Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

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Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

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Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: www.bartshealth.nhs.uk/pals

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All our patient information leaflets are reviewed every three years. Some information has been adapted from' recovering well' series (Royal College of Obstetricians and Gynaecologists)

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Patient information

Radical hysterectomy for cervical cancer

Information for patients having open surgery for cervical cancer at Barts Gynaecological Cancer Centre

If you have recently been diagnosed with cancer of cervix, it is normal to experience a wide range of emotions. Whatever you are feeling at present we hope this booklet will be helpful. It describes what happens when you have surgery and gives some useful contact numbers if you want any further information. You will also have access to a clinical nurse specialist (CNS) who can provide you with information, advice and support.

Contents of this leaflet

What is a radical hysterectomy?

A hysterectomy is surgery to remove the uterus (womb.) A radical hysterectomy involves removing the uterus (womb), cervix (neck of the womb) and tissues around the cervix (parametrium), fallopian tubes and the upper 1 - 2cm of the vagina. The pelvic lymph nodes are also removed (lymphadenectomy) as part of this operation and sometimes the ovaries are removed.

The aim of the surgery is to remove all the cancer and make sure there has been no spread.

The surgeon will either make an incision (cut) across your tummy, above your pubic hair or a vertical incision down the middle of your tummy (laparotomy). The wound will be closed using either stitches or staples.

Depending on the type of cut used and your recovery, you can expect to be in hospital for between three and five days. You will have a chance to discuss with your doctor the risks of surgery and the impact that it may have before agreeing to the surgery. Additional support is available from the specialist nursing team.

Resources for information and support

Barts Gynaecology Oncology Specialist Nursing and Support Service

Specialist nurses and a dedicated Macmillan support worker providing information, advice and support to women and their families on diagnosis, treatment and follow-up. Answer phone: 020 3465 5281

Barts Health Macmillan Cancer Information Centres

The centres are open for information and advice Monday to Friday and are located all Barts health hospitals. Please ask a member of staff if required.

Jo's Trust

Jo's cervical cancer trust provides information and support.
www.jostrust.org.uk.

Patient.co.uk www.patient.co.uk

Comprehensive health information website, including topics such as a hysterectomy and the menopause.

Royal College of Obstetricians and Gynaecologists

www.rcog.org.uk
Evidence based information for the public, including patient information leaflets on conditions and surgical procedures, as well as a menopause and women's health in later life information hub.

Women's Health concern

www.womens-health-concern.org This site is about having various issues related to women's health including a hysterectomy and menopause

Human Fertilisation and Embryology Authority (HFEA)

www.hfea.gov.uk
The Human Fertilisation and Embryology Authority (HFEA) regulator and information on fertility treatment.

Daisy Network: Premature Menopause Support Group

www.daisynetwork.org provides information and support. Information also available in Gujarati, Punjabi and Urdu.

Menopause matters

www.menopausematters.co.uk. Is an independent, clinician-led website. It provides easily accessible, up-to-date, accurate information about the menopause and treatment options.

Follow-up care

You will be given a follow-up outpatient appointment two to three weeks after surgery. This will be given to you before you are discharged from hospital or sent to you in the post.

It is very important that you attend your first surgical follow-up outpatient appointment and that you contact your treating team or specialist nurse if you are not able to attend. You will have access to a clinical nurse specialist during your follow-up for advice or support on issues related to your treatment and recovery.

It is important that you remain as healthy as possible and try to aim towards a healthy lifestyle. Losing weight and stopping smoking if necessary and taking regular exercise will improve your longer-term health.

Do I still need a cervical smear?

Yes, you will still have screening tests as part of your routine follow-up, even though your cervix has been removed. The screening test is taken from the top of the vagina – you will hear this referred to as a 'vault smear' or 'vault screen'. This is not usually painful but may be uncomfortable. These will be carried out by your surgical team at the hospital, rather than your GP.

Comments about 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 care, please speak to the Ward Senior Sister or Matron, the senior sister of Gynaecology Outpatients or your Clinical Nurse Specialist.

