Surgery for Cervical Cancer - Radical Hysterectomy (Wertheims)

Information for patients
This booklet has been written to answer some of the questions you may have about cervical cancer and radical hysterectomy (also called Wertheims hysterectomy).

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 radical hysterectomy?

A radical hysterectomy is an operation to treat cancer of the cervix. It involves removing the uterus (womb), cervix (neck of the womb), tissue around the cervix (parametrial tissue), fallopian tubes, the upper part of the vagina, pelvic lymph nodes and sometimes the ovaries. A general anaesthetic is used, which means you will be asleep for the entire operation. The aim of the operation is to remove all of the cancer. If there is 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.
Will I have a scar?

Yes, although it will fade. The Surgeon will make either a vertical ‘up and down’ cut (known as a midline incision) or make a cut across your tummy just above your pubic hairline (‘bikini line’ incision). The wound will be closed together 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. Under some circumstances it may be possible to perform your surgery using ‘keyhole’ techniques. This is where the surgeon makes 3-4 small incisions and the womb is removed through the vagina.

Incision sites
Are there any alternatives to having a radical hysterectomy?

Yes, but these vary from patient to patient. Your consultant and their team will discuss the options available to you. If you still want the option of having a family a trachelectomy may be considered. During this surgery the cervix and upper part of the vagina are removed but the uterus is left in place. This is only suitable for cancers found at a very early stage. A separate leaflet (‘Surgery for Cervical Cancer - Trachelectomy’) provides more information about this.

Radiotherapy (the use of x-rays to destroy the cancer cells) can be given to treat cervical cancer. Chemotherapy is sometimes given with the radiotherapy to make it work more effectively.

What are the risks of a hysterectomy?

All surgery carries some risks and your surgeon will explain the risks of a hysterectomy 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:

- **Heavy bleeding during or after the operation;** this may need to be treated with a blood transfusion.
- **Infection;** this would be treated with antibiotics.
- **A cut in your bowel, bladder or ureters;** the tubes that carry urine from the kidneys to the bladder - this would be repaired during your operation.
- **Problems caused by having a general anaesthetic such as an allergic reaction,** although this is rare. Please tell your doctor about any allergies you have.
• **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 where lymph nodes have been removed. It is often naturally reabsorbed by your body but may require draining if large or causing 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 involves another operation to do so.
After the operation it is common to feel sick but medication can be given to help this. Your bladder and bowels may take some time to begin working properly again. Some women have loss of feeling in the bladder and not know when the 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.

You may experience some numbness at the tops of your legs or the inside of your thighs after your operation. This usually improves after a while but occasionally there may be some permanent altered sensation.

**What about losing my fertility?**

At any age, having to have your ovaries and / or womb removed can affect the way you feel about yourself. A hysterectomy will prevent you from getting pregnant. The loss of fertility can have a huge impact on you if you have not yet 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 your feelings with your specialist nurse before your operation. They will continue to offer you support when you are recovering from the operation. Advice is also available from our specialist fertility team.
Will my ovaries continue to produce eggs?
Yes, if you still have your ovaries after the operation. As you will have had a hysterectomy, you will not have periods (menstruate) each month and so the eggs will be absorbed harmlessly by your body.

Will I need Hormone Replacement Therapy (HRT)?
The use of HRT for women who have been diagnosed with a gynaecological cancer is not straightforward. A number of different factors influence whether or not HRT is recommended. Please discuss the options available to you with your consultant or specialist nurse.

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.

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 welcome to visit the ward and meet the staff before you come into hospital - ask your specialist nurse or pre-assessment nurse to arrange this for you. You should 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, practice nurse 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 or other dependants 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. If you have any concerns about your finances (money worries) whilst you are recovering from your operation, you may wish to discuss this with your specialist nurse or the ward staff. You can do this either before you come into hospital or whilst you are recovering on the ward. If you would like to be assessed for home/personal care for when you are recovering at home, the social work department or ward nursing team can arrange this whilst you are in hospital. Please discuss your cultural or religious concerns with the ward nurses, who will endeavour to meet your needs.

Is it normal to feel weepy or depressed after my operation?

Yes. It is a very common reaction to the operation. If these feelings persist when you leave the hospital, you may wish to discuss this 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 three to five 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 the St James’s Institute of Oncology, Bexley Wing (Leeds) or at the hospital that referred you for your treatment. The tissue results (histology) from your surgery can take 2 to 3 weeks. An appointment for the out patient clinic will be made to discuss these results. If the cancer has not been fully removed or cancer is found in your lymph nodes, you may be referred to a clinical oncologist for consideration of further treatment.

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.</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. Lift a kettle for tea or coffee!</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 4 weeks. If unsure discuss with your consultant or ward physiotherapist.</td>
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<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 and your bleeding has settled. 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>
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### Your guide to recovery after open surgery (laparotomy)

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<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>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>
<td>No</td>
</tr>
<tr>
<td>3-7 days</td>
<td>You will return home. Your pains should be settling now which will allow you to move about more easily. You will still tire easily.</td>
<td>Go for short walks. Wash and shower as normal. Continue with exercises that have been recommended to you. Pull in your tummy slightly whilst sitting or walking and breathe normally. This will help strengthen your tummy muscles.</td>
<td>No</td>
</tr>
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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). Lift a kettle to make tea or coffee!</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>
<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>
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<td>6 weeks onwards</td>
<td>Almost back to normal.</td>
<td>Carry out all normal daily activities.</td>
<td>Possibly 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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<td></td>
<td>You may still feel tired.</td>
<td>Have sex if you feel ready.</td>
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<td>Sport - You may start gently after 6-8 weeks. Leave competitive or high impact sport for at least 3 months.</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 98.

Local Gynaecology Specialist Nurse

Name: .....................................................................................................................
Contact number: .................................................................................................

Ward 98 Gynaecological Cancer Ward

St James’s Hospital, Leeds

Tel: 0113 2068298 or 2068198
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](http://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 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 Robert Ogden Macmillan Centre.

The 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 - 4.30pm Tel: (0113) 206 7603

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

The Leeds Daylighters Gynae Oncology Support Group

Meets on the 1st Tuesday of every month 6.30pm to 8.30pm
Robert Ogden Macmillan Cancer Information and Support Centre, St James’s University Hospital, Leeds
Tel: 0113 2067820 for more information
Support group for women with a gynaecological cancer
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 726478 for more information

Support group for women with a gynaecological cancer.
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) 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.