Lancashire Teaching Hospitals
NHS Foundation Trust

Information for patients and carers

Radical Hysterectomy

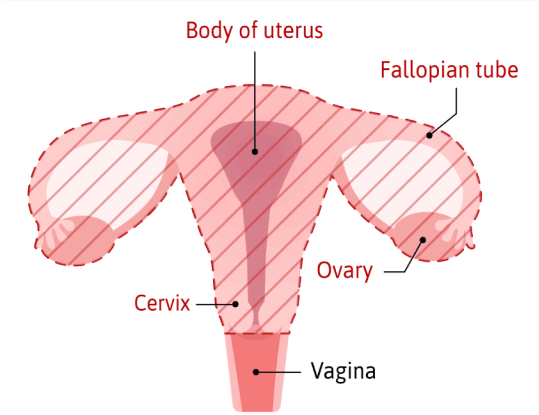
Introduction

If you have recently been diagnosed with cervical cancer, it is normal to experience a wide range of emotions. For some people 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 Gynae-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?

A person with cancer of the cervix (neck of the 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 not usually necessary to remove your ovaries. This is advantageous as it preserves the female hormone function.

The aim of the operation is to remove all 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 your results are available.



Radical hysterectomy

What are the risks?

As with any operation, there are risks associated with having a general anaesthetic. Also, as with all major abdominal surgery there is the risk of infection and bruising both internally and in the wound. A blood transfusion is sometimes needed to replace blood lost during the operation. Rarely, there may be internal bleeding after the operation, which may require a second operation.

People occasionally suffer from blood clots in the leg or pelvis (deep vein thrombosis or DVT). This can then lead to a blood clot in the lungs, so it is important to get moving around as soon as possible after your operation as this can help to prevent this. The ward nurses will 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 be given special surgical stockings (anti-embolism stockings) to wear whilst in hospital and injections to thin the blood. Refer to your physiotherapy leaflet for specific exercises.
After the operation, the bladder and bowels may take some time to begin working properly. Some people have loss of feeling in the bladder that

may take some time to return to normal. During this time, you need to take special care to empty your bladder regularly.

Rarely, a hole may develop in the bladder or in the tube (ureter) bringing urine to the bladder. 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.

For anyone who needs their lymph nodes removing, there is a small risk of swelling in the legs or lower abdomen (lymphoedema). If the pelvic lymph nodes are removed during the operation, the lymphatic system may be affected, resulting in a build-up of fluid in one or both legs, or in the genital area. The problem can be treated, but you can take preventative measures to reduce the risk of this happening. The nurses or doctor will discuss this with you.

What are the risks associated with a general anaesthetic?

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

Will I have a scar?

Yes, although it will fade. The surgeon will make a midline (up and down) incision in your abdomen. The wound will be closed together using either stitches or clips. The area around the scar will feel numb for a while after the operation but sensation will usually return.

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. 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 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 I need hormone replacement therapy (HRT)?

If you have not already experienced the menopause you will have a premature menopause if both of your ovaries are removed during the operation. If this is the case, you may experience hot flushes, night sweats and other menopausal symptoms after the surgery. Your surgeon, CNS or your GP can discuss management of menopause.

Is there anything I should do to prepare for my 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.

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, practice nurse at their 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 clinical nurse specialist.

If you have any concerns about your finances whilst you are recovering from surgery, you may wish to discuss this with your clinical nurse specialist. You can do this either before admission to hospital or whilst you are recovering in the ward. The Macmillan Cancer Information and Support Service, based in the hospital, will also be able to help you with concerns about finances.

If you would like to be assessed for home/personal care for when you are recovering at home, this can also be arranged whilst you are in hospital.

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 (type of cells and the actual position of the cancer). You may have:

- An ECG (recordings of your heart)
- A Chest X-ray
- Respiratory function tests
- A blood sample to check that you are not anaemic and that the function of your kidneys and liver are normal
- An MRI, CT or ultrasound scan of abdomen, pelvis and chest
- Temperature, blood pressure & heart rate

Often the tests are arranged when you come to a pre-operative appointment in the out-patient department, one or two weeks before surgery. At this appointment you will be given an opportunity to ask the doctor and your clinical nurse specialist any questions that you may have. It may help to write them down before you come to hospital. You will be

asked to sign a consent form to confirm that you understand and agree to the operation.

When will I come in for my operation?

You will normally be admitted on the day of your operation. You will meet the ward nurses and doctors involved in your care. 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. Any further questions you have can also be discussed at this time.

What happens on the day of my operation?

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 or 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.
Before going to the operating theatre, you will be asked to change into a theatre gown. We recommend you bathe or shower prior to attending the hospital. 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 may be removed on arrival to 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 and allow your bladder to rest. The catheter will need to stay in until you are taking oral fluids adequately and you are able to walk to the toilet (usually 2-5 days).

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 afterward?

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 the specialist social worker may be of help to you. There are also several 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 5 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. 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 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 (not full kettles), small saucepans and items weighing

approximately the same as one 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 people will feel ready to return at 4-6 weeks if the job is part time or not physically demanding. 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 that returning to a 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?

The Clinical nurse specialists will provide you with a leaflet of physiotherapy information and exercises. These can be commenced prior to your surgery.

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 people 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.
Your clinical nurse specialist will be happy to give advice on your individual needs.

When can I have sex?

Following the diagnosis of and treatment for cervical cancer, you may not feel physically or emotionally ready to start having sex again for a while. It can take at least 2 months to physically recover from the operation and even longer for energy levels and sexual desire to improve. During this time, it may feel 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 do discuss them with your clinical nurse specialist.

It can also 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. Their involvement can have a positive influence on your recovery.

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 this operation. 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 ask them if you have any queries or concerns about your sexuality, change in body image or your sexual relationship either before or after surgery.

Will I need to visit hospital again after my operation?

Yes. It is very important that you attend any further appointments arranged for you at the hospital.
The histology results (tissue analysis) results from your surgery are generally available 2-3 weeks after your surgery. You will be offered the choice of attending the outpatient clinic or a telephone consultation to discuss the results and any further treatment options, if necessary. You may need to attend for regular follow-up appointments in future or you may be followed up within our patient stratified follow up service. The CNS team will discuss this further with you.

Will I need further treatment?

If the histology result (tissue analysis) confirms that all the cancer has been removed and the lymph nodes (if removed) do not contain cancer, no further treatment will be necessary. If, however, the histology results

indicate that you need further treatment, you may need radiotherapy and/ or chemotherapy.

Should I continue to have cervical smears?

No. Cervical smear tests are not necessary after this operation, as the womb and cervix have been removed, however you will continue to have regular vaginal examinations in the outpatient clinic.

Contact details

Should you require further advice or information please contact:

Gynae-Oncology CNS team
Tel No: 01772 524211 - Monday to Friday (8:30 am to 4:30pm).
You may reach an answer phone, but please leave a message and your call will be returned as soon as possible.

You may also contact the following department for advice:
Gynaecology Outpatient Department: 01772 524386
Monday to Friday (9 am to 5 pm).

We recommenced that you contact the **Gynaecology Ward: 01772 524231** if you are unwell in the first 7 days following your discharge from hospital.

Sources of further information

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

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

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

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets
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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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