

# Laparoscopic Transabdominal Cerclage (TAC)

## Information for patients

---

### What is a TAC?

Laparoscopic transabdominal cerclage (TAC) is keyhole surgery to place a permanent stitch around the cervix (neck of the womb). The stitch aims to help the cervix stay closed in pregnancy and lowers the chance of miscarriage after 12 weeks of pregnancy, and lower the chance of preterm birth. The material the TAC is made from does not dissolve and is permanent, and this means that future births will always be by caesarean.

### What is cervical insufficiency (incompetence)?

Cervical insufficiency means the cervix opens too early in pregnancy, often without pain, usually in the second or early third trimester. This can cause miscarriage, or premature rupture of the membranes (waters breaking), leading to labour and then preterm birth.

Cervical insufficiency may be due to a pre-existing weakness of the cervix, or follow previous surgery or childbirth (such as procedures on the cervix or difficult births). The diagnosis is usually suspected after a miscarriage after 12 weeks of pregnancy or a preterm birth, as currently there is not a reliable way of predicting in advance which women and pregnancies might be affected.

The diagnosis of cervical insufficiency is made by specialists in preterm birth. They will recommend a TAC to women when it is likely to be the best option from them.

### Treatment options - where does TAC fit?

Transvaginal cerclage (vaginal cervical stitch) is the first-line treatment. It is placed through the vagina a few weeks after the booking ultrasound and usually removed at around 37 weeks' gestation to allow vaginal birth.

A transabdominal cerclage (TAC) is considered when a vaginal cerclage has been unsuccessful, or the cervix is too short to be stitched. This may be the case after treatments to the cervix for pre-cancerous cells. With TAC, your baby will be born by caesarean because the stitch remains in place and is very difficult to remove, especially with a nearly full-term pregnancy. The stitch aims to keep the cervix closed, and this means that it would also prevent the cervix from opening in labour.

### When is TAC done?

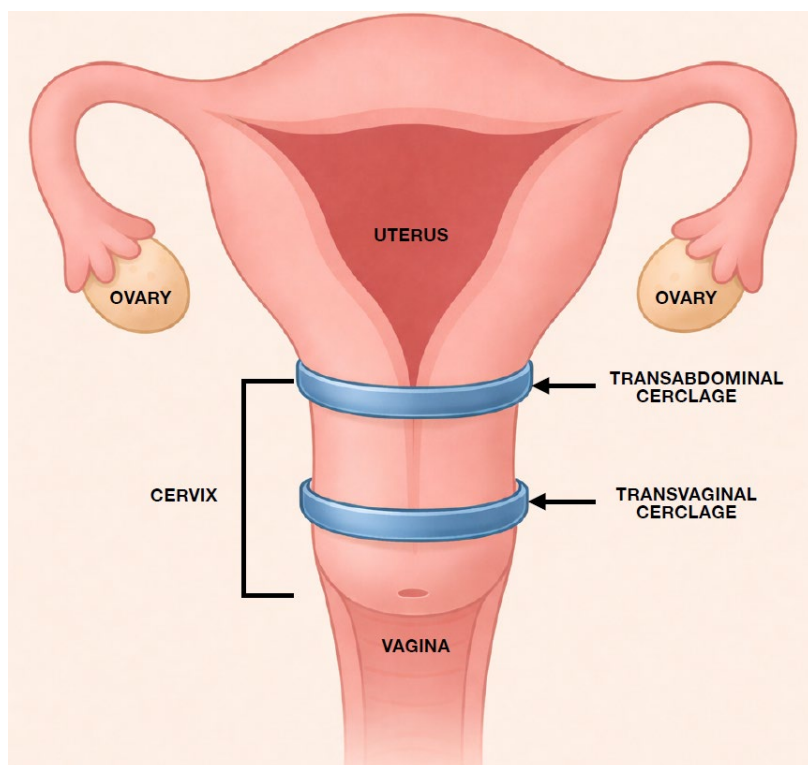
It is ideally done before your next pregnancy. This timing has a lower risk of surgery, and a higher chance of success.

TAC can be performed in the first 10 weeks of pregnancy, but risks are higher, including to the growing baby. The chance of it not working and there being a miscarriage or preterm birth is greater than with TAC placed before pregnancy. However, it can be performed, if on balance, this option is felt to be better than a *vaginal cerclage* (performed via the vagina rather than the abdomen) or no treatment.

## What does the procedure involve?

You will have a general anaesthetic, so you will be asleep throughout the procedure. Three or four small (keyhole) incisions are made for the camera and instruments. The bladder is moved down to reach the top of the cervix, and a permanent suture (stitch) is encircled around the cervix and tied in place. The small skin cuts are closed with dissolving stitches. A separate information leaflet about Gynaecology Keyhole Surgery covers some of these areas in greater detail.

The operation typically lasts about 1 hour; most people can go home the same day.



## Benefits - what outcomes can I expect?

About 78% of people who had laparoscopic TAC before pregnancy were able to conceive.

Overall, about 89% of pregnancies after TAC resulted in a live baby. Baby survival was about 96% for women who had a healthy pregnancy at the booking scan after laparoscopic TAC.

About 4% of pregnancies ended in miscarriage in the second trimester after laparoscopic TAC.

About 83% of babies were born at or after 34 weeks of gestation. The majority of these babies usually have good onward growth and development, comparable to babies born closer to their due date.

**What this means overall:** TAC can improve the chances of carrying a pregnancy to a safe stage for birth if you have cervical insufficiency.

## What are the risks and complications?

The risks of keyhole surgery are described in the **Gynaecology Keyhole Surgery** leaflet which you can find here:



[https://policyonline.nhslthian.scot/wp-content/uploads/2023/03/Gynaecology\\_Keyhole\\_Surgery.pdf](https://policyonline.nhslthian.scot/wp-content/uploads/2023/03/Gynaecology_Keyhole_Surgery.pdf)

This also includes contact numbers in case you experience any issues following the procedure.

The TAC procedure has some specific risks. Long after the procedure (many years sometimes), the permanent stitch could wear through the vaginal wall and require a separate operation to remove it.

For TAC procedures which are carried out during pregnancy, there is unfortunately an increased chance of a miscarriage being caused by and occurring soon after the procedure. This happens to about 1 in 100 pregnancies.

Serious complications are rare, and your surgical team takes steps to reduce the chances of all of these happening to you.

## **What is the recovery and care in future pregnancies?**

You can usually go home the same day once you have eaten, passed urine and are comfortable.

You may have some light vaginal bleeding for several days. Use sanitary towels rather than tampons for this. Sex is usually considered safe after 6 weeks.

When trying for pregnancy after a TAC, we would recommend you wait until after your next period.

In a future pregnancy, please let your midwife know at the booking appointment that you have a TAC, and additional appointments can be arranged by the Pre-Term Birth clinic.

### **It's OK to Ask**

When you understand what's going on with your health, you can make better decisions around your care and treatment.

[www.nhsinform.scot/campaigns/its-ok-to-ask/](http://www.nhsinform.scot/campaigns/its-ok-to-ask/)

