NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Information for patients and carers

Radical Hysterectomy

Excellent care with compassion

Gynaecology, Women and Children's Health

@LancsHospitals

Introduction

If you have recently been diagnosed with cervical or uterine cancer, it is normal to experience a wide range of emotions. For some women it can be a frightening and unsettling time. Whatever you may be feeling at present, try talking about it with someone who specialises in dealing with this condition. Your Macmillan gynaecology oncology clinical nurse specialist (CNS) will listen, answer any questions you may have about your condition and if you wish, can put you in touch with other professionals or support agencies.

What is a radical hysterectomy?

Women with cancer of the cervix (neck of the womb) or uterus (womb) may be offered a radical hysterectomy. This is different from a 'simple' hysterectomy because, not only are the cervix, uterus and fallopian tubes removed, but also the upper third of the vagina and the tissues around the cervix. The pelvic lymph glands will also be removed at this time because if the cancer spreads it is often to these glands first. (see diagram).It is usually not necessary to remove your ovaries. This is advantageous as it preserves the female hormone function.

The aim of the operation is to remove all of the cancer. If there is any evidence that the cancer has spread, you may be offered further treatment, such as radiotherapy or chemotherapy. This will be discussed with you when all of your results are available.

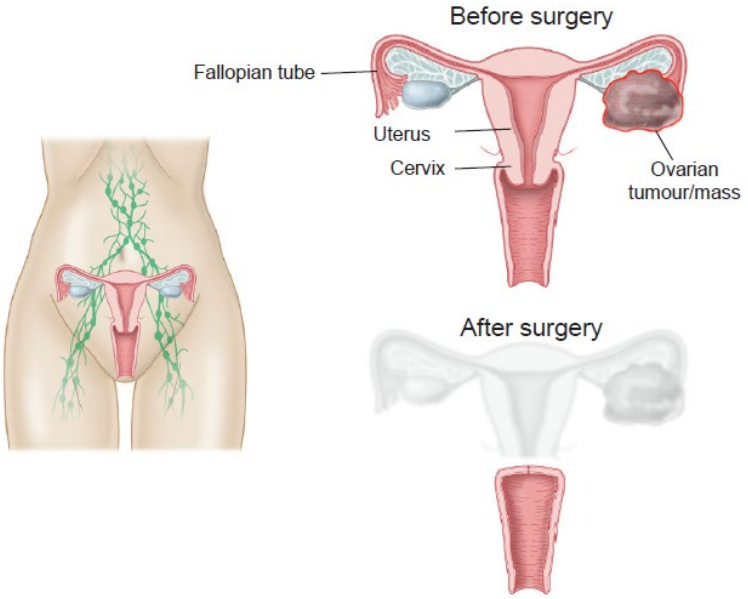
What is a laparoscopic radical hysterectomy?

This is the same operation as above to treat early stage cervical cancer performed through keyhole surgery. The surgery is carried out under general anaesthesia. The surgeon inserts thin telescopes and surgical

instruments through several small cuts in the abdomen. The aim of the surgery is to treat cervical cancer (cancer confined to the neck of the womb) by removing all of the cancer and to assess if the cancer has spread by removing the pelvic lymph glands.

In patients who do not have their ovaries removed, we may move the ovaries out of the pelvis (this is called transposition of the ovaries).This is performed to minimise damage to the ovaries if radiotherapy is required after the operation. Your surgeon will discuss this with you.

Patients who have laparoscopic (key-hole) surgery generally recover quicker and have a shorter stay in hospital, which is usually two days compared to an open radical hysterectomy which usually requires a five to seven day stay in hospital. Your surgeon will discuss with you whether you would be suitable for laparoscopic surgery or would require open surgery.



Are there any alternatives to surgery?

Yes, but these vary from patient to patient. The team will discuss the options available to you.

Are there any risks?

As with any operation, there are risks but it is important to realise that most women do not have complications and that no one will develop all of the complications. There is always a risk with having a general anaesthetic .Also, with any form of major abdominal surgery, there is the risk of bruising or infection in the wound and internal bruising and infection may also occur. A blood transfusion is often required to replace blood lost during the operation.