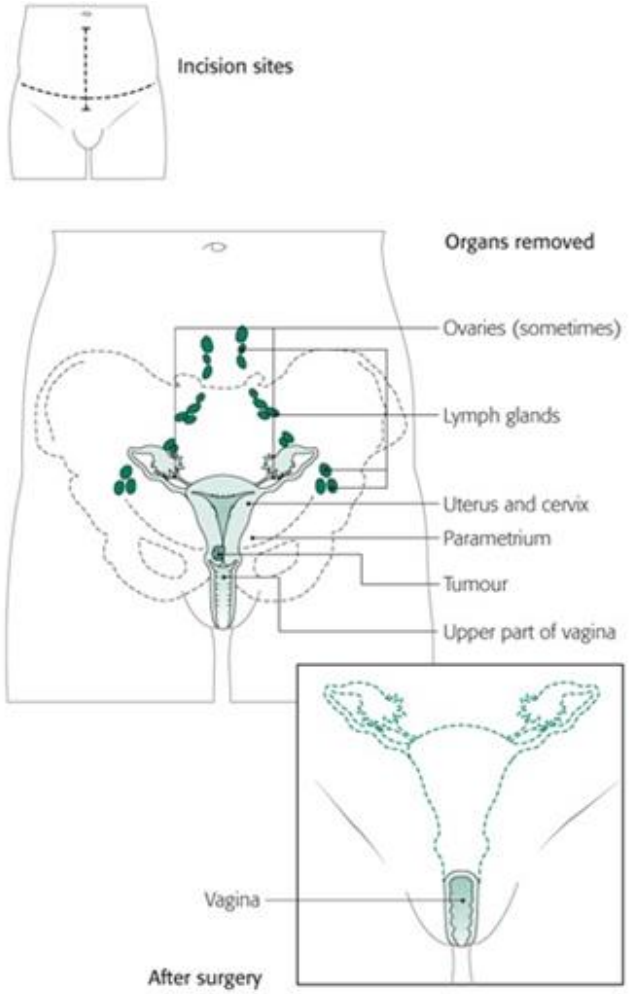

Diagram showing parts removed during radical hysterectomy (uterus, parametrium, cervix, upper vagina) and pelvic lymph glands. © Patient Pictures

What general risks are involved with abdominal surgery?

There are risks associated with any surgical procedure. Your surgeon will explain these risks to you before asking you to sign a consent form. This form confirms that you agree to have the operation and understand what it involves. Please ask questions if you are uncertain. Possible risks and complications from this surgery are:

- **Bleeding** during or after your operation – this may need to be treated with a blood transfusion
- **Infections** – you will be given antibiotics during and sometimes after surgery to help minimise this risk
- **Blood clots** (deep vein thrombosis (DVT) clot in the calf or pulmonary embolism (PE) clot in the lungs) – we will ask you to wear special stockings and to have daily anticoagulant (blood thinning) injections after your operation, usually for 28 days to minimise this risk.
- **Injury** to your bowel, bladder, ureter (the tube leading from your kidney to your bladder), blood vessels or nerves – this would be repaired during or after the operation
- Problems caused by having a general anaesthetic.

What specific risks are involved in this type of surgery?

- **Infertility** – Having your womb removed means there is no option for future pregnancy. If you do have any fertility concerns, please do discuss these with your doctor and clinical nurse specialist (CNS).
- **Early menopause** – if your ovaries are removed then you will become menopausal. Symptoms from becoming menopausal are very variable and may not happen immediately after your surgery. Some women can safely be advised to take Hormone Replacement Therapy (HRT). Please discuss this with your CNS or doctor.
- **Lymphocyst or lymphedema -** A lymphocyst is a collection of lymphatic fluid in the area where the lymph nodes were removed. This does not usually cause a problem but may cause discomfort. Lymphoedema or swelling of the legs can occur in a small number of women (3 in 100), if this is a problem, we can refer you to a team to arrange specialist supportive stockings to wear. Lymphoedema can occur many months or years after your operation. The swelling could also be localised to a specific part of your leg, groin or the vulva.

When should I seek medical advice after an abdominal hysterectomy?

While most women recover well after an abdominal hysterectomy, complications can occur – as with any operation. You should seek medical advice from your GP, the ward where you had your operation, your specialist nurse or NHS 111 if you experience:

- **Burning and stinging when you pass urine or inability to pass urine or passing urine frequently:** this may be due to a urine infection. Treatment is with a course of antibiotics.
- **Smelly vaginal discharge or vaginal bleeding which starts again:** if you are also feeling unwell and have a temperature (fever), this may be because of an infection or a small collection of blood at the top of the vagina, called a 'vault haematoma'. Treatment is usually with a course of antibiotics. Occasionally you may need to be admitted to hospital for the antibiotics to be administered intravenously (into a vein). Rarely, the haematoma may need to be drained using a small tube (drain).
- **Red and painful skin around your scars:** this may be caused by a wound infection. If infection is suspected, it will be treated with antibiotics.
- **Increasing abdominal pain** if you also have a temperature (fever), have lost your appetite and are vomiting, this may be because of damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- **Painful, red, swollen, hot leg or difficulty bearing weight on your legs:** this may be caused by a deep vein thrombosis (DVT). If you have shortness of breath, chest pain or you cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). If you have any of these symptoms in your legs or chest, you should seek medical help immediately.
- **Leakage of urine or faeces:** this may be due to a hole in the bladder, bowel, or ureter (tube leading from the kidney to the bladder) which can rarely happen in the first few weeks after surgery. If you develop leakage from the bladder or bowel then you should be seen at the hospital.

Recovery Tracker (adapted from Royal College of Gynaecologists)

Days after operation	How might I feel?	What is safe to do?	Fit to work?
1-4 days	• You are likely to be in hospital during this time • You will have some pain and discomfort in your abdomen • You may feel sore moving in and out of bed • You may have some bleeding like a light period	• Get up and move about • Go to the toilet • Get yourself dressed • Start eating and drinking • You will feel tired and perhaps feel like a sleep in the afternoon	No
5-7 days	• You should be at home by now • Your pain should be reducing in intensity now and you will be able to move about more comfortably • You will still tire easily and may require a nap during the day	• Continue as days 1–4 • Go for short walks • Continue with exercises that have been recommended to you	No
1-4weeks	• There will be less pain as you move about, and you will find your energy levels slowly returning • Bleeding should have settled or be very little	• Build up your activity slowly and steadily • Restrict lifting to light loads	No
4-6weeks	• There will be even less pain now as you move about more and more • You will find your energy levels are returning to normal • You should feel stronger every day	• Continue to build up the amount of activity you are doing towards your normal levels • You can start to do low impact sport (e.g., swimming if discharge stopped) • Make a plan for going back to work	Yes possibly, on reