RUH

Useful advice after a radical hysterectomy

Who has a radical hysterectomy and what is removed?
Women with cancer of the cervix (neck of the womb) or the uterus (womb) may undergo a radical hysterectomy.

The word radical means that more is removed than would be removed at a 'normal' hysterectomy. At a 'normal' hysterectomy the uterus, fallopian tubes and cervix are removed. In a radical hysterectomy the tissues alongside the cervix and uterus are removed along with the upper third or half of the vagina (front passage). Some doctors refer to the operation as a Werthiems hysterectomy.

There is no need to remove the ovaries and therefore your hormones will be no different after the operation. You will not go into the menopause. However, many women choose to have their ovaries removed if they are already in the menopause or are approaching it. If you are not in the menopause you may be keen to keep your ovaries. This is easy to do but they should be moved out of your pelvis to your loin. Moving the ovaries means you can still have further treatment (if needed) without worrying about damaging them. However, you may now get ovulation pains in your loin.

It is also routine to remove the appendix if the ovaries are being removed. This prevents anyone thinking your ovulation pain is appendicitis.
The pelvic lymph glands are also removed because this is where cancer spreads to first. This can cause mild swelling in your legs. This is called lymphoedema. It is not likely to occur. A separate information sheet describes what this means.

What will the operation mean to me?
Obviously the diagnosis of cancer is the most worrying of all. The aim of the operation is to remove all of the cancer and leave none behind. If there is evidence of spread outside the cervix then you may be offered further treatment. This is usually x-ray treatment or radiotherapy to deal with the remaining cancer.
After the operation you will have a catheter to drain your bladder. This is because the bladder takes a while to recover from surgery. You may have two plastic tubes coming from your tummy. These are there to collect any additional fluid and these usually come out after the first day or so.

It is also normal to have a drip in your arm. It is also useful to have an epidural.

Most people are in hospital for about seven days. Afterwards you need to start thinking positively about the future at home, work and with your partner. Apart from the abdominal scar you will look exactly the same as before the surgery.

Radical trachelechtomy
Radical trachelechtomy is removal of the cervix, upper vagina and adjacent tissues (usually for purposes of curing cervical cancer) while leaving the body of the uterus behind. This procedure has been developed in the last decade as a form of therapy for invasive but early cervical cancer for women who need to retain the ability to carry a pregnancy.

The procedure is performed vaginally. It involves separating the upper vagina, paracervical, parametrial tissue (tissue next to the cervix) and associated lymphatic tissue. The cervix is then amputated from the uterus. Many surgeons routinely use a suture 'circlage' around the uterus to provide an artificial cervix if a pregnancy occurs. We recommend this suture if a pregnancy occurs and only if it is clinically indicated. The operation is generally accompanied by a pelvic (and possible para-aortic) lymph node dissection which can be performed laparoscopically (key hole surgery). If the final pathology shows no lymph node involvement (tumour confined to the cervix), then no radiation therapy is needed. Fertility potential is preserved but may need 'assisted reproductive techniques ' to achieve a pregnancy. Pregnancies carried to term have been reported. In all cases so far, the baby is delivered via caesarean section. Statistics for the success in effectively treating cervical cancer with radical trachelectomy do not yet exist due to the rarity of the surgery. There is no reliable data on the percent of women who carry pregnancies to term following this procedure.

At home
When you get home you will be very tired. You will feel pulling pains and stitch like pains. This is a normal response to having an operation. Many women feel very worried about any pains because they automatically think that it is a tumour coming back. It is not and you need to be reassured that it is more likely to be the discomfort following tissues being

stuck together after an operation. Well meaning friends and relatives will advise you to spend as much time resting as possible. There is no evidence to support this and most doctors believe that exercise is good for you.

In the olden days you would have been told not to pick anything up. This was before the days of modern sutures. Nothing will fall apart. If you want to lift you can. Lifting may be uncomfortable so be sensible and get someone to do it for you.

Driving is a different issue. You should not drive unless you feel that your concentration is back or if you feel that you can put your foot on the emergency brake without it hurting. It is also worth telling your insurance company you have had an operation just to minimise an administrative conflict should an accident occur.

At work

Your family doctor will help advise you when it is reasonable to return to work. Many women feel well at home. However, as soon as you get back to work the day to day stresses can be exhausting. For this reason most women will take at least six weeks off work and maybe twelve. When you get back to work does depend on whether you need further treatment. Returning to work is important and many women feel better when they return to their normal lifestyle. It is not a bad idea to go back part time for a few weeks just so that you can minimise the weariness of returning to work. Alternatively it is sometimes a good idea to go back on a Thursday and then you have the weekend off.

Sexual activity

There is a lot of nonsense spoken about hysterectomy, cancer and intercourse. Resuming sex does not mean that you will get cancer again or that your partner can get it. There is no reason why you should not enjoy a normal sex life. However, the operation does involve shortening the vagina and so you may have to adapt your position or practices to begin with.

The vagina is the entrance to the uterus. During the operation the top third or half may be removed in order to get a good clearance of the cancer. This means that there will be stitches at the top of the vagina. These will all dissolve but this can produce a discharge to begin with. This is quite harmless although it may be a different colour. It will not make any difference to intercourse. The vagina is very stretchy (like a concertina). It is designed to stretch to accommodate a baby's head and it will stretch back to its normal length if it is used.

Part of the operation involves removing all the cells around the bladder and bowel. This means that you might find deep penetration by your partner uncomfortable. This should settle with time. The problems with intercourse can be helped by considering the following:

- It is usually recommended that sexual activity should not be resumed until the top of the vagina has healed. This usually takes about six weeks or earlier if the discharge is completely settled.
- It is sometimes worth making sure that you bladder is empty before sex.
- It is useful to avoid constipation.
- Occasionally a small amount of urine may be passed at the time of orgasm. This is normal for some women.
- To begin with your partner will need to be gentle. Firstly, you will be anxious and you will be worried about dryness. For this reason many women use a lubricant such as KY jelly (available at any chemist). Many women are completely relaxed but everybody is different.

If deep penetration feels uncomfortable try different positions. It might be easier if you lie side by side and your partner enters the vagina from behind. This is because penetration is limited in this position. Another trick that some women use is to place a couple of pillows beneath their bottom to alter the angle of penetration. Such alterations in position overcome any apparent shortening of the vagina whilst still providing comfortable intercourse. There will be no difference in orgasm (climax) due to the operation.

Remember that having radical cancer surgery is also a very worrying time for your friends and family. They will be anxious. They will often need time to help them sort out their own emotions. Some men find this difficult particularly when the focus of attention will naturally be on you. Psychologist often advise that it is worth considering returning to the early days of a relationship when there was a lot of kissing and cuddling and they would recommend building up sex gradually in your own time.

What if I have problems?

It is natural to feel embarrassed about some aspects of care that you are unsure about. The doctors and nurses looking after you will be very keen to answer your questions however trivial they may appear to

you. If they are not answered correctly the people caring for you would feel disappointed because we want to be sure you have all the information you need to put your mind at rest. Many problems can easily be sorted out with advice.

If you have any difficulty understanding any aspects of this leaflet please do not hesitate to ask anyone for help. It is often helpful to show this leaflet to your partner to help you both understand what is happening. Some people do not like vocalising questions.

If there is anything that you want to ask there is no reason why you cannot put it on paper and post it to your consultant cancer surgeon. The cancer surgeons are used to these sort of questions and it is very easy for us to reply in the same manner.