On very rare occasions, there may be internal bleeding after the operation, making a second operation necessary.

Patients occasionally suffer from blood clots in the leg or pelvis (deep vein thrombosis or DVT.) This can lead to a clot in the lungs. Moving around as soon as possible after your operation can help to prevent this. The physiotherapist will visit you on the ward and show you some gentle leg exercises, safe ways to move in and out of bed and breathing exercises to reduce the risk of blood clots or a chest infection. You will also be given special surgical stockings (anti- embolism stockings) to wear whilst in hospital and injections to thin the blood.

After the operation, the bladder and bowels may take some time to begin working properly and some women have loss of feeling in the bladder that may take some months to get better. During this time, they need to take special care to empty the bladder regularly. Rarely, a hole may develop in the bladder or in the tube bringing urine to the bladder (urethra).If this happens, it is generally identified at the time of surgery.

If not, it results in leakage of urine into the vagina. The hole may close without surgery, but another operation may be necessary to repair this.

What are the risks associated with a general anaesthetic?

Please refer to the separate Trust leaflet “you and your Anaesthetic”.

Are there any long-term complications associated with this operation?

The skin around the wound is usually numb for several months until the small nerves damaged by the incision grow back. Sometimes the numbness may affect the tops of the legs or the inside of the thighs. This nearly always gets better within 6-12 months.

There is a small risk of swelling in the legs or lower abdomen (lymphoedema). Normally, lymphatic fluid circulates throughout the body, draining through the lymph glands.

As the pelvic lymph glands are removed during the operation to prevent the spread of cancer cells, the lymphatic drainage system may become blocked, resulting in a build-up of fluid in one or both legs or in the genital area. The problem can be treated, but preventative measures can be taken to reduce the risk of it happening at all. You can discuss this further with any of the nurses or doctors or ask to see a leaflet on the subject.

Will I have a scar?

Yes. Although it will fade. The surgeon will either make an incision across your tummy just above your pubic hair, or a vertical midline

incision. The wound will be closed together using either sutures (stitches) or clips. After the operation the area around the scar will feel numb for a while but sensation will return to it. If the procedure is done laparoscopically, you will not have a single big scar but will have 3-5 small 1 cm cuts on your tummy.

What about losing my fertility?

At any age, having to have your womb and/or ovaries removed can affect the way you feel about yourself. The loss of fertility can have a huge impact if you have not started or completed your family and you have an operation that takes that choice away. You may want to make sure that you have explored all your options. It is important that you have the opportunity to discuss this and how you feel about it with your clinical nurse specialist who will continue to offer you support when you are recovering from the operation. Advice may also be available from our specialist fertility team.

Will my ovaries continue to produce eggs?

Yes. If you still have your ovaries after the operation, yes you will. As you will have had a hysterectomy, you will not menstruate (have periods) each month and so the eggs will be absorbed harmlessly by your body.

Will I need hormone replacement therapy (HRT)

You may need to take HRT if you have had both your ovaries removed and have not already been through the menopause.

HRT is available in many forms – as an implant, patches, tablets, gels, sprays and vaginal creams. There are also alternative ways of managing the potential symptoms. Please discuss the options available to you either with the gynaecological oncology team before you are discharged from hospital, or with your GP. You can also contact your clinical nurse specialist for further information or advice.

Is there anything I should do to prepare for the operation?

Yes. Make sure that all of your questions have been answered to your satisfaction and that you fully understand what is going to happen to you. You are more than welcome to visit the ward and meet the staff before you are admitted to hospital. Just ask your Macmillan gynaecology oncology clinical nurse specialist to arrange this for you.

If you are a smoker, it would benefit you greatly to stop smoking or cut down before you have your operation. This will reduce the risk of chest problems as smoking makes your lungs sensitive to the anaesthetic.

You should also eat a balanced diet and, if you feel well enough, take some gentle exercise before the operation, as this will also help your recovery afterwards. Your GP, the practice nurse at the surgery or the doctors and 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. You may wish to discuss this further with your Macmillan gynaecology oncology clinical nurse specialist.

