Surgery for Cervical Cancer - Trachelectomy

Information for patients
This booklet aims to help you and your family understand more about cervical cancer and trachelectomy.

If you have recently been diagnosed with cancer of the cervix, you may find that you are experiencing a wide range of emotions. These can include fear, anger, denial, low mood and anxiety. Reactions differ from one person to another and there is no right or wrong way to feel.

Whatever you may be feeling at present, try talking about it with someone who can help; such as your GP, consultant or gynaecology specialist nurse. They will listen to you and answer any questions that you may have. They can also put you in touch with other professionals or support organisations if you wish. Some useful contact numbers are listed at the back of this booklet.

What is a Trachelectomy?

A trachelectomy is an operation for early stage cervical cancer that preserves fertility for women who still wish to have children. The procedure 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. A sample of pelvic lymph nodes are taken because the cancer can spread to these nodes (see diagram). These nodes will be tested to see if they contain any cancer cells. You will have a general anaesthetic and so will be asleep during the operation.
The operation may be performed vaginally with keyhole surgery or through a cut in your tummy. Your surgeon will explain which approach will be needed for you and why. A large permanent stitch is inserted around the opening to the uterus (womb) which is strong enough to support a future pregnancy but still allows you to have your monthly period and to conceive. Babies have to be born by caesarean section after this operation.

**Incision sites**
Will I have a scar?

If your surgery is performed laparoscopically (keyhole), you may have three or four small incisions in your abdomen which will require only one stitch in each area.

If your surgeon recommends that the best option for you is a larger abdominal incision, it will be made either across your tummy, just above your pubic hair, or vertically (up and down). The wound will be closed using either stitches or clips. Most patients have dissolvable stitches. The area around the scar will feel numb for a while after the operation but sensation will usually return to it.

Who is suitable for trachelectomy?

The cancer must be small and confined to the cervix for you to be selected for this operation and you must have a strong desire to preserve your potential fertility. 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.

Are there any alternatives to a trachelectomy?

Yes, but these vary from patient to patient. Your medical team will discuss the options available to you. If you do not wish to preserve your fertility you may be offered a radical hysterectomy. This is the removal of the uterus (womb), cervix (neck of the womb), tissue around the cervix (parametrial tissue) and a small section of the upper part of the vagina. A sample of pelvic lymph nodes are also taken. This operation is carried out through an incision in your tummy. A separate leaflet (‘Surgery for Cervical Cancer - Radical Hysterectomy’) provides further information about this operation.
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. Please tell your doctor about any allergies you have.

- **Heavy bleeding during or after the operation**; this may need to be treated with a blood transfusion.

- **Infection**; this would be treated with antibiotics.

- **Damage to your bowel, bladder or ureters** (the tubes that carry urine from the kidneys to the bladder) during surgery - this would be repaired during your operation.

- **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 to prevent this. 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 four 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. The fluid is often naturally reabsorbed 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 small risk that in the future your body will find it harder to drain fluid from your legs and lower body. This causes swelling of the legs and lower body known as lymphoedema. If you develop this problem then you can be treated by a lymphoedema specialist. You can discuss this further with your gynaecology specialist nurse or doctor. There is also a booklet you can read that can give you more information.
A vesicovaginal fistula is a hole between the bladder and vagina. It allows urine to pass from the bladder to the vagina.

A rectovaginal fistula is a hole between the rectum and the vagina. It allows faeces to pass from the rectum to the vagina.

Fistulas can be repaired but sometimes it will involve another operation.

Trachelectomy is a procedure associated with increased risk of urinary retention. You will have a catheter (fine tube) in your bladder to drain urine and this will usually be removed 3-7 days after your operation depending on whether you have open or laparoscopic surgery. If your catheter is to remain in for seven days then you can usually go home and return to the ward a few days later to have it removed.

You may experience some numbness at the tops of your legs or the inside of your thighs after your operation. This usually improves over time but occasionally there may be some permanent altered sensation.
What else may happen as a result of surgery?

Your bladder may take some time to begin working properly again. Some women have a loss of feeling in their bladder and therefore do not know when their bladder is full. This may take some time to return to normal. During this time you need to go to the toilet regularly to empty your bladder. Some women find that their urine stream is slower so it may take longer to pass urine. This usually improves as your body recovers from surgery. Rocking gently backwards and forwards or side to side whilst sat on the toilet can help to fully empty your bladder.

Your bowels may take some time to begin working properly 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. If this happens then you will be advised to walk around the ward as much as possible to stimulate your bowels to work. This can be difficult if you are feeling unwell but it is important to do so to speed up your recovery. We will also give you anti-sickness medication. Passing wind is a good sign that your bowels are starting to work.

