

Information for patients having radical hysterectomy for cancer of the cervix (neck of the womb)

You have been given this information sheet because it is recommended you have an operation. The exact surgery you have will depend on the extent and position of the cancer. It is normal to experience a wide range of emotions after being told a cancer diagnosis. For some women it can be a frightening and unsettling time. If you have concerns or there is anything, which is unclear, please speak to your specialist nurse.

Radical hysterectomy is an operation that involves removal of the womb, cervix together with the tissue around the cervix and part of the vagina. The ovaries do not necessarily have to be removed during this procedure. This will depend on your age and other factors and will be discussed with you prior to the operation.

At the same time, the lymph glands that are located around the blood vessels in the pelvis will be removed to exclude the presence of cancer cells outside the cervix.

All the tissue removed at operation is sent to the histopathology laboratory for analysis. This analysis will confirm the stage (spread) of the cancer. If the cancer cells are found at the edges of the tissue or in the lymph glands removed, then further treatment will be required in order to reduce the chances of the cancer coming back. The additional (adjuvant) treatment usually involves both radiation and chemotherapy.

Preparation for operation

If you take blood thinning medication such as warfarin, clopidogrel or aspirin you will be given instructions to stop it temporarily in preparation for surgery.

You will be asked to attend a pre operation assessment clinic appointment a week or two before your operation where you will see a nurse and anaesthetist to prepare for your surgery. You will also have a telephone or clinic appointment with your surgeon, who will explain the operation and ask you to sign a consent form. Blood tests will be taken and a heart tracing (ECG). Because your surgery involves removing lymph nodes, the nurse will speak to you about monitoring your legs for any swelling. Having this pre-assessment usually means you can be admitted on the day of your operation.

Many women suffer from constipation after surgery. We advise that you buy some Lactulose, which keeps the bowel motion soft, so that there should be no need to strain to open your bowels in the postoperative recovery period. You should take 15 mls twice daily starting 3 days before your operation and afterwards until bowel function returns to normal.

The operation

The operation will be performed through an incision in the abdomen under a general anaesthetic. Currently due to concerns about safety from clinical trials, keyhole surgery is not offered for cervical cancer. For the control of the pain after your surgery you may be offered an epidural or a device to control your pain yourself known as a PCA (patient-controlled analgesia).

The operation usually takes 2 to 3 hours.

Following surgery you may still be very sleepy and be given oxygen through a mask or tube under your nose. You will have a drip with fluids, a catheter in the bladder and there may be a drainage tube from the wound. Please tell your nurse if you are in pain or feel sick, medication or a change in position can lessen these symptoms.

You may feel weepy after your operation, which is a common reaction after a cancer diagnosis and surgery. Support from family and friends is invaluable but if you need more support speak to your specialist nurse. You have also been given a list of local support groups in your patient information folder.

After your operation

You will start to drink again usually the same day as your operation and your drip will be removed once you are drinking adequately. You will be offered something light to eat the same day as your operation and your appetite will gradually return.

An assisted bath or shower is given on the first day and a daily bath or shower is then advised. After bathing/ showering, pat your wound dry with a clean towel. Keeping your wound clean and dry will assist with the healing process.

Early mobilisation is encouraged with assistance, as required. You can expect pain and discomfort in your lower abdomen for at least the first few days. Taking painkillers as prescribed to reduce your pain will enable you to get out of bed sooner, stand up straight and move around – all of which will speed up your recovery and help to prevent the formation of clots in your legs or lungs.

Radical hysterectomy is a procedure associated with increased risk of difficulty passing urine. You will have a catheter in your bladder to drain urine. The catheter will normally be removed on the first day after your operation. Following the removal of the catheter, the nurse will monitor the amount of the urine that you will pass and will perform an ultrasound scan to assess how much urine remains within your bladder. A small proportion of women may not be able to pass urine following removal of the catheter. These women will require insertion of a urinary catheter for one week to give time for the bladder to recover after the surgery. However, this will not delay your discharge from the hospital and most women are ready to go home on the second day after the surgery. For women that are discharged home with a urinary catheter, an appointment will be arranged one week later to remove the catheter and reassess their bladder function. Sometimes, especially if passing urine remains a problem then intermittent emptying of the bladder using of a disposable catheter can be taught.

When you are discharged it is likely that you will be given blood thinning injections for between 1-4 weeks to reduce the risk of developing blood clots. These injections may be given by yourself or a family member. You will be shown how to do this before you go home. Occasionally it may be necessary for a District Nurse to visit to perform the injections.

Complications

Serious Risks:

- Blood clots in the legs or lungs (2-5%)
- Injury to bowel (1%), bladder (1%), ureters (1%), blood vessels (1%) and nerves (1%)
- Lymphoedema (swelling of the legs) (2-5%)
- Symptomatic lymphocysts (fluid in the pelvis) (3%)
- Fistula formation (communication of bladder/ureters with vagina) (3%)
- Return to theatre because of bleeding or other complications (less than 1%)
- Hernia (1%)

Frequent Risks:

- Infection (skin, pelvis, bladder, chest) (10-20%)
- Haemorrhage, possibly requiring blood transfusion (5-10%)
- Disturbance to bladder function (up to 80%), possibly requiring prolonged catheterisation or intermittent self-catheterisation (less than 10%)
- Possible vaginal shortening and sexual dysfunction (10-30%)
- Earlier menopause, if not already in menopause

What to expect after the operation and at home

The abdominal wound will be closed together with either a dissolvable stitch or a non dissolvable stitch or clips that will be removed one week after the surgery. You will also have a scar at the top of the vagina where the cervix was removed, and these stitches will also dissolve by themselves. You may notice a stitch or part of a stitch coming away from the vagina after a few weeks. This is normal and nothing to worry about. You can expect to have some vaginal bleeding for 1 to 2 weeks after your operation. This is like a light period and is red or brown in colour. Use sanitary towels rather than tampons as using tampons could increase the risk of infection. Some women may experience a gush of blood 10 days or so after surgery, which usually stops quickly. If you are concerned, you can call the ward for advice.