If you have any concerns about your finances whilst you are recovering from your operation, you may wish to discuss this with your Macmillan gynaecology oncology clinical nurse specialist. You can do this either before you come into hospital or whilst you are recovering on the ward. If you wish to see a social worker whilst in hospital, ask one of the members of staff on the ward to refer you.

Will I need to have any tests before my operation?

Yes. These tests will ensure that you are physically fit for surgery and help your doctor to choose the most appropriate treatment for your type of disease and stage (position of the cancer.)

Recordings of your heart (ECG) may be taken as well as a chest x-ray, scans and imaging of your pelvis (MRI and CT scans) and a blood sample to check that you are not anaemic. You will also have the opportunity to ask the doctor and your Macmillan gynaecology oncology clinical nurse specialist any questions that you may have. It may help to write them down before you attend the hospital. Often the tests are arranged when you come to a pre-operative appointment in the outpatient department a week or two before surgery.

When will I come in for my operation?

You will be admitted to the ward on the day of your operation.

You will meet the ward nurses and doctors involved in your care and the anaesthetist will visit you to discuss the anaesthetic and to decide whether you will have a ‘pre-med’ (tablet or injection to relax you) before

you go to the operating theatre. You can ask any further questions you have at this time.

Your temperature, pulse, blood pressure, respiration rate, height, weight and urine are measured to give the nurses and doctors a base line (normal reading) from which to work. You will be asked to sign a consent form to confirm that you understand and agree to the operation.

You will be asked to have only clear fluids up until 2 hours before surgery. You will not be allowed to have anything to eat or drink after this time, including chewing gum or sweets. A 'drip' may be attached to your hand / arm to provide you with fluids and prevent dehydration during this time.

You will be given special surgical stockings (anti-embolism stockings) to wear and may start having injections to prevent blood clots (also known as DVT or deep vein thrombosis) forming after surgery. This is necessary because when you are recovering from the operation, you may be less able to walk around and keep the blood circulating in your legs.

What happens on the day of my operation?

Before going to the operating theatre, you will be asked to take a bath or shower and change into a theatre gown. All make-up, nail varnish, jewellery (except wedding rings, which can be taped into place), dentures, hearing aids, contact lenses, wigs and scarves must be removed. Wigs, scarves and dentures can be removed when you arrive at theatre.

What happens after my operation?

You will wake up in the recovery room before returning to the ward, occasionally you may go to the high dependency unit (HDU) which is

part of the critical care unit (CrCU) for 24 hours and then back to the ward. This will depend on how long the surgery has taken and the level of nursing and medical support needed after the operation but this will be discussed prior to surgery if it is likely to happen.

You may still be very sleepy and need the support of oxygen which will be given through a clear facemask to help you breathe comfortably immediately after your operation. Your blood pressure, heart rate and breathing rate will be monitored regularly. A 'drip' will be attached to your hand or arm to provide you with fluids and prevent dehydration. You will be encouraged to eat and drink as soon as you are able.

A catheter (tube) will be inside your bladder to drain urine away. As the bladder is positioned close to the cervix, uterus and vagina, where the surgery has taken place, the catheter will allow the area to recover and heal. The catheter will need to stay in for approximately 7 days.

Occasionally, the catheter will need to remain in place or be inserted at regular intervals (known as 'bladder training') to enable your bladder to return to working normally. This varies from woman to woman and will not necessarily prevent you from going home. If needed, a district nurse can visit you at home to help you care for your catheter.

You may also have trouble opening your bowels or have some discomfort due to wind for the first few days after the operation. This is temporary and we can give you laxatives or painkillers if you need them.

How will I feel after my operation?

Please tell us if you are in pain or feel sick when you return to the ward or HDU. We have tablets/injections that we can give you as and when required, so that you remain comfortable and pain free. An epidural may be inserted in your back at the time of your general anaesthetic to provide pain relief for between 24 - 48 hours. Alternatively, you may have a device that you use to control the pain yourself. This is known as patient controlled analgesia or a PCA and you will be shown how to use

it. The anaesthetist will discuss these options with you before the operation.

