About surgery

The Cancer Council South Australia

This resource provides general information about surgical treatments for cancer. It is not intended as a substitute for discussion of your specific treatments with your surgeon, cancer specialists, general practitioner or nursing staff. It can be used as a guide to help you talk with them and to encourage you to ask them questions.

When cancer is diagnosed, the initial reaction is often fear of the unknown. For some having knowledge about the type of cancer and the treatments recommended can help in feeling more confident about making decisions.

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What is cancer?

Cancer is a disease of the body's cells. Cells are the building blocks of the body. They are microscopic in size and reproduce themselves through the process of cell division: one cell divides to form two, two to form four and so on.

Normally cell division takes place in an orderly way: new cells are produced in sufficient numbers to replace old, worn out or injured cells.

In cancer, the process of cell division is out of control. Cancer cells are abnormal in structure and function and continue to reproduce themselves without purpose. The word used to describe cancer cells is "malignant". This term refers to any condition which, if left uncorrected can get worse, cause illness and eventually death.

As the cell population expands, it forms a mass or *tumour*. This is called a *primary cancer*. The word tumour also refers to any swelling or growth and may not necessarily mean you have cancer. So check out what your doctor means if he uses this word.

Sometimes cells can separate from the primary malignant tumour and spread around the body, travelling through the blood and lymph systems. These cells can establish themselves in other tissues and organs and form new tumours. These are called *secondary cancers* or *metastases.*

What is surgery?

Surgery is a method of treatment that physically removes tissue from specific sites in the body. Cancer cells, tumours and surrounding tissue are cut away.

Many cancers, especially if detected early, can be successfully treated in this way. The other two main methods of treating cancer are:

- *radiotherapy*: high energy radiation used to destroy cancer cells in a particular part of the body
- *chemotherapy*: anti-cancer drugs given as tablets or injections so they can circulate throughout the body. These drugs are capable of killing or damaging cancer cells.

Surgery is often the treatment of choice for many solid tumours such as cancers of the bowel, breast, head and neck.

The surgeon aims to remove the cancer cells or tumours from the body. This is done using a small sharp knife called a scalpel while the patient is under local or general anaesthetic. (For more information on anaesthetics see page 3.) A margin of normal tissue surrounding the cancer is also included and frequently, a sample from the adjoining lymph glands (also called lymph nodes). Lymph glands are filters for the removal of harmful agents like bacteria and toxins as well as cancer cells.

All the tissue removed is sent to the laboratory to be analysed for the presence of cancer cells. The doctor can determine from the results what further treatments, if any, need to be planned. If the lymph glands are found to be positive (contain cancer cells) the cancer has spread beyond the organ in which it began.

Laser surgery

Sometimes laser surgery may be used to treat superficial cancers. It can also be used to relieve symptoms such as bleeding or an obstruction when the tumour cannot be removed. Laser surgery uses a device that produces a very thin beam of light in which high energies are concentrated and produces intense heat on contact with tissue. The heat breaks up tissue which is then removed from the body.

How does surgery help to diagnose cancer?

A *tissue biopsy* is a sample of cells, tissue or tumour that is surgically removed from a particular part of the body for examination under a microscope by a *histopathologist.*

If cancer cells are present the histopathologist will usually be able to diagnose the type of cancer based on the appearance of the cells under the microscope. This can provide information on how the cells may behave in the future, where they may spread and their sensitivity to different treatments. Preparation and examination of the specimens can take up to several days so you may need to wait before you get your results.