Trapped wind and wind pain is very common after surgery. Walking around as much as possible can help relieve this. You may find that peppermint tea and/or peppermint capsules helpful which are both available on the ward. Wind usually starts to improve once you are having your bowels opened.

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.
Future pregnancy

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 need a caesarean section. Your obstetrician will discuss this with you.

Should I continue to have cervical smears?

No. The cervix has been removed and therefore smears are not required.

Will I need further treatment?

You will not usually require further treatment if the tissue analysis shows the pelvic lymph nodes are negative and all the cancer tissue has been removed. If the lymph glands are positive, you may require radiotherapy or possibly chemotherapy. The appropriate team will discuss this with you if necessary.

Will I need Hormone Replacement Therapy (HRT)?

You will only need HRT if further treatment after surgery is required (such as radiotherapy) as this can stop the ovaries working.

HRT is available in many forms – as an implant, patches (similar to a nicotine replacement patch), tablets, gels, sprays and vaginal creams. There are also alternative ways of managing the potential symptoms. Please discuss the options available to you with your doctor before you are discharged from hospital. You can also contact your gynaecology nurse specialist for further information or advice.
Is there anything I should do to prepare for the operation?

Make sure that all of your questions have been answered and that you fully understand what is going to happen to you. You are welcome to visit the ward and meet the staff before you are admitted to hospital - ask your specialist nurse or pre-assessment nurse to arrange this for you.

If you feel well enough, take some gentle exercise before the operation, as this will also help your recovery afterwards. Your GP, practice nurse or the doctors/nurses at the hospital will be able to give you further advice about this.

Before you come into hospital for your operation, try to organise things ready for when you come home. If you have a freezer, stock it with easy-to-prepare food. Arrange for relatives and friends to do your heavy work (such as changing your bed sheets, vacuuming and gardening) and to look after your children if necessary. Arrange for somebody to take you home from hospital when you are discharged. If you think you may have problems coping at home, you can discuss this with the nurses on the ward.

Is it normal to feel weepy or depressed afterwards?

Yes. It is a very common reaction to the operation. If these feelings persist when you leave the hospital, you may wish to discuss them with your GP or specialist nurse. There are also local and national support groups that you can contact. Details are given at the end of this booklet.
When can I go home?
You will usually be able to go home one to three days after your operation. This depends on your individual recovery, how you feel physically and emotionally and the support available at home. If you require hospital transport for your discharge home, please let a member of staff know well in advance.

Will I need to visit the hospital again after my operation?
Yes. It is very important that you attend any further appointments arranged either at St James’s Hospital, Bexley Wing, Leeds or at the hospital that referred you for your treatment. The tissue results (histology) from your surgery can take 2-3 weeks. An appointment for the outpatient clinic will be made to discuss these results with you and if any further treatment is necessary.
Your guide to recovery after keyhole (laparoscopic) surgery

**Please note:** The following information is a general guide. Everyone’s recovery is different, listen to your body and ask for advice if you are unsure.

<table>
<thead>
<tr>
<th>Days after my operation</th>
<th>How might I feel?</th>
<th>What is safe to do?</th>
<th>Fit for work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 days</td>
<td>You will have some aches &amp; pains in your tummy. You will feel sore moving in and out of bed. You may have some light bleeding like a period. You will feel tired and may feel like a sleep in the afternoon. You will usually go home in this time.</td>
<td>Get out of bed and move about. Go to the toilet. Get yourself dressed. Eat and drink normally.</td>
<td>No</td>
</tr>
<tr>
<td>3-7 days</td>
<td>Your pains should be reducing in intensity now and you will be able to move about more comfortably. You will still tire easily.</td>
<td>Go for short walks. Wash and shower as normal. Lift a kettle to make a hot drink.</td>
<td>No</td>
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<tr>
<td>1-2 weeks</td>
<td>Your energy levels will be increasing. There will be less pain as you move about.</td>
<td>Build up your activity slowly and steadily. Go for longer and more frequent walks.</td>
<td>No</td>
</tr>
<tr>
<td>2-4 weeks</td>
<td>There will be even less pain now as you move about more. You will find your energy levels are returning to normal. You should feel stronger every day.</td>
<td>Return to work depending on your occupation. Carry out daily activities like shopping, vacuuming, ironing, light gardening, gentle exercise and driving. Check with your insurance company before you drive and make sure you can do an emergency stop without any pain.</td>
<td>Yes possibly on reduced hours or lighter duties at first. Some women will be fit for full time work after four weeks. If unsure discuss with your consultant or ward physiotherapist.</td>
</tr>
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<tr>
<td>4-6 weeks</td>
<td>Almost back to normal. You may still feel tired and need to rest more than usual.</td>
<td>Usual exercise. Have sex if you feel ready. Swimming if your bleeding has settled. If you would like to get back to a specific exercise regime/hobby please speak to the ward physiotherapist.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Your guide to recovery after open surgery (laparotomy)

