

Radical Trachelectomy

This leaflet has been written and produced to inform you, your partner and family in order to assist and support you, if you are considering or have been recommended to have this surgery. It is not intended to replace verbal information with your surgeon and specialist nurse. You can access other information via websites available – see end of leaflet.

Benefits & Treatment options & choices

The aim of this surgery is to give the best possible outcome of your treatment management.

The treatment option will be discussed with you, with your consultant, and you may find the leaflet regarding understanding cancer of the cervix helpful.

- Radical Trachelectomy is an operation performed for early stage cancer of the cervix in order to preserve fertility. The conventional treatment for an early stage cancer of the cervix is a radical hysterectomy.
- Radical Trachelectomy is a new procedure. We do not yet know the long-term results of this operation.
- Initial results in terms of fertility and cure rates do seem to be reassuring. However, the best chance of cure still remains a radical hysterectomy operation.
- Radical Trachelectomy is a surgical technique that has been developed in recent years by skilled gynaecological oncologists in only a few specialist centres throughout the world.

What is a Radical Trachelectomy?

- Radical Trachelectomy with Pelvic Lymphadenectomy (removal of lymph glands) is a conservative but radical procedure, preserving the womb.
- It involves removing the whole of the cervix, top 2-3 cms of the vagina, tissue from around the cervix and pelvic lymph glands.
- Most of the operation is done through the vagina so no incisions will be seen.

- The removal of lymph glands is usually performed by key-hole surgery and requires 3-4 small cuts in the abdomen. However, sometimes this is not possible for technical reasons and a larger incision may be needed.
- A large permanent stitch is inserted around the opening to the uterus, strong enough to withhold a pregnancy.

During the operation, tissue may be sent to the laboratory for examination (frozen section) to ensure complete removal of the cancer. The aim is to have a clear cancer-free margin of normal tissue.

All the tissues and lymph glands removed are examined by a pathologist over the next two weeks. If cancer cells are found in either the margins around the tumour or in the lymph glands, then either further surgery and/or radiotherapy will be needed.

Who is suitable for Radical Trachelectomy?

To be selected for this operation you must have a strong desire to preserve your potential fertility following a referral to a specialist centre. A careful assessment will be carried out at the specialist centre. This will involve:

- CT/MRI imaging (see leaflet)
- Examination under anaesthetic
- Review of the pathology/biopsies performed at your local hospital

The cancer must be small and confined to the cervix. The surgeon will also discuss with you all aspects of the operation. After care, follow up care and implications of the operation and possible future pregnancies.

Emotions

Following the diagnosis of cancer, you are likely to experience many different emotions. You might be worried about your fertility or sexual function as a woman. It is important to express your feelings by talking to those close to you.

Support is available and will be offered to you and your partner at the hospital by the ward nurses, specialist nurse, counsellor or social worker. You may require support at different times throughout your treatment and follow up care, and arrangements can be made for this via the address and contact telephone number at the end of this booklet.

Preoperative assessment

Approximately 1-2 weeks before your operation you will be invited to attend the pre-operative assessment clinic. This gives you the opportunity to meet the nursing staff from your ward.

During this visit the staff will discuss the type of operation you will be having and what to expect before and after. You will also have the opportunity to ask any questions you may have. The staff will take a full medical history from you. It would be helpful if you would make a list of all medicines and drugs you are currently taking.

The staff may seek advice from an anaesthetist or physician before your operation. A few tests may be performed such as blood pressure, urine test, blood tests and sometimes a chest x-ray or heart tracing.

If you have any special requirements for your admission such as special diet or religious/cultural needs please let the staff know so that all necessary arrangements can be made.

By attending the pre-operative clinic your future care can be jointly planned according to your individual needs and all necessary steps taken to make your stay as comfortable as possible.

In hospital

You will be shown to your bed by a nurse in your team, the nurse will introduce herself and show you the ward layout. (For further information about services available on the ward please see the information booklet by your bed).

The physiotherapist may visit you before your operation to instruct you on beneficial exercises (See leaflet). If you have not had your bowels opened the day before surgery you will be offered a small enema or suppositories.

Before you go into the operating theatre, you will be asked to take a bath or shower. You will not be allowed to eat or drink for several hours before your operation.

About an hour before the operation you may be given a pre-medication, usually a tablet or small injection which will make you feel drowsy and relaxed, this is only given if prescribed by the anaesthetist.

You may be given support stockings to wear during and after your surgery and you may also be prescribed an injection to reduce the risk of blood clots in the post-operative period. This is given as prescribed by the doctor. A member of the ward team will escort you to theatre and they will complete a checklist prior to you leaving the ward. The nurse will stay with you until Theatre Reception staff takes over.