Common examples of surgery for taking tissue biopsies include:

- *needle biopsies*: This technique is used for tumours that are close to the surface of the body, for example breast lumps, as well as tumours deep within the body, as in the pancreas, liver or kidney. A local anaesthetic (see page 3) is placed on the skin and in the soft tissues under the skin. The tumour is pierced by a very thin needle, through which a small amount of tissue is withdrawn. During needle biopsies of internal organs, X-rays or scans guide the needle and help to ensure it is accurately positioned
- *shave biopsy*: a cut is made parallel to the surface of the skin to take off a small sample of tissue under a local anaesthetic. Small skin cancers can be detected and often completely removed in this way
- *incisional biopsy*: involves removing part of the tumour for diagnosis, then stitching the area up
- *excisional biopsy*: is used for tumours that are easily reached, as in the skin or lymph nodes. The entire tumour is removed
- *endoscopic biopsy*: specially designed long tubes or endoscopes are passed through body passages (like the bowel or gullet). A light source at the end of the tube allows for detailed examination of the tissues inside these organs. Biopsies are taken with instruments which are either attached to the endoscopes or can be introduced through them
- during *exploratory surgery*, the surgeon checks the location of the disease and takes tissue samples. For example during a laparoscopy which is a surgical examination of the abdominal and pelvic organs performed under general anaesthetic. An instrument called a laparoscope is inserted through a small cut just below the navel and samples of tissue may be taken for analysis
- a *diagnostic laparotomy* is a procedure used for the examination of abdominal organs under anaesthetic. The surgeon makes a cut through a part of the abdominal wall. Samples of tissue from the spleen, liver and some lymph nodes may be taken. If necessary all the visible tumour may also be removed at the same time.

How is surgery used to treat cancer?

Surgery may be able…

- to *cure* a cancer by completely removing the cancer cells from the body. Cure may be possible if the cancer is confined to the organ in which it began and there is no evidence of spread to other tissues and organs
- to *control* a cancer by removing part of the tumour. Sometimes the entire tumour cannot be completely removed because it is situated too near delicate structures of the body or because it is too widely spread. The remaining cells could be treated with radiotherapy or chemotherapy
- to control symptoms of the disease (*palliation*). Surgery may be able to remove a tumour or part of it which is painful or obstructing a vital organ like the bowel or lung. In this way normal function and comfort can be maintained for an extended period of time, even if the cancer itself is not curable
- to *rebuild* tissues that have been altered or damaged due to the effects of cancer or cancer treatments. This is the purpose of *reconstructive* surgery.

Some common terms for surgical treatments

The ending *-ectomy* describes any surgery during which tissue is cut away and removed from the body. For example:

- *mastectomy* is the term for the complete removal of breast tissue. (*Mast* is from the Greek for breast.)
- *hysterectomy* is the removal of the uterus. (*Hyster-* from the Greek hysteria for uterus.)
- *laryngectomy* is the term for the removal of the larynx or voice box. (*Larynx* means voice box.)

The ending *-ostomy* describes surgery that creates an artificial opening in the body. For example:

- *colostomy* describes an operation during which one end of the large bowel is removed. The other end is connected to an opening that is created on the surface of the abdomen which is called a *stoma*
- when the larynx is removed, food and fluid entering the throat can enter the lungs. To make breathing safe the surgeon moves the windpipe to the front, near the base of the neck, and creates an artificial opening through it called a *tracheostomy*.

Listed below are some common terms used to describe how much tissue has been removed:

- *conservative* or *partial* surgery removes the cancer whilst sparing most of the surrounding tissue. For example, during a *partial mastectomy* the surgeon aims to remove the entire tumour while preserving as much of the breast as possible
- *total*: the removal of the entire organ or all the tissue in a particular part of the body. A *total prostatectomy* indicates the removal of the entire prostate gland
- *sub-total* indicates part of an organ is spared. During a *sub-total hysterectomy* the uterus is removed but the cervix is left in place

- *radical* is sometimes used to describe surgery that is more extensive, reaching out widely to surrounding tissues and in certain cases, surrounding organs as well. For example, during *radical neck surgery* following a laryngectomy the surgeon may remove the thyroid gland, the lymph glands in the neck, as well as extra neck tissue
- an *amputation* indicates the removal of a limb or part of a limb. Amputations may be performed in extreme cases for bone cancers in the arm or leg, if other standard treatments are not recommended
- *limb sparing surgery* may be a surgical option: the affected part of the bone is removed, and replaced with a specially designed piece of metal or a bone graft from another part of the body.

