

Surgery for Cervix Cancer (Radical Hysterectomy)

Gynaecology Patient Information

This leaflet aims to help you and your family understand more about having surgery after a diagnosis of cervix cancer.

It is normal to experience a wide range of emotions when you have been diagnosed with cancer of the cervix, as it can be a frightening and unsettling time.

But however you feel, and if you need to, try talking to your GP, consultant or Clinical Nurse Specialist (CNS). They will listen, answer any questions you may have, and put you in touch with other professionals or support agencies if you wish.

What is a radical hysterectomy?

A radical hysterectomy is an operation to treat cancer of the cervix. It involves removing the uterus (womb), cervix (neck of the womb), tissue around the cervix (parametrial tissue), fallopian tubes, and the upper part of the vagina, pelvic lymph nodes and sometimes the ovaries.

A general anaesthetic is usually used, which means you will be asleep for the entire operation. The aim of the operation is to remove all of the cancer. If there is evidence that the cancer has spread, you may be offered further treatment such as radiotherapy or chemotherapy to reduce the risk of the cancer returning. This will be discussed with you when all of your results are available.

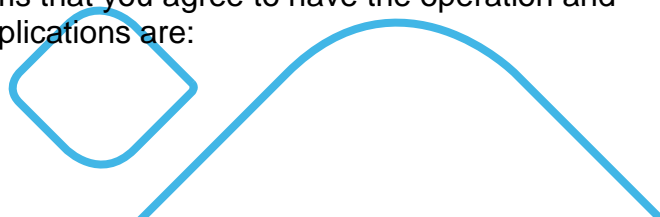
Will I have a scar?

Yes, although it will fade. The surgeon will make an incision either a vertical 'up and down cut' (known as a midline incision) or a cut across the top of your pubic hairline (known as a 'bikini line' incision). The wound will usually be closed with dissolvable stitches.

The area around the scar will feel numb for a while after the operation but sensation will often return to it over time.

What are the risks of a radical hysterectomy?

All surgery carries some risks and your surgeon will explain the risks of a hysterectomy to you before you sign your consent form. This form confirms that you agree to have the operation and understand what it involves. Possible risks and complications are:



- **Problems caused by having a general anaesthetic** - For example, you may feel sick afterwards. It is also possible to have an allergic reaction, although this is rare.
- **Heavy bleeding during or after the operation**
- **Infection**
- **Damage to your bowel, bladder, blood vessels, nerves or ureters** (the tubes that carry urine from the kidneys to the bladder) during surgery
- **A blood clot in the leg** (deep vein thrombosis) which can sometimes lead to a blood clot in the lungs (pulmonary embolus)

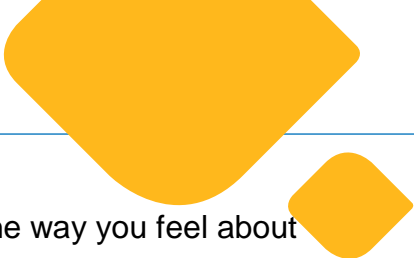
Moving around as soon as possible after your operation can help prevent blood clots. You will be given surgical stockings (known as TEDS) to wear and pills or injections to thin the blood which both help to reduce the risk of blood clots. You may continue to have these injections for up to 4 weeks.

- **Incisional hernia** - A weakness in the wound, allowing tissue or bowel to push through and appear like a bulge. Incisional hernias can develop months or years after surgery and are repaired by another operation.
- **Lymphocyst** - This is a fluid collection at the site where lymph nodes have been removed. It is often naturally absorbed by your body but may require draining if large or causing you discomfort.
- **Lymphoedema** - If you have some lymph nodes removed during surgery there is a high risk that in the future your body will find it harder to drain fluid from your legs and lower body.

What else may happen as a result of surgery?

- **Urinary problems** - A radical hysterectomy is an operation associated with an increased risk of urinary retention. You will have a catheter in your bladder to drain urine and this will usually be removed 7 days after your operation. If your catheter is to remain in for 7 days then you can usually go home and return to the hospital a few days later to have it removed. Urinary retention can sometimes be permanent, and women are required to do intermittent self-catheterisation. Rarely this surgery can result in a urinary fistula which means urine may leak from your vagina but this is unusual.
- **Numbness at the tops of your legs or the inside of your thighs** - You may experience this after your operation. This usually improves after a while but occasionally there may be some permanent altered sensation.
- **Your bowels may take some time to begin working again** - Some women have a sluggish bowel for a number of days after surgery which can cause you to feel sick until it starts to work again. Passing wind is a good sign that your bowels are starting to work.
- **Trapped wind and pain** - This is a very common after surgery. Walking around as much as possible can help relieve this. You may find that peppermint tea and/or capsules helpful. Wind usually starts to improve once you are having your bowels opened. Please bring minty chewing gum when you come for your surgery as this can also help.

What about losing my fertility?



At any age, having your womb and/or ovaries removed can affect the way you feel about yourself. A hysterectomy will prevent you from getting pregnant.

The loss of fertility can have a huge impact on you if you have not yet started or completed your family and you have an operation that takes that choice away. It is important that you have the opportunity to discuss this and your feelings with your clinical nurse specialist before your operation.