You may have some vaginal bleeding or a blood stained discharge. The wound will have a special dressing on it to keep it clean and dry after the operation and, depending on the type of incision used, the sutures or clips will be removed 5-10 days later. Alternatively you may have dissolvable sutures, but you will be informed of this.

Is it normal to feel weepy or depressed afterwards?

Yes. It is a very common reaction to the diagnosis, to the operation and to being away from your family and friends. If these feelings persist when you leave hospital, the advice and support of your friends, family, GP, your clinical nurse specialist or a specialist social worker may be able to help you. There are also a number of local and national support groups. Details are given at the end of this booklet.

When can I go home?

You will be in hospital between 1 and 3 days, depending on the type of operation you have had, your individual recovery, how you feel physically and emotionally and the support available at home. This will be discussed with you before you have your operation and again whilst you are recovering.

When can I get back to normal?

It is usual to continue to feel tired when you go home. It can take up to 3 months to fully recover from this operation, sometimes longer, especially if you have had, or are still having, chemotherapy. However, your energy levels and what you feel able to do will usually increase with time. This differs for each individual, so you should listen to your body's reaction and rest when you need to. This way, you will not cause yourself any harm or damage.

For the first 2 to 3 weeks after surgery lifting should be restricted. Light activities such as dusting and washing up can be started. Break up your activities so that you are doing a small amount at a time. Limit your lifting to kettles, small saucepans and items weighing approximately the same as 1 litre water bottles. Gradually build up to more strenuous activities such as vacuuming after 4 weeks, but listen to your body and stop if you feel discomfort or pain.

Remember to lift correctly. Bend your knees. Keep your back straight and tighten your pelvic floor and abdominal muscles. This should be a habit for life. Try not to stand for long periods at a time initially. Many everyday chores can be done sitting down such as ironing and peeling vegetables.

When can I start driving again?

Returning to driving will depend on the type of surgery you have had. This will vary between 4 - 6 weeks.

You may feel more comfortable if a folded towel is placed under the seat belt across your abdomen. You need to be able to fully concentrate, make an emergency stop and look over your shoulder to manoeuvre. It is a good idea to check your insurance policy.

When can I return to work?

This will depend upon the type of work you do, how well you are recovering, and how you feel physically and emotionally. It also depends on whether you need any further treatment (such as chemotherapy) after your operation.

Some women will feel ready to return at 4-6 weeks if the job is not physically demanding or part time. However, if your work is more physically demanding 6-12 weeks is recommended. It may be helpful to slowly increase your hours and duties over a period of time.

This can be discussed further with your doctor, your clinical nurse specialist or GP.

Remember the return to normal life takes time, it is a gradual process and involves a period of readjustment all of which will be individual to you.

What about exercise?

It is important to continue doing the exercises shown to you by the ward nurses for at least 6 weeks after your operation.

Walking: It is important to continue with the regular walking you were doing whilst in hospital. Start with 10 minute walks 1-2 times per day and gradually increase the pace and distance you walk. You may find you can walk 30-60 minutes after 2-3 weeks.

Gentle, low impact exercises such as **pilates** and **yoga** may be enjoyable and beneficial and they can be started as soon as you feel able, usually from 4 weeks.

Swimming: You may resume or start swimming once your wound has completely healed and once any vaginal bleeding or discharge has

stopped. Some women may feel ready after 2-3 weeks, but others may not feel ready till 6 weeks.

Competitive sport and high impact exercises are best avoided for 6-12 weeks, depending on your previous level of fitness.

When can I have sex?

After a radical hysterectomy for cancer, you may not feel physically or emotionally ready to start having sex again for a while. It can take at least 6 weeks for the vagina to heal and even longer for energy levels and sexual desire to improve. During this time, it may be important for you and your partner to maintain intimacy, despite refraining from sexual intercourse. However, some couples are both physically and emotionally ready to resume having sex much sooner and this can feel like a positive step. If you have any individual worries or concerns, please discuss them with your clinical nurse specialist.

It can be a worrying time for your partner, who should be encouraged to be involved in discussions about the operation and how it is likely to affect your relationship afterwards.