If your surgeon uses terms that are unfamiliar ask them to explain their meaning more clearly. It is important that you understand exactly what is involved in a particular procedure. If you are still unclear about what is to take place during your surgery after your initial visit with your surgeon, do not hesitate to make another time to discuss it further, prior to your procedure.

Surgery for rehabilitation

The word *rehabilitation* in relation to cancer surgery means restoring or replacing tissues that are removed, altered or damaged during surgery. Lost tissue can often be rebuilt through reconstructive surgery or replaced with a *prosthesis*.

Reconstructive surgery

Reconstructive surgery is used to rebuild tissues that have been altered or damaged during surgery for cancer.

Specialists in reconstructive surgery are called plastic surgeons, although general surgeons may perform some reconstructive procedures as well.

There are several different types of reconstructive surgery which may either use tissue from your own body or a prosthesis. For example, the surgeon can move muscle and some skin from the abdomen to build a new breast. In another case, implants or internal prostheses of different shapes and sizes may be inserted inside the chest muscle to build a new breast.

If you need reconstructive surgery, your surgeon will discuss the different methods and recommend what is best for you depending on:

- the part of the body that needs to be reconstructed
- how much tissue has been removed
- the quality of the remaining tissue
- your general health
- your preference
- the way it looks and functions.

The timing of the surgery depends on:

- whether you need further treatment such as radiotherapy, chemotherapy or more surgery
- your general health
- whether reconstruction is a necessity or a matter of choice.

Before you make any decisions, you need to understand clearly why a particular method has been recommended to you. Some surgeons use diagrams or photographs to better explain what is involved. It may be possible for you to speak with others who have been through the same type of operation. Call **The Cancer Council Helpline 13 11 20** for information about our Cancer Connect Program.

Using a prosthesis

A prosthesis is an artificial body part made of non-reactive material like plastic, teflon or silicone which can be fitted internally or externally on to the body.

An external prosthesis is shaped like the body part and held in place by clothing or a bandage. For example, an artificial limb is bandaged on to the amputated arm or leg.

An internal prosthesis is surgically implanted inside the body, as for example, during limb sparing surgery (see this page).

About anaesthetics

Anaesthetics are drugs that can remove the sensation of pain, relax the muscles, calm fear and anxiety or induce a deep sleep. They can be used singly or in combination depending on the effects the specialist doctor or anaesthetist aims to achieve.

The anaesthetist examines you and decides on the most suitable type of anaesthetic for you.

Local anaesthetics numb the particular area of the body on which the surgery will be performed. They are used for short procedures that usually do not involve deep cuts. You stay awake but do not feel any pain or discomfort. Sometimes you may also be given sedation so that you feel drowsy.

Spinal anaesthetics (also referred to as epidural anaesthetics) are injections of drugs beneath the covering of the spinal cord. They numb the area of the body below the site of the injection. You remain awake but do not feel what is being done during the operation. They are often recommended for people who have breathing difficulties or other physical conditions which make them unsuitable for a general anaesthetic.

General anaesthetics not only block out feelings and sensations, but also induce a very deep "sleep". Although surgery or other painful procedures are being performed, you will not be aware of them.

Costs of surgical treatment

If you have private health cover and opt to be treated privately:

- you will be able to choose your surgeon
- waiting times for the first consultation and subsequent appointments may be shorter
- you will have a say in where and when you want to be treated
- a private patient is still entitled to free treatment as a public patient in a public hospital.

You can claim a rebate for some doctors' services from Medicare. Your health insurance may cover some or all of the costs of services including:

- hospital accommodation
- doctors' services/consultations
- diagnostic tests
- operating theatre fees
- medications and dressings
- prostheses
- fees for allied health services like physiotherapy.

