdomen (light green arrow) in front of the kidney (green arrow).

Pre-screening clinic

You will normally receive an appointment for the pre-screening clinic before the planned date of surgery to assess general fitness, screen for MRSA and perform some baseline investigations including blood tests and a heart tracing (ECG).

Your medications will be reviewed. If you are taking blood thinning medication such as aspirin, apixiban, warfarin or clopidogrel, you may be advised to stop taking prior to surgery. If you smoke it has been shown to be of benefit if you are able to quit prior to surgery. Smoking cessation referrals can be made at your request.

Admission

You will usually be admitted to hospital on the day of surgery or the day before. You will be seen by the surgeon to go through the details of the procedure again and have the opportunity to ask any questions. If not already signed in clinic, we will ask you to sign the consent form at this stage, which is a document outlining the surgery including risks and benefits. You will also be seen by other members of the team including the anaesthetist, junior doctors and a ward nurse.

You will be kept 'nil by mouth' (which means you cannot consume anything orally) for six hours prior to surgery and dressed in a gown. It may be advised that you stay 'nil by mouth' prior to coming into hospital. You may be asked to wear stockings as a precaution against deep venous thrombosis or DVT (clots in the legs).

What happens during the procedure?

The operation is carried out under a general anaesthetic (you will be asleep and have no knowledge of the procedure). Prior to going off to sleep the anaesthetist may insert a fine tube (an epidural) into the spine to help with pain relief after surgery.

The mass will usually be removed through a long incision in the midline (centre) of the abdomen but sometimes incisions that go across the abdomen rather than up and down are also used. The surgery itself can take between 4 and 6 hours to complete.

What happens immediately after the procedure?

After the operation you will wake up in the recovery area of the theatre before being transferred to the ward. There are usually a number of tubes and wires attached to you at this stage:

- A drip in the neck (a central line)
- A tube in the nose (nasogastric tube) to prevent excessive bloating
- An oxygen mask
- Heart monitor leads on the chest
- A blood pressure cuff on the arm or monitor on the wrist
- A drip in the arm (a cannula)
- An epidural catheter (fine tube into the back)
- Occasionally a drainage tube into the abdomen (to drain away any blood or fluid)
- A catheter into the bladder (to drain your urine)

Some patients will go to the intensive care unit post-operatively for close monitoring whereas others can go to the high dependency area EPOC.

You will be able to drink clear fluids after the operation and are usually able to start eating 3–4 days later. This will depend on the type of surgery that has been performed and whether any of your bowel has been removed. Once diet is established, painkillers can be given orally and the epidural and the bladder catheter can be removed.

We normally encourage patients to mobilize as soon as possible and also to perform breathing exercises as advised by the physiotherapists in order to help prevent chest infections.

Patients are usually in hospital for seven to ten days on average and will be allowed home once they are mobile, eating and drinking normally and their bowels are working. At this point you will be able to continue your recovery at home.

Are there any side-effects?

All operations have potential side-effects or complications. Although they are well recognised they are also rare and the majority of patients do not suffer any problems after this type of surgery.

More common effects:

- Wound infection requiring further treatment such as antibiotics
- Internal bleeding requiring blood transfusion or another operation
- Need for further treatment for cancer

It may be necessary to remove organs attached to the tumour such as the kidney or parts of the bowel. If bowel has to be removed it is generally joined back together but this sometimes does not heal and a further operation may be required. In rare circumstances, the bowel cannot be joined up and a stoma is made.

Rare effects:

- Inoperability. Sometimes it proves impossible to remove the tumour at surgery. This is a rare occurrence due to the availability of highly accurate modern scans.
- Problems with the heart or lungs requiring prolonged admission to intensive care. These include chest infections, blood clots on the lung, heart attacks and strokes.
- A tiny minority of patients do not survive the surgery due to a combination of unexpected events but this is extremely rare.

What should I expect when I get home?

It will be at least six weeks before full healing of the abdominal wound occurs and it can take two months before you feel fully recovered from the surgery. You may drive when able to perform an emergency stop but it is advised that you inform your insurance company before doing so. You may return to work whenever you feel able and your GP is satisfied that you are fit enough but we do advise that you avoid heavy lifting for six weeks.

When you leave hospital you will be given a discharge summary that outlines the treatment that you have had. If, in the first few weeks after discharge you need to call your GP for any reason or to attend another hospital, please take this summary with you so other doctors can see the details of your treatment.

When do I get my results?

The mass is sent to the laboratory for full analysis. This is then discussed at our weekly multi-disciplinary meeting which is attended by surgeons, oncologists (cancer specialists), histopathologists (doctors that analyse the tissue) and radiologists (X-ray specialists). The exact type of tumour, whether it has all been removed or not and the need for any further treatment are all discussed and decided upon.

It generally takes 2–3 weeks for this to occur and we will see you in the outpatients 4–6 weeks after discharge to discuss the results and what they mean.

Cancer Research UK

Cancer Research UK is a website for patients. They have excellent explanations of the diagnosis and treatment of sarcoma including “Questions for your Doctors”. The content of this website is carefully approved by doctors who are specialists in the field.

The website is: www.cancerresearchuk.org.

Sarcoma UK

Sarcoma UK is a patient support organisation founded by a patient with sarcoma and provides a newsletter and information leaflets, organises meetings and lobbies for patients with sarcoma. Get involved!

Website: www.sarcoma.org.uk

An email support group is available at: www.supportline@sarcoma.org.uk

Sarcoma UK Support Line

Website: www.sarcoma.org.uk/sarcoma-uk-support-line

Telephone: 0808 801 0401

GIST Support UK

This is a patient support group specifically for patients with a type of sarcoma of the stomach and intestine called GIST (gastro-intestinal stromal tumour). They provide leaflets and organise patient support meetings.

Their website is: www.gistcancer.org.uk

Macmillan Cancer Support

Cancer charity doing whatever it takes to help more people with cancer get the best care the UK has to offer, wherever and whenever they are. Providing information on all types of cancer and cancer drugs, as well as an online community and support for patients across the country. Also provides support on finances and general concerns.

Website: www.macmillan.org.uk

Contact us

The Clinical Nurse Specialists are available Monday to Friday 08:30–15:00. They would be happy for you to contact them if you have any concerns or worries. Please note they may be in clinic when you call but if you leave them a message with your name, hospital number, a brief message and your contact telephone number, they will ring you back.

Alternatively you can email any queries with these same details to PatientSarcoma@uhb.nhs.uk

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