

Cancer of the Cervix

You will be looked after by the gynaecology - oncology multidisciplinary team (MDT). The professionals who make up the MDT are experts in gynaecological cancer. They meet weekly to discuss your test results and recommend a treatment plan for you. This plan will be conveyed to you in clinic, unless alternative arrangements have been made, and a written letter of the discussion offered. Please do ask for this letter if for any reason it is not offered.

The Cervix

The cervix is situated at the top of the vagina. It is the lower part of the uterus (womb) and is often called the neck of the womb.

What causes cancer of the cervix?

We know that some human papillomavirus (HPV) can produce changes to the cervix. In a small number of women these changes can develop into cancer. A national vaccination programme has commenced offering vaccinations to teenage girls to prevent infection with high risk types of HPV. If you would like more information about this please speak to your specialist nurse.

Symptoms

The most common symptom of cervical cancer is abnormal bleeding, such as between periods, after intercourse or new bleeding after the menopause. Sometimes women experience an offensive discharge or/and discomfort during intercourse.

Tests for diagnosis:

CT Scan: In this scan several small x-rays are taken of the area and fed into the computer. This builds up a detailed picture of the size and position of the cancer. Prior to the scan you will be asked to have a drink of contrast (a special liquid) to help produce good images of the bowel. The scan can take 15 – 30 minutes. You will receive specific information about the scan with your appointment letter.



MRI scan: This test is similar to the CT scan but uses magnetism instead of x-rays to build up cross-sectional pictures of your body. You will be asked to complete a safety questionnaire to establish if you have any metal work anywhere in your body, for example a pacemaker or replacement joint. The scan machine is a tunnel but is open at both ends. If you experience feelings of anxiety or claustrophobia you may find the prospect of having this test worrying. If this concerns you, please speak to your specialist nurse or doctor for advice. You may be given an injection prior to the scan to ensure good pictures are obtained. You will be informed that the injection may cause temporary blurred vision however the effects of this will have resolved before the end of your scan. The scan can take up to an hour to perform and is very noisy so you will be asked to wear headphones you may wish to bring a CD with you which can



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be played into the headphones during the scan. You will receive specific information about the scan with your appointment letter.

Chest X-ray: This is performed to assess the condition of your lungs prior to undergoing an anaesthetic and operation.

Blood tests: We may ask you to have blood tests to check your red blood cell count and possibly your kidney and liver function as an indicator of your general health.

Treatment

Surgery: will involve either laparoscopic hysterectomy sometime referred to as keyhole surgery (information leaflet M201) or open surgery this is called a Radical Wertheim hysterectomy (information leaflet M15) and will involve removing the uterus; cervix, fallopian tubes, lymph glands and the ovaries. However on occasions ovaries may be conserved. With surgery to the lymph glands (lymphadenectomy) there is a risk of developing lymphoedema, a condition which causes swelling to one or both legs. If this applies to you then specific information will be given.

Chemotherapy & Radiotherapy: This combination treatment is given as an out patient and may be used instead of surgery if the cancer has spread beyond the cervix. Radiotherapy is the primary treatment but chemotherapy is given to enhance the effectiveness of the radiotherapy. Chemotherapy is drug therapy, given into a vein, usually over a period of a few hours.

Chemotherapy/Radiotherapy may also be recommended after surgery if the multi-disciplinary team believe that it may reduce the risk of disease coming back.

Emotions and spirituality

It is not unusual to feel overwhelmed after being told of a cancer diagnosis. Many different emotions arise which can cause confusion and frequent mood changes. Reactions differ from one person to another – there is no right or wrong way to feel.

Spiritual needs are individual and dependent on personal and philosophical beliefs. The gynaecology – oncology team will respect your beliefs and will try to meet your needs through the services available at the hospital and Big C cancer information centre.

Treatment for cervical cancer can affect a woman physically, emotionally and sexually. The gynaecology-oncology specialist nurse will support you, provide information and refer you to specialist services if needed.

Further help

If you feel you would like further information and/or support please do not hesitate to contact: the Gynaecology Oncology Specialist Nurses on 01603 287742.

The Big C Family Cancer Information and Support Centre is based at the front of the hospital. Open Monday – Friday 09.30 – 16.30 Telephone: 01603 286116 www.thebigccancercentre.co.uk
Do call in, no appointment needed.

Jo's Trust is a national support and information website for those affected by or anxious about cervical cancer. It can be accessed on www.jostrust.co.uk or telephone: 08088028000.

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Pandora's Box is a local self help group for anyone affected by a gynaecology cancer.
Telephone: 01603 288115 or 01603 287742

Macmillan Cancer Support can supply helpful booklets free of charge. These are accessible by visiting Macmillan.org.uk or telephone: 08088080000. These can also be accessed for you by your Gynaecology specialist nurse.

Videos about coming into hospital that are available on Youtube -
<https://www.youtube.com/watch?v=2nW8khbB8gA>