Your health insurance may not fully cover you and you may still have to pay the gap. Talk with your specialist about costs and gaps at your first appointment.

If you do not have private health cover but choose to be treated privately you will be able to claim your Medicare rebate but will have to pay the balance which can amount to a lot of money.

If you are not privately insured or choose to be treated as a public patient in a public hospital:

- the costs of all your tests and treatments will be covered by Medicare
- you may not be able to see the doctor of your choice at a public hospital and may see different doctors during your treatment. However they are all part of the same treatment team. During team meetings, your case is discussed with all the members and you will benefit from the advice of several specialists
- you will not be able to choose your surgeon. However most major operations even if performed by registrars, are supervised by consultants
- though it may take longer to be admitted for treatment in a public hospital, it is unusual to have to wait long for a bed if you need urgent treatment for cancer
- services like physiotherapy, occupational therapy and social work are available at no charge in public hospitals
- some public hospitals provide financial assistance towards the purchase of prostheses or wigs.

Staying in control of your life

You may feel a loss of control when you are diagnosed with cancer. There are important decisions about treatment that need to be made soon after diagnosis. To be able to choose what is best for you, you need good information on treatments, their side effects and outcomes, as well as their costs.

You also need to find out:

- where and how to get the right information
- how to deal with new and unfamiliar information
- how you can help yourself.

Finding out more about your treatment:

Your surgeon will provide you with the following basic information before you make decisions about your treatment:

- the name of the surgical procedure
- what this procedure involves
- the possible risks and benefits of undertaking surgery
- other surgical and non-surgical options
- the possible outcomes if you do not have surgery.

Sometimes the surgeon has to wait for the results of the biopsy on the surgically removed tissue before he can tell you whether you need more treatment and what treatment it might be.

Dealing with new information

If a lot of new information is given when you are in a stressful situation it is not always easy to understand. To help you make the most of what you are told:

- take a list of what you need to discuss with your surgeon when you see them
- have a friend or relative present when your treatment is being discussed. It helps to compare notes with them afterwards and pick up points you might have missed
- write down what the doctor tells you
- ask questions if you want more information or further clarification
- obtain any written information available on your surgical procedure
- your surgeon may know a patient who has had similar treatment and could organise for you to speak with them
- doctors usually expect you to go home and think about treatment choices and if necessary to talk over your options with close family before making a decision

- make another appointment to see your surgeon to clear up any final concerns
- other professionals like your GP, nurses and social workers may be available to talk through some of your fears, doubts and dilemmas
- ring **The Cancer Council Helpline 13 11 20**.

Questions you may want to ask your doctor

About the operation

- What is the name of my operation?
- What does this operation involve?
- How long will I need to stay in hospital?
- What side effects might there be?
- What can go wrong?
- Will I have to go to intensive care after my operation?
- Will I have any tubes or drains after my operation? How long will they stay in for?

Will the operation

- Cure or completely control the cancer?
- Prevent the recurrence of cancer?
- Prevent the spread of cancer?
- Relieve symptoms?

Other treatment options

- What other surgical and non-surgical treatment options are available?
- Will I need to have other treatments before or after the operation?
- How long will I need to continue with these treatments?
- What if I decide not to have any treatment?

Tests

- What tests will I need to undergo before and after the operation?
- What will these tests involve?
- What information will the tests provide about my cancer?

Effects of the surgery

Will I need to restrict any of my activities and for how long? For example:

- When can I return to work?
- Will I be able to drive a car?
- When can I resume sexual intercourse?
- Will I have to restrict bending and lifting weights (such as children)?
- Will I be able to climb stairs?
- When can I start doing the heavy housework?
- When can I start swimming/playing sport?

Body image and function

- How will I look after the wound has healed?
- Is reconstructive surgery an option for me?
- Will the surgery affect how my body functions in any way?

Special needs

If you have questions dealing with any special requests discuss these with your surgeon. Many hospitals are willing to make provision for special individual and cultural needs if these are important for your wellbeing.