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<tr>
<td>0-2 days</td>
<td>You will have some aches &amp; pains in your tummy. You will feel sore moving in and out of bed. You may have some bleeding like a light period. You will feel tired and may feel like a sleep in the afternoon.</td>
<td></td>
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<tr>
<td></td>
<td>Get out of bed and move about. Go to the toilet. Get yourself dressed. Start eating and drinking as usual. Gentle exercises like moving your ankles up and down to help with circulation. Stand up for 10 minutes at a time.</td>
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<td></td>
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<tr>
<td></td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>3-7 days</td>
<td>You will return home. Your pains should be reducing in intensity which will allow you to move about more easily.</td>
<td></td>
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<tr>
<td></td>
<td>Go for short walks. Wash and shower as normal. Continue with exercises that have been recommended to you. Lift a kettle to make a hot drink.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
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<tr>
<td>3-7 days</td>
<td>You will still tire easily.</td>
<td>Pull in your tummy slightly whilst sitting or walking and breathe normally. This will help strengthen your tummy muscles.</td>
<td>No</td>
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<tr>
<td>1-2 weeks</td>
<td>You will have less pain as you move about.</td>
<td>Slowly build up your activity levels (longer walks).</td>
<td>No</td>
</tr>
<tr>
<td>2-4 weeks</td>
<td>You should feel like you are getting stronger every day.</td>
<td>Continue to build up the amount of gentle activity that you do. Plan for your return to work.</td>
<td>No</td>
</tr>
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<tr>
<td>4-6 weeks</td>
<td>You should continue to feel stronger every day. Vaginal bleeding should have settled or be very little.</td>
<td>Carry out daily activities like shopping, vacuuming, ironing and driving. Swimming if your bleeding has settled. Check with your insurance company before you drive and make sure you can do an emergency stop without any pain.</td>
<td>Possibly but not heavy work. Discuss with your consultant or ward physiotherapist.</td>
</tr>
<tr>
<td>6 weeks onwards</td>
<td>Almost back to normal. You may still feel tired. It is ok to rest.</td>
<td>Carry out all normal daily activities. Have sex if you feel ready. Sport - You may start gently after 6-8 weeks. Leave competitive or high impact sport for at least three months.</td>
<td>Yes but does depend on your work and whether you need further treatment. Some patients need up to 12 weeks off work. Discuss with your consultant or ward physiotherapist.</td>
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Physiotherapy Exercises

**Pelvic Floor** and **Deep Abdominal Muscles** work together to support the pelvic organs and pelvis itself. Strong muscles can maintain or improve bladder and bowel control, help to prevent prolapses and help to protect the back.

**Pelvic Floor Exercises**

Do in any position and start as soon as you feel comfortable. If you have a catheter, wait until it has been removed.

- Imagine trying to stop yourself from passing wind and at the same time trying to stop the flow of urine.
- You should feel a squeeze and lift - a drawing up feeling inside.
- Hold this squeeze and lift for a few seconds and then relax, repeat a few times.
- Don’t worry if you can’t feel it at first. As you improve, hold as long as you can (up to 10 seconds) and increase the repetitions (up to 10 times).
- **Do not** exercise by stopping your urine flow midstream - it could damage your bladder and lead to infections.
Quick Pelvic Floor Contractions
Squeeze strongly and relax immediately, allow a few seconds to relax, then repeat as many times as you can up to 10.

Deep Abdominal Muscle Exercises
This muscle is like your natural corset and will help to support your back.

You can do this exercise in any position, but keep your back straight.

- Let your tummy sag and breathe in gently
- As you breathe out, very gently pull in your lower tummy below your belly button - try not to pull in the upper tummy. This muscle works best at 25% of full strength.
- Hold as long as you can, building up to about 30 seconds.

How often should I do the exercises?
Do all three exercises 4-6 times daily for the first month, then 2-3 times daily for the rest of your life. Link to a regular activity or put a sticker somewhere as a reminder.
Using your muscles

- For extra support, tighten up the pelvic floor and deep abdominal muscles before you do anything exertive like coughing or lifting.
- Very gently tighten the pelvic floor muscles for more control if you have difficulty holding on to reach the toilet in time.
- Listen to your body, don’t exercise if it hurts or you are too tired.
- Never do sit-ups or double leg lifts as both put too much pressure on your back and pelvic floor muscles.

