

Surgery for Cervix Cancer

(Trachelectomy)

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 trachelectomy?

A trachelectomy is an operation for early stage cervical cancer that preserves fertility in women who still wish to have children. The operation involves the removal of the cervix (neck of the womb), tissue around the cervix (parametrial tissue) and a small section of the upper part of the vagina. The uterus (womb), ovaries and tubes are left in place.

Samples will be taken from the pelvic lymph nodes to check if the cancer has spread. These samples will be tested to see if they contain any cancer cells.

You will usually have a general anaesthetic and will be asleep during the operation.

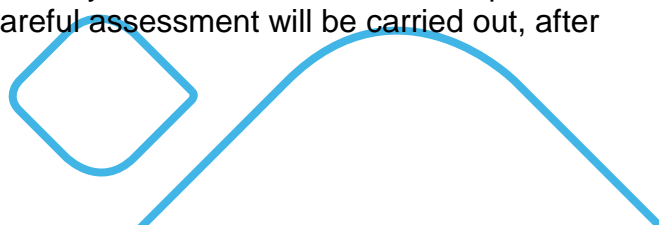
The operation may be performed vaginally, with key-hole surgery or through a cut in your abdomen. Your surgeon will explain which approach will be needed for you and why.

A permanent stitch is inserted around the opening to the uterus (womb) which is strong enough to support future pregnancy but still allows you to have your monthly period and to conceive. Babies will have to be born by caesarean section after this operation.

A trachelectomy is an operation to try and retain your ability to have children. It is not generally used as an alternative treatment for those that do not think they may wish to get pregnant in the future.

Who is suitable for a trachelectomy?

The cancer must be small and confined to the cervix, and you must have the desire to preserve your fertility, for you to be offered this operation. A careful assessment will be carried out, after



which the surgeon will discuss with you all aspects of the operation and the implications for possible future pregnancies.

Will I have a scar?

Yes, although it will fade. If your surgery is performed laparoscopically or 'keyhole' you may have 3-4 small incisions in your abdomen. If your surgeon recommends a larger abdominal incision, it will be either an '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 usually return over time.

What are the risks of a trachelectomy?

All surgery carries some risks and your surgeon will explain the risks of a trachelectomy 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 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 risk that in the future your body will find it harder to drain fluid from your legs and lower body.
- **Hematometra** (blood in the uterus) This can cause discomfort following surgery.
- **Failure to preserve fertility**

What else may happen as a result of surgery?

- **Urinary problems** - A trachelectomy 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 3-7 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. Rarely this surgery can result in a urinary fistula which means urine may leak from you 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.

Will my ovaries continue to produce eggs?

Yes, you still have your ovaries after the operation. You will also still have periods (menstruate) each month.

As soon as you discover you are pregnant, you will need to see your GP and then you will be referred to an obstetrician and hospital with neonatal facilities. When it is time to have your baby you will usually need a caesarean section. Your obstetrician will discuss this with you.

Should I continue to have cervical smears?

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.

Immediately after your operation you may 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.

There may be a soft tube from your tummy leading to a drainage bottle. The drain will be removed once the doctor is happy.

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 1-3 days after their operation. 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 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? |
|-------------------------|--|--|---------------|
| 0-3 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</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> | No |



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| | <p>sleep in the afternoon.</p> <p>You will usually go home in this time.</p> <p>The second or third day after surgery is often the most challenging for you and this is expected.</p> | <p>Deep breathing exercises.</p> | |
| 3-7 days | <p>Your pains should be settling now which will allow you to move about more easily.</p> <p>You will still tire easily.</p> | <p>Go for short walks.</p> <p>Wash and shower as normal.</p> <p>Continue with exercises that have been recommended to you.</p> | No |
| 1-2 weeks | <p>You will have less pain as you move about.</p> <p>Your energy levels will be increasing.</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>There will be less pain now as your move about more.</p> <p>You will find your energy levels are returning to normal.</p> <p>You should feel stronger every day.</p> | <p>Carry out more daily activities like shopping, vacuuming, ironing, light gardening, gentle exercise and driving, if you feel ready.</p> <p>Check with your insurance company before you drive and</p> | Possible not heavy work. |

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| | | make sure you can do an emergency stop without any pain. | |
| 6 weeks onwards | Almost back to normal. You may still feel tired. It is ok to rest. | Carry out all normal daily activities. Sport. You may start gently after 6-8 weeks. Leave competitive or high impact sport for at least 3 months. | Possibly but does depend on your work and whether you need further treatments. Some patients need up to 12 weeks off work. |
| 12 weeks onward | | Have sex if you feel ready and you consultant is happy for you to do so. | |

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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