Once you have a good understanding of your operation and recovery time it may be worthwhile thinking about how you are going to manage when you return home. For example if you live on your own it may be useful to have a family member or friend stay with you for a short period until you can manage more easily. If you have children you make like to put some child care arrangement in place to support your recovery.

What does it mean to sign the consent form?

The consent form is a legal document which testifies that you:

- have understood the information provided about your surgery
- are satisfied with the information the doctor has provided you
- are willing to go through the operation and have the anaesthetic recommended, being aware of the risks involved.

There is a clause in the consent form that allows the doctors involved to make immediate decisions in case of an unexpected complication during the operation.

Make sure that you read the consent form carefully and are sure of what you are asked to sign. If you have any questions about the format or meaning of the words, do not hesitate to ask the doctor or nursing staff for an explanation.

What happens when you are admitted into hospital?

Some hospitals have pre-admission clinics where routine observations and investigations are carried out before surgery. This may mean an appointment at the hospital a week or so before your operation. The staff also gives you information about your type of surgery.

Depending on your age and general health, investigations like blood tests, X-rays, scans, ECGs and lung function tests may be performed. They provide the anaesthetist with information about how your heart and lungs will cope with the effects of the anaesthetic drugs.

Most hospitals admit patients on the day of the operation, unless special preparations are required, for example before bowel surgery.

All patients are asked to fast before a general anaesthetic. When the person is unconscious and the bowel muscles relax under the effects of the anaesthetic drugs, undigested foods and fluids can flow back up the throat and be inhaled into the lungs. Fasting prevents this from happening.

As it is quite normal to feel tense and anxious before your surgery, you may be offered a sleeping tablet the night before surgery if you are already admitted and a sedative or other drugs an hour or so before the operation. These drugs are called "pre-medications" because they are administered before the anaesthetic, to help you relax and possibly enhance the effects of the anaesthetic drugs.

Deep breathing exercises and simple leg and ankle exercises are also taught to help blood circulation and prevent the formation of clots and you will be encouraged to practise these as often as possible (see page 7).

If you have difficulty with breathing due to a history of asthma or problems with movement due to arthritis, the doctor may refer you on to a physiotherapist.

Before you go into the operating theatre...

You will be requested to take a bath or shower a few hours before surgery and the area to be treated may need to be shaved to ensure the skin is thoroughly cleaned before the operation.

Metal ornaments like jewellery and hair clips can react with the electrical equipment used in theatre so you are requested to remove these.

While you are under anaesthetic, the colour of your skin and nails are checked for indications of healthy blood flow. As make up and nail varnish disguise your natural colouring, you are asked to remove them.

You are advised to remove contact lenses to avoid scratching the cornea when your eyes dry out under the effects of the anaesthetic drugs. Hearing aids need to be removed.

When you come out of the operating theatre...

Immediately after major surgery under general anaesthetic, you are observed for a period of time in the recovery room until you regain consciousness.

After particular surgical procedures you may find yourself attached to various kinds of tubes. Most of these tubes are inserted while you are under anaesthetic. For example:

- *oxygen* may be delivered through tubing attached to a mask to help you breathe
- an *intravenous infusion* or drip may provide your body with the fluid it requires if you are unable to eat or drink
- a *catheter* may be temporarily inserted into the bladder to drain away urine so you do not have the discomfort of using bedpans in the immediate post-operative period. Urine drains into a container by the bed
- *wound drains* are attached to tubes that drain away the fluid and blood from the wound. This prevents swelling and pain around the wound.

You should have had this explained to you prior to your procedure.

If after surgery you need to go on a respirator (a machine to help breathing), you may go into an intensive care or high dependency unit for a short period. If you need closer observation as well as more frequent temperature, pulse and blood pressure readings you may be admitted into these units.