If you do not have a partner at the moment, you may have concerns either now or in the future about starting a relationship after having a radical hysterectomy. Your clinical nurse specialist may be able to offer support or be able to refer you to someone who can help. Please do not hesitate to contact them if you have any queries or concerns about your sexuality, change in body image or your sexual relationship either before or after surgery.
The physiotherapist or your clinical nurse specialist will be happy to give advice on your individual needs.

Will I need to visit hospital again after my operation?

Yes. It is very important that you attend any further appointments arranged for you. If the histology (tissue analysis) results from your surgery are not available before you are discharged home, an appointment for the outpatient clinic will be made to discuss the results and any further treatment options, if necessary. You will need to attend regular follow-up appointments in future.

Will I need further treatment?

When the histology (tissue analysis) is known, you will not require further treatment if the pelvic lymph glands are negative and all the cancer tissue is removed.

If the lymph glands are positive or if there is uncertainty about whether all the cancer has been removed, you may require radiotherapy and, on occasion, chemotherapy. This will be discussed with you in detail by the clinical oncology team, if necessary.

Should I continue to have cervical smears?

No. Cervical smear tests are usually not necessary after this operation, as your cervix will have been removed. However, it is important to come for regular examinations in the outpatient clinic.

Occasionally, you may also need to be kept under review in the colposcopy clinic (a clinic where a doctor can examine you internally using a colposcope - similar to a microscope)

How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. If you have any suggestions or comments about your visit, please either speak to the ward staff.

Contact details

Should you require further advice or information please contact the team on 01772 524211 - Monday to Friday (8 am to 5 pm).

You may also contact the following departments for advice:

Gynaecology Out Patient Department: 01772 524386

Gynaecology Ward: 01772 524231

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.patient.co.uk
www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

There are many organisations that provide information, support and advice. These include:

Macmillan Cancer Support

89 Albert Embankment London SE1 7UQ Tel: 0808 808 2020 www.macmillan.org.uk

Ovacome (Ovarian Cancer Support Group)
52 – 54 Featherstone Street London EC1Y 8RT Freephone: 0800 008 7054 Tel: 0207 299 6654 Email: support@ovacome.org.uk www.ovacome.org.uk

Target Ovarian Cancer
2 Angel Gate, London EC1V 2PT Tel: 020 7923 5470 www.targetovariancancer.org.uk

Jo's Trust (Cervical Cancer)
CAN Mezzanine 7-14 Great Dover Street London SE1 4YR Helpline: 0808 802 8000 Tel: 020 3096 8100 www.jostrust.org.uk**5**

The Eve Appeal

15B Berghem Mews Blythe Road London W14 0HN Tel: 020 7605 0100 www.eveappeal.org.uk

Cancer Help Preston (Cancer Advice, Information and Day Centre)
Vine House 22 Cromwell Road, Ribbleton Preston Tel: 01772 793344 www.cancerhelppreston.co.uk

Cancer Help Preston (Cancer Advice, Information and Day Centre)
Croston House 113 Croston Road, Garstang PR3 1HB

Information on support groups

GYNAE-CAN Support Group

Held every third Wednesday 7pm – 9pm at Cancer Help Preston, Vine House, Cromwell Road, Preston

If interested in attending the support group just turn up to the next meeting or get in touch through Vine House on 01772 793344

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:
આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપા|કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:
Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:
Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਚਿ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਂਟਿ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਚਿ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:
دو سر ی زبـــانوں او ر بـڑ ی اگـر آپ کـو ہی معلومـات سـمجھنے کـے یـئےل مدد یک ضـرورت ہے تـو ی‌ئچھیا یہں یـہ ابی‌دست ہو ی‌سـکت ہے بـرا ئے مہر ی‌بـان پـو ے‌ی‌چھ‌ی۔ معلومـات

Arabic:
مطبـو عةّ بـأ حر ف كبـــير ة و بلغـــات إذا كنتّ تـر يـد مسا عدةّ فـي فهـم هذه لمعلـــو مات يُر جى أن .تطلـــب أخرى يمـكن تـو فـــير هذه المعلـــو مات

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