Will I need Hormone Replacement Therapy (HRT)?

The use of HRT for women with a gynaecological cancer is not straightforward. Several different factors influence whether or not HRT is recommended. Please discuss the options available to you with your consultant or clinical nurse specialist.

If your ovaries are retained you will not require HRT immediately as you will not experience a surgical menopause. You will not have periods each month and so the eggs will be absorbed harmlessly by your body.

Should I continue to have cervical smears?

No, cervical smears are usually not necessary after this operation, as your cervix has been removed. However, it is important to come for regular examinations in the outpatient clinic.

What can I expect after my operation?

From the recovery room, you will be brought back to the ward or a high care unit. You will find that you are very sleepy for the first 24 hours.

You may have a plastic tube attached to a needle in a vein in your hand and a container of fluid on a stand. This is called a drip and it helps to replace fluid lost during or because of your operation. You may also have a soft drainage tube going into your tummy.

Immediately after your operation you will have a dressing over your wound. The nurses on the ward will check that your wound is healing properly. Your sutures (stitches) will dissolve naturally and will therefore not need to be removed.

When you wake up from your operation, you will have a small tube leading from your bladder, to a bag. This tube is called a catheter and it drains all your urine away automatically.

At first you might have pain. The anaesthetist will make sure that you have pain relief for this. If you are in any discomfort, please do not hesitate to tell the nurses looking after you, you can have pain relief as you need.

On the day of your operation you will be very sleepy and you are likely to remain in bed for the rest of the day. From the first day after your surgery you will be encouraged to be up and about as soon as possible. Getting mobile, as soon as possible after the surgery helps to prevent blood clots and chest infections.

Is it normal to feel weepy after surgery?

Yes. It is a very common reaction to the operation. If these feelings carry on when you leave the hospital, you may wish to discuss them with your clinical specialist nurse. There are also local and national support groups that you can contact. Details are given at the end of this leaflet.

When can I go home?

Most women stay in hospital for 3-5 days after surgery. The majority of incisions are closed with dissolvable sutures and the ward nurses will be able to educate you on how to care for your wound post operatively.

If you need a medical certificate to cover your length of illness and the post-operative recovery period, please ask your ward team or clinical nurse specialist for this.

Will I need to visit the hospital again after my operation?

Yes. A follow up appointment will usually be arranged by your Clinical Nurse Specialist 10-14 days after your surgery in the Gynaecology Outpatients Department (D3). The tissue results (histology) from your operation will be available to discuss with you and will help guide if any further treatment is necessary.

What to expect before and after you go home

You will follow the enhanced recovery programme whilst an inpatient. Below is what to expect once you are home.

Days after my operation	How might I feel?	What is safe to do?	Fit for work?
0-2 days	<p>You will have some aches and pains in your tummy.</p> <p>You will feel sore moving in and out of bed.</p> <p>You may have some light bleeding like a period.</p> <p>You will feel tired and may feel like a sleep in the afternoon.</p> <p>The second or third day after surgery is often the most challenging for you and this is expected.</p>	<p>Get out of bed and move about.</p> <p>Go to the toilet.</p> <p>Get yourself dressed.</p> <p>Start eating and drinking as usual.</p> <p>Gentle exercises when lying or sitting like moving your ankles up and down to help with circulation.</p> <p>Deep breathing exercises.</p>	No
3-7 days	<p>You will usually return home.</p> <p>Your pains should be settling now which will allow</p>	<p>Go for short walks.</p> <p>Wash and shower as normal.</p>	No



	<p>you to move about more easily.</p> <p>You will still tire easily.</p>	<p>Continue with exercises that have been recommended to you.</p>	
1-2 weeks	<p>You will have less pain as you move about.</p>	<p>Slowly build up your activity levels (longer walks).</p>	No
2-4 weeks	<p>You should feel stronger every day.</p>	<p>Continue to build up the amount of gentle activity you do.</p> <p>Plan for your return to work.</p>	No
4-6 weeks	<p>You should continue to feel stronger every day.</p> <p>Any vaginal bleeding should have settled or be very little.</p>	<p>Carry out more daily activities like shopping, vacuuming, ironing, light gardening, gentle exercise and driving, if you feel ready</p> <p>Swimming if your bleeding has settled and wound healed</p> <p>Check with your insurance company before you drive and make sure you can do an emergency stop without any pain.</p>	Possible but not heavy work.
6 weeks onwards	<p>Almost back to normal.</p> <p>You may still feel tired. It is ok to rest.</p>	<p>Carry out most normal daily activities.</p> <p>Have sex if you feel ready.</p> <p>Sport. You may start gently after 6-8 weeks. Leave competitive or high</p>	<p>Possibly but does depend on your work and whether you need further treatments.</p> <p>Some patients need up to 12 weeks off work.</p>

		impact sport for at least 3 months.	
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There are many charitable organisations on the internet that offer help and support. The following examples are listed for information only. This does not represent a recommendation or endorsement by the RUH. If you are concerned or confused by any information on these websites please contact the CNS team.

<https://eveappeal.org.uk/>

<https://www.jostrust.org.uk/>

<https://www.macmillan.org.uk/cancer-information-and-support/cervical-cancer>

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.pals@nhs.net or telephone 01225 825656.

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