What to expect after a major operation

Side effects of surgery differ from person to person. The severity of the side effects depends on the type of surgical procedure and anaesthetic administered. The most common side effects tend to be pain and nausea.

Pain is a feeling that can range from mild discomfort to severe distress. It is caused when special nerve endings are cut during surgery.

Nausea is an unpleasant sensation of wanting to vomit, caused by irritated nerve endings in the stomach and other parts of the body. Anaesthetic drugs can have this effect on some people. Intense irritation of the nerve endings can cause the person to vomit.

Pain relieving drugs are called *analgesics*. Drugs that relieve nausea are called *antiemetics*. These are always ordered by the surgeon or anaesthetist after your surgery and administered by nursing staff at regular intervals to keep you comfortable.

Patient controlled analgesia may be provided to you after major surgery. This means you can regulate the amount of pain relief you get by simply pressing a trigger button on a computerised pump attached to your intravenous infusion. There is a control mechanism within the machine which prevents overdosing. If you use one of these machines information is given to ensure you will be comfortable with its use.

If you are not made comfortable by the drugs ordered for you, you must let the nursing or medical staff know and they will have your medication orders reviewed by the doctors. Tablets to relieve pain may be ordered for you on discharge with instructions on how frequently you can take them. At many hospitals now there is a pain team that can review your situation as required.

As your recovery progresses, the various tubes and attachments are normally removed and you are encouraged to increase the range of your movements and eat and drink normally. It is usual to be transferred to a general ward from intensive care or high dependency, before being discharged from hospital.

Helping yourself in hospital

Maintaining your levels of physical fitness after surgery

While you are confined to bed following surgery you are encouraged to take frequent deep breaths to clear your lungs and prevent the possibility of chest infections. If deep breathing is painful because of the position of your wound, you will need to be given regular pain relief to enable you to breathe comfortably. Ask nursing staff for pain relief if you are uncomfortable and in pain. You are also taught and encouraged to practice leg exercises to help blood circulation and prevent clots.

Coping with hospital routine

The following suggestions may help to cope with the life in a busy hospital ward:

- you may find yourself in a hospital bed for long periods or waiting around for tests and treatments. To combat the tension and/or boredom use books, puzzles, music or watch TV. It is quite usual to find you cannot concentrate very well so set yourself easy, undemanding tasks
- to cope with the noises and other interruptions which may disturb your sleep, try putting on your earphones to listen to music. If you know some simple relaxation techniques, try practising them
- on days when you do not feel well, a prior arrangement with nursing staff can limit the number of visitors, as well as the telephone calls you receive
- try to see the progress you have made since your operation. Perhaps you have got rid of a drip or drain, taken your first shower, your first meal or your first independent steps. Small realistic goals that you can successfully meet, will help re-establish your self-confidence and prevent you from feeling low in spirit.

Returning home

Some patients may be ready for discharge as soon as their wound is healing well and they are strong enough to walk, shower themselves and eat a normal diet.

People living on their own with no home help or support may find it difficult to cope with the basic demands of daily living, like cleaning, shopping and cooking. It is advisable to discuss this with the doctor, nurse or social worker before leaving hospital so that services are put into place.

Stitches, clips and dressings may be removed before discharge. In other cases this can be done by the general practitioner or during the first post-operative check up. Some stitches do not need to be removed as they will be absorbed by the body.

If you go home with wound drains left in place or need specialised treatment at home make sure a home nursing service or the District Nurse is organised to see you each day. Your GP should also be kept informed about your progress.

Follow-up appointments are organised to check up on your progress. They also provide you an opportunity to ask your doctor any questions you may have. However if there are questions or problems that you need to discuss immediately, do not hesitate to contact your GP or ring the hospital nursing staff or your specialist.

Sometimes you may need to continue seeing other health professionals like physiotherapists, speech pathologists or dietitians who will help you with your ongoing recovery.

Looking after yourself at home

After surgery your body will need time to heal. Even if yours was a relatively minor surgical procedure, side effects of general anaesthetics, like feeling tired or drowsy, may persist for some time.

