

Surgery for Cervical Cancer

Information for Patients

What is this leaflet about?

This leaflet will provide information about the surgery used for treating cancer of the cervix. This is called a radical hysterectomy. In most cases it is carried out using keyhole (laparoscopic) surgery.

What is Laparoscopic Radical Hysterectomy?

This is the operation used to treat cervical cancer. It involves keyhole surgery to remove the neck of the womb (cervix), womb, a little part of the upper vagina, and the lymph nodes in the pelvis. Depending on your wishes and the type of cancer sometimes the ovaries are also removed.

Why do I need this surgery?

Cervical cancer can often be cured by an operation alone. In a few cases further treatment such as chemo / radiotherapy is required but this will be determined by the results of the surgery.

Preparation

If you are overweight losing weight before surgery may help. There is a Macmillan sponsored project called "Move More" which is run by Edinburgh Leisure which can help increase your physical activity. Stopping smoking will also be helpful and we can provide support for this.

Anaesthetic

The operation is carried out under general anaesthetic.

What happens when you arrive for your hysterectomy

You will be admitted to the gynaecology ward (Ward 210) in the Royal Infirmary of Edinburgh. Ward 210 is on the second floor above Reproductive Health Outpatients Department. Sometimes the ward can be busy and you may have to wait a while on the day of your operation where the nursing staff will welcome you and get you ready for theatre.

Consent

Your surgeon will usually have spent time with you going over the operation in the clinic and a consent form is signed at this point. Your consent is confirmed on the day of surgery.

About Laparoscopic Radical Hysterectomy

The operation is carried out by passing a small tube with a small camera attached through your tummy button and inserting some air into your tummy. Further small (1cm) incisions or cuts are made in your tummy through which the operating instruments are inserted. The number of additional incisions/cuts needed can vary but can be between 2 and 4. The lymph nodes from the pelvis or tummy are usually removed first. A radical hysterectomy differs from a standard hysterectomy as the tubes from the kidney to the bladder (called the ureters) have to be separated from the tissue next to the womb and cervix, and the bladder also has to be moved out of the way to allow some normal tissue from the upper vagina to be removed. The operation can take anything between 3 and 5 hours depending on the patient and how much surgery is required.

After the surgery

If the surgery has been straightforward, you will return to Ward 210. Some patients may need to go to the High Dependency Unit (HDU) if they have additional medical needs. You will have a catheter in the bladder and a drip in your arm to give fluids. The nursing staff will do regular checks on you and make sure you are kept comfortable with painkillers. You will be encouraged to get up and move around soon after your surgery and be able to eat and drink the next day. You can usually go home two or three days after your surgery and any stitches will usually dissolve. You will need to have a catheter in your bladder for 7 to 14 days to reduce the risk of bladder complications, but you can go home with a small discreet catheter bag attached to your leg and return to the ward to have the catheter removed and check that the bladder function has returned to normal.

Care at home afterwards

You should avoid any heavy lifting in the first few weeks after surgery but will be able to do your normal daily activities (e.g. going to the toilet, dressing, washing, cooking) on arriving home. A small amount of vaginal bleeding can occur but should get lighter with time. If it is heavy or smelly you should see your GP in case you need some antibiotics.

Follow-up care

We will arrange to see you to discuss the results of your surgery two to three weeks later, and inform you if any further treatment is required.

What can go wrong?

In some situations we have to open up your tummy to do the surgery and this will mean you have to stay in hospital longer, and you will have a longer recovery time. You will usually be given compression stockings and a blood thinning injection after the operation to prevent blood clots in your legs or lungs. Bleeding can occur which, if heavy might require a blood transfusion. Infections can arise in the wounds, the bladder or the chest which may require a course of antibiotics. Fewer than 10% of patients having their lymph nodes removed will experience swelling in their legs (lymphoedema) but physiotherapy can help if this occurs. Rarely, damage can occur to the bladder, ureter or the bowel. The risk of damage to the bladder or ureter is higher than with a standard hysterectomy. In this situation the damage may need to be fixed by open surgery either at the time or at a second operation.

Back to normal life

You should avoid any heavy lifting in the first few weeks after surgery but will be able to do your normal daily activities e.g. going to the toilet, dressing, washing, cooking, on arriving home. If you live on your own, you might like to make sure someone can stay over with you for a couple of nights. A small amount of vaginal bleeding can occur but should get lighter with time. If it is heavy or smelly you should see your GP in case you need some antibiotics.

Any more questions?

Please contact your Gynaecological Oncology Clinical Nurse Specialist on Tel: 0131 242 2620 or Ward 210 RIE on Tel: 0131 242 2101 or Ward 12 St John's on Tel: 01506 524112

Further information

Macmillan Cancer Support <https://www.macmillan.org.uk/>

Macmillan Move More Project: lothian.movemoreedinburgh@nhs.net

Maggie's Centres <https://www.maggies.org/>

Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/en/patients/patient-leaflets/recovering-well-from-gynaecological-procedures/>

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your operation may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your surgery is postponed, you will be offered a new date as soon as possible.

Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public transport and travel information

Bus details available from:

Lothian Buses on 0131 555 6363 www.lothianbuses.co.uk

Traveline Scotland on 08712002233 or www.travelinescotland.com

Train details available from:

National Rail Enquiries on 03457 484 950 or www.nationalrail.co.uk

Patient Transport

Patient Transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** *calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hard of hearing or speech impaired? Use text relay: **18001-0300 123 1236*** (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

Contact telephone numbers

Ward 210	0131 242 2101
Ward 12 SJH	01506 524 112
Gynaecological Oncology Clinical Nurse Specialist	0131 242 2620