Contacts

We hope that this booklet answers most of your questions but, if you have any further queries or concerns, please do not hesitate to contact your local gynaecology specialist nurse or Ward J98.

Ward J98 Gynaecological Cancer Ward
St James’s Hospital, Leeds
Tel: 0113 206 8298, 206 8198 or 206 9198.
Local Information and Support Centres

Bradford

Cancer Information Centre
Main Entrance, Bradford Royal Infirmary
Tel: 01274 364307  Fax: 01274 366960
Email: cancer.informationcentre@bradfordhospitals.nhs.uk
Opening hours: 10am - 4pm Monday to Friday

Bradford & Airedale Cancer Support Centre
Daisy House Farm, 44 Smith Lane, Bradford BD9 6DA
Tel: 01274 776688
Website: www.bradfordcancersupport.org.uk
Opening hours: 9am - 5pm Monday to Friday

Calderdale & Huddersfield

The Jayne Garforth Information & Support Centre
Macmillan Unit, Calderdale Royal Hospital
Tel: 01422 222709
Opening hours: 10am to 4pm Monday to Friday
(except on Tuesdays, when the centre closes at 1pm)

Daylight Self Help/Support Group (for women from Huddersfield and Halifax)
Meets on the 2nd Thursday of every month 10.30am-12.30pm
Briar Court Hotel, Halifax Road, Birchencliffe,
Near Huddersfield, HD3 3NT
Tel: 01422 222720 for more information
Support group for women with a gynaecological cancer.
Dewsbury, Pontefract & Wakefield

**WAGS (Women’s Association of Gynaecological Support)**
Meets on the last Wednesday of every month 6pm - 8pm
The Cock and Crown pub, Doncaster Road, Crofton, WF4 1PP
**Tel:** 01977 747421 for more information
Support group for women with a gynaecological cancer

Harrogate

**Harrogate & District NHS Foundation Trust**
Harrogate Hospital Cancer Nurse Specialists, can signpost to other appropriate organisations as required.
**Tel:** 01423 555719 (team secretary)

**The Golden Girls Support Group**
Meets on the 2nd Thursday of every month 7.30pm
Harrogate Fire Station, Skipton Road, Harrogate, HG1 4LE
**Tel:** 01423 555732 for more information
Support group for women with a gynaecological cancer

Leeds

**Leeds Cancer Support**
Leeds Cancer Support complements care provided by your clinical team offering access to information and a wide range of support for you, your family and friends. We can be found in the information lounges in Bexley Wing and also in the purpose built Sir Robert Ogden Macmillan Centre.
The Sir Robert Ogden Macmillan Centre
The Centre is on the St James’s Hospital site and offers a variety of support services including counselling, support groups and complementary therapies. You can just drop in for a coffee and a chat anytime. Open from 10am - 4pm Monday to Friday.

Information Centre Level 1 Outpatients Department
Open from 10am - 4pm. Tel: (0113) 206 8816

Information Lounge Level -2 Radiotherapy Department
Open from 8.30am - 6.00pm Tel: (0113) 206 7603

Sir Robert Ogden Macmillan Centre
Open from 10am - 4pm. Tel: (0113 206 6498)

All the above services can be emailed on: leedsth-tr.Cancersupport@nhs.net

York

York Cancer Care Centre
Junction 5 Entrance, York Teaching Hospital, NHS Foundation Trust Tel: 01904 72 1166

Opening hours: 9am - 4.30pm Monday to Friday

Gynaecology Cancer Support Group
Meets on the 2nd Tuesday of each month (except in August) 9.30am - 11.30am. York Cancer Care Centre, Junction 5 Entrance, York Teaching Hospital NHS Foundation Trust

Tel: 01904 72 6478 for more information
National Information and Support

Macmillan Cancer Support
89 Albert Embankment, London, SE1 7UQ
Tel: 0808 808 0000 (free)
This line also offers an interpretation service. When you call, just state in English, the language you wish to use.
Text phone service: (for the hard of hearing)
10800 0808 808 0121
Opening hours: 9am - 8pm Monday to Friday
Website: www.macmillan.org.uk

The Eve Appeal
General Enquiries Tel: 0207 605 0100
Website: www.eveappeal.org.uk
Information about all gynaecological cancers

Jo’s Cervical Cancer Trust
Tel: 0808 8028000 (opening hours vary. See website for details)
Website: www.jostrust.org.uk
Support and information for women affected by cervical cancer and cervical abnormalities.