After major surgery, do not expect to go back to your normal routine immediately. Often your family and friends wish to be involved in your care but are uncertain what to do. Let them know what can be most useful for you.

If you live on your own and need assistance, explain your situation to the nurse or a social worker. You may be eligible for Meals on Wheels, visits from the District Nurse, help with domestic chores or the use of specialised equipment. Depending on the circumstances, a stay in a convalescent hospital can be organised by your doctor.

To help your body recover from the effects of major surgery:

- eat a varied and balanced diet. Choose foods that have a high nutritional value but also suit your tastes and preferences. Your doctor will inform you if you need to follow a special diet and a dietitian can be consulted
- take plenty of rest
- maintain high standards of personal hygiene to prevent infections
- avoid crowded places or people who have colds, coughs and other infections
- inform your doctor if you feel unwell, if your wound looks swollen and red or discharges fluid that seems abnormal or if you experience unusual pain or discomfort
- you may need to avoid strenuous exercise or heavy lifting.

Dealing with the emotional impact of cancer

Having cancer can be a stressful experience, people react in many different ways. Your emotional well being is as important as your physical health. Recognising this and sharing how you feel with others may help you.

Some people find that during the hospital stay, feelings may be blurred or numbed because of the physical demands made on them. It may be after they return home and begin to recover, that they start worrying about the long term implications of cancer. You may experience great swings of emotion: disbelief, anger, fear, grief, sadness, depression.

All sorts of fears, real and imaginary, may haunt you especially at night so that you are unable to sleep or have constant bad dreams. If this is so, try getting out of bed and doing something else. Read a book, switch on the TV, get yourself a hot drink or listen to your favourite music.

During the day you may need to try different strategies to cope with the occasional periods of anxiety. Take a short walk or try and distract yourself with mundane chores that are not physically demanding. It may help to ring up a friend or family member who has time and understanding to listen to you and discuss some of your concerns. Sometimes talking to your local doctor, your chaplain or a counsellor may help.

Remember, there is no right or wrong way of coping with your feelings. Everyone reacts differently and usually in time, the intensity of feelings will lessen and you will be able to take charge of your life again.

Help is available

Professional counselling

Individual or group counselling is provided by social workers, psychologists, psychiatrists or hypnotherapists for a wide range of problems. There are many counselling services and counsellors in private practice listed under the appropriate section in the Yellow Pages. Fees vary so it is always sensible to ask. Rebates may be available through Medicare or your health fund. Call **The Cancer Council Helpline 13 11 20** for more information.

There are many other community support services like cancer support groups which may offer the sort of help you want. There are a range of support groups in suburban and country locations. For information on current groups, contact **The Cancer Council Helpline 13 11 20**.

Social workers also provide practical assistance with personal, family or financial problems. They are available in a variety of settings including public and private hospitals, community health centres and domiciliary care services.

When cancer is diagnosed the financial resources of the family may be hardest hit. A social worker or budget adviser will be able to give expert advice on using your income effectively. You might also like to make an appointment with the social worker at your local office of Centrelink to discuss your entitlements.

Expenses related to tests and treatments can mount up and people may sometimes need to temporarily or permanently cease employment. A social worker within a hospital or at your local Centrelink office can assess whether you are eligible to receive sickness or disability benefits. If your hospital offers a social work service it is a good idea to make time to discuss with the social worker exactly how they can help you.

Nursing services

The *Royal District Nursing Service* (RDNS) provides comprehensive nursing care to people in their own homes throughout Adelaide and in some country regions. RDNS Liaison Nurses are based at the large hospitals and can assist in discharge planning. You can also contact them on 1300 364 264 or contact through your GP.