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. You will be prescribed painkillers to take home, take them when needed if you have discomfort, don't wait for pain, and do not exceed the stated dose.

Following your operation your bowel may temporarily slow down causing air or wind to be trapped. This can cause some discomfort until it is passed. Walking around and taking peppermint water will help. Once your bowels start to move, the trapped wind will ease. Continue to take lactulose, it will keep your motion soft, but eat as normally as possible. It is important to drink plenty; you should aim to take 4 pints (2 litres) each day.

You will probably feel quite tired for the first week, this is normal. It is advisable to have a family member or friend stay with you for this first week to allow you to rest and relax for this time.

Exercise

It is safe for you to climb stairs the day you go home.

After the first week progressive exercise is important to speed your recovery. Start with short daily walks, gradually increasing the distance and speed. Many women should be able to walk for 30 minutes after 2-3 weeks. In addition, continue with the exercises taught by the physiotherapist.

Hygiene

A daily bath or shower is advised. Pat your wound dry with a clean towel.

When you go to the toilet to pass urine try to ensure your bladder is completely empty.

When you go to the toilet to empty your bowel it is important not to strain. Keep taking the lactulose until your bowel is working normally.

Diet

A well-balanced diet containing high fibre food is essential and will help avoid constipation. Aim to drink 2 litres of fluid per day, mainly water. Having a hysterectomy does not mean that you will get fat, but you should watch your calorie intake until you are fully active.

Housework

For the first week at home, you should rest but are able to make a cup of tea or snack and easy household jobs. After 3-4 weeks gradually increase household jobs e.g., cooking, ironing, and using a vacuum cleaner until you are back to normal.

Lifting

Do not lift heavy weights like toddlers, shopping bags or move furniture for 4 weeks. When you do lift anything again remember to bend your knees, keep a straight back, and hold the object close to you and lift by straightening your knees.

Driving

You should be able to drive again when you feel able to concentrate fully and can stop in an emergency without worrying - usually about 2-4 weeks after the operation. Before attempting to drive it is useful to sit in the car and ensure you can move adequately and comfortably to enable you to drive. Each insurance company will have its own conditions for when you are insured to start driving again. Check your policy.

Work

Your doctor will advise you when you are ready to return to work. Return to heavy work may need to be delayed. Your return may also be delayed if you require additional treatment.

Sports

A gradual return to sport is advised. Gentle swimming can be started 2-3 weeks after the operation if the wound has healed, and vaginal bleeding has stopped. Avoid strenuous exercise for 6 weeks and recommence this gradually.

Fertility

Removing the womb results in an immediate loss of fertility. Reactions to this are individual and personal. If this is difficult for you, you may feel the need to ensure you have explored all possibilities prior to surgery and may need specialist support. Speak to your specialist nurse.

Hormone Replacement Therapy (HRT)

Having both your ovaries removed will cause an immediate premature menopause if you have not already been through this. Symptoms such as hot flushes and long-term problems such as osteoporosis can be prevented by taking HRT. HRT is prescribed on an individual basis depending on your age and the balance between the risks of HRT and its benefits.

Sex

After diagnosis and treatment of the cancer of the neck of the womb you may not feel physically or emotionally ready to start having sex for a while. However, some couples feel ready to resume sex much sooner and this can feel like a positive step. We generally advise women not to have sex for 4 - 6 weeks following surgery to allow external and internal wounds to heal. You should still be able to have an orgasm, but the sensation may be different from before the operation.

Following treatment of cervical cancer women may experience vaginal shortening and decreased lubrication. Use of a vaginal lubricant during intercourse may help with these symptoms. Vaginal dilators may help particularly in women that experience narrowing of the vagina.

If you have any worries or concerns, please discuss them with your Specialist Nurse.

When to seek medical advice

If the vaginal discharge or bleeding you experience after the operation becomes heavy or smelly or the bleeding starts again this may be because of an infection or a small collection of blood at the top of the vagina, called a vault haematoma. Contact your GP for assessment. Treatment is usually with a course of antibiotics.

Occasionally intravenous antibiotics are required and rarely the haematoma needs to be drained.

If you notice red and painful skin around your wound, you may have an infection. Contact your GP for assessment, as you may need antibiotics.

If your urine smells offensive or if you have pain on passing urine, contact your GP you may need a course of antibiotics for infection. If you are experiencing increasing abdominal pain, have a temperature, have lost your appetite and are vomiting, this may be because of damage to your bowel or bladder. Contact your GP for assessment, as you will need to be admitted to the hospital.

A painful red, swollen, hot leg or difficulty bearing weight on your legs may be caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolism). If you have these symptoms contact your GP immediately.

Alternatively, you may contact your oncology nurse specialist on **01603 287742** or contact the Cley Gynaecology ward on **01603 287242**.

Some women may experience a complication of the surgery associated with the removal of the pelvic lymph glands, called lymphoedema. This presents with swelling of both legs due to accumulation of fluid. The risk of developing lymphoedema increases if radiation therapy was also used following your surgery. It is important that you regularly measure the size of your legs and contact your doctor or the lymphoedema specialist nurses if any concerns.

Follow up visit

You will be seen in the gynaecology outpatient department 2 weeks after your surgery to discuss the analysis report of the structures removed. This is when you will know whether further treatment such as radiotherapy and chemotherapy is recommended. You will be followed up in the outpatient clinic for 5 years following your surgery to exclude a return of the cancer.

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