Antibiotics are routinely given during the operation to reduce the risk of infection.

After your operation

You will probably feel some pain or discomfort when you wake, and you will be given painkillers as required (See leaflet). You may have a drip in your arm and possibly a catheter or small tube to drain urine from your bladder. These will be removed when the doctor instructs the staff to do so.

The physiotherapist will show you how to breathe properly and encourage you to do some simple exercises. Your surgeon will visit to explain exactly what happened during the operation and will be able to tell you when you can start to drink and get out of bed.

You may have a pack of gauze in the vagina for a short time after the operation. A slight discharge or slight bleeding from the vagina is normal but if this becomes heavy you should tell your nurse straight away.

You may get griping wind pains caused by bowel and stomach gas, but there are medicines, which can help (See leaflet). If you are constipated you may be given a laxative.

If you need keyhole surgery you will have stitches that dissolve. You will normally stay in hospital for 3-4 days.

For the first two weeks home you should rest, relax and continue to do exercises that you were shown in hospital. Try to take a short walk every day, look after your posture, eat healthily, drink plenty of fluids and rest whenever you need to. (See further information at the back of this leaflet).

After 4-6 weeks you may begin to feel more or less back to normal.

Possible problems

Possible risks and complications of treatments

Although we try to make sure that any problems are reduced to a minimum, no surgical operation can be guaranteed free of complications and the operation itself or the general anaesthetic may occasionally give rise to difficulties which will make your stay in hospital longer or your recovery slower.

Problems after Trachelectomy may include wound and urinary infections, which may require antibiotics, 'irritable bladder', which may

result in having to pass urine very frequently and may persist for several weeks after the operation has been performed.

Some women may feel pelvic pain or pain on intercourse. There can sometimes be irregular bleeding and/or bleeding after sexual intercourse. Occasionally the entrance to the womb can become too tight, which may require further surgery.

When keyhole surgery is performed a small number of women (2 out of every 1000) have some internal bleeding which does not require further treatment.

There is a small risk of the bowel being punctured when the gas or laparoscope (used for keyhole surgery) is inserted. In these circumstances an immediate operation may be necessary to repair the damage (1 in every 1000). This will involve a bigger wound to the abdomen and you will have to stay longer in hospital. If you have any concerns about any of the risks mentioned here please speak to a doctor

'Wind' pain

The operation does result in a lot of wind floating about in the abdomen that can cause pain in the shoulder, back and abdomen. Eating small quantities, especially of fruit and vegetables and drinking plenty of fluid will help to re-establish your normal bowel movements (See leaflet). Painkillers and moving about will also ease the discomfort.

Vaginal discharge

Some women have a small bloodstained vaginal discharge for up to 6 weeks after the operation. If this becomes a heavy loss or the discharge smells you are advised to contact your general practitioner or the gynaecology ward/emergency room.

Discharge information

Rest

You are likely to feel quite tired once you get home and may find you need extra sleep and rest during the day. Your body will tell you what you can and cannot do. Try to avoid heavy/strenuous housework e.g. vacuuming, ironing etc for the first few weeks.

Exercise

It is good to be mobile, and gentle exercise such as walking is beneficial.

Sexual intercourse

Full penetrative sex should be avoided for 4-6 weeks, to enable the top of the vagina to heal. You may experience a small amount of discharge (brown) from the stitches via the vagina. (If this becomes smelly you should contact your GP). You will be advised to use contraception (please discuss this with the doctor or nurses). You will then have a further MRI scan to check for any signs of recurrence of the cancer. If everything is all right at this stage then you can try and get pregnant.

Returning to work

Recovery time is variable for patients and a degree of tiredness is experienced for some time. You may return to work after 4-6 weeks depending on the nature of your job. A sick certificate can be issued from the ward clerk for your stay in hospital at your request.

Follow up

Your follow up appointment will involve clinical assessment and regular vaginal examination.

Your first appointment in the outpatient department will be 2-3 weeks after your operation. If further treatment is necessary it will be discussed

at this point. You will receive a vaginal examination to check the healing and a smear from the top of the vagina.

You will be seen at the centre (Liverpool Women's Hospital), regularly for the next 5 years. Every 3 months initially, then at increasingly longer intervals.

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. At 38 weeks gestation you will need a Caesarean section.

Support & information

As stated earlier, it may help to talk to others. The following may therefore be useful to you:

Both these organisations produce free booklets appertaining to your cancer, treatment and others.

CancerBACUP	0808 800 1234	www.cancerbacup.org.uk
CancerLink	0808 808 0000	www.cancerlink.org
Gynae C	01793 322005	Voluntary Self Help Group Mon & Thurs 10am-3pm, Tues & Wed 7pm-10pm

Specialist Nurse
Ward