After referral a district nurse will normally visit you at home and work out an individual plan with you. You will then be eligible to use their 24 hour visiting service. This service is offered 365 days of the year with some restrictions applying to evening and night services. **It is not an emergency service.**

No fee is charged for RDNS services if you are a public patient. Some costs are offset from rebates from the private health funds (extras) at $5 a visit and the Department of Veterans' Affairs at $14 a visit.

Private nursing agencies in Adelaide can also provide visiting and in-home nursing services. Fee rebates are available with top hospital cover from the health funds. Check with your

health fund to determine your entitlement. Agencies are listed under "Nurses" in the Yellow Pages.

In country areas your local hospitals or community health centres may coordinate a visiting nursing service and should be contacted directly.

Aids and equipment

The *domiciliary care services* in Adelaide and many country areas provide a wide range of professional services which may include social work, occupational therapy, physiotherapy, podiatry, speech pathology and paramedical aid services. Check with your local agency about what is available.

Assistance from domiciliary care with aids such as walking frames or commodes is available. Minor alterations to the home such as handrails for the toilet or shower or provision of ramps for wheelchairs can be arranged. Other modifications may be made to the home, depending on need.

Services and equipment are provided at little or no charge but are available only based on need. Referrals are accepted from any source. The metropolitan services are listed in the telephone directory. Country services are attached to the hospitals.

The *Independent Living Centre* can provide information and advice on equipment to help people achieve independence. Contact them on 08 8266 5260. The *Australian Red Cross Society* has a wide range of equipment for hire. The can be contacted on 08 8267 7666. Invalid aids and medical equipment can also be hired through suppliers listed under "Hire-Medical" in the Yellow Pages. Local councils or churches may provide home help or practical assistance. Contact them directly.

Relationships and sexuality

If surgery has altered a part of your body, you may perceive yourself differently and this can affect the way you feel about yourself and your special relationships. For example, after a mastectomy (removal of a breast) many women initially worry about the way they look and some wonder how their partners will react to the change. After surgery which removes organs like the uterus or the prostate, the process of adjustment may be more difficult even after the person has been declared medically fit to resume normal sexual activity.

It is not uncommon after major surgery for cancer patients to lose interest in sex. You may feel weak and tired or apprehensive about resuming sexual relations with your partner because you feel different.

Partners too are anxious and wait for a cue from you to indicate that it is alright to begin talking about how the surgery has affected your relationship. If either you or your partner is concerned about changes in your usual lovemaking, it is important to discuss this with each other.

If you feel you need help in making the adjustments there is professional support and assistance available. The Cancer Council produces two booklets: *Sexuality for women with cancer* and *Sexuality for men* with cancer which may be helpful. Contact **The Cancer Council Helpline 13 11 20** for copies.

From The Cancer Council South Australia

The Cancer Council is involved in aspects of the fight against cancer and can provide the support to all who may be affected directly or indirectly by cancer. Contact **The Cancer Council Helpline 13 11 20** for support, general information about cancer and its treatment, for information about services and resources available in your local community or if you want to borrow books or videos.

The Cancer Council South Australia
202 Greenhill Road, Eastwood 5063
PO Box 929, Unley 5061
tcc@cancersa.org.au www.cancersa.org.au
Services are available at no charge to all patients, relatives or friends. Monday–Friday, 8.30 am to 8.00 pm.

This booklet is one of a series produced by The Cancer Council to help you understand more about your illness and to help yourself. Other titles available are:
About cancer
About chemotherapy
Cancer information on the internet
Caring for the person with advanced cancer
Clinical trials
Emotions and cancer
Guide for partners of women with breast cancer
Guide to cancer services in Adelaide
Hair loss
How can I relax?
I want to help
Meeting the challenge of advanced cancer
Nutrition for people having cancer treatment
Oral health during cancer treatment
Questions you might like to ask your doctor
Sexuality for men with cancer
Sexuality for women with cancer
Skin care during cancer treatment
Understanding and controlling cancer pain
Understanding radiation therapy
What About Me? (for children when a parent has cancer)
What do I eat now?
When you're diagnosed with cancer

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