

Understanding Cancer Surgery



Surgery is one of the main treatments for cancer. More than half of all people diagnosed with cancer have an operation.

Although some people want to have surgery to cut the cancer out, it isn't recommended (or possible) for all cancers. Your treatment will depend on the type of cancer you have, how advanced the cancer is, and what is available.

How is surgery used?

There are several types of cancer surgery, which are used for different reasons. Some types include:

Preventive – Removing part of the body that is likely to become cancerous, even if there aren't signs of cancer, to reduce the risk of developing cancer later.

Diagnostic – Cutting out tissue to determine how much cancer is in the body and examining the cells under a microscope (biopsy).

Curative – Removing all of the cancerous tissue. This is usually possible if the cancer is confined to one part of the body. An organ or part of it may be removed.

Reconstructive (plastic surgery) – Done to improve the way you look and feel after an operation or to restore the function of your body.

Palliative – Used to ease symptoms and side effects, without trying to cure the cancer. For instance, surgery can remove a blockage in the bowel to reduce pain.

Sometimes surgery alone can successfully treat the cancer, or you may also have another type of treatment, such as chemotherapy or radiotherapy.

How is surgery done?

The way the surgery is done depends on the operation, the surgeon's training and the equipment in hospital.

Open surgery means the surgeon makes a single cut (incision) into the body to see and operate on the organs. Sometimes the incision can be quite large.

Some people have minimally invasive surgery (also called keyhole or laparoscopic surgery). The surgeon makes about 3–5 small cuts and inserts the surgical instruments through these openings. Some procedures are carried out through tubes (endoscopes) passed into the inside of an organ.

There are other surgical techniques, including laser surgery, cryosurgery, robotic surgery and microsurgery. You might need to see a specialist surgeon for some of these operations, and it may be more expensive.

Will I stay in hospital?

You may need to be admitted to hospital to have surgery. The length of an inpatient hospital stay depends on the type of operation, your recovery and whether you have support at home.

It is sometimes be possible to have day surgery (outpatient surgery). This means you can go home on the same day of the operation.

What do I need to know?

Before your operation, the surgeon will make sure you understand and agree to the procedure, its costs, potential benefits and risks or complications. This is called informed consent.

You will be told if you need to wait to have surgery, what you need to do to prepare, what kind of pain relief (anaesthesia) you will receive, and the support you may need after the operation.

If you have any questions, speak to your medical team.

Where can I get reliable information?

- Cancer Council NSW 13 11 20. Information and support for you and your family for the cost of a local call anywhere in Australia. www.cancercouncil.com.au
- Translating and Interpreting Service (TIS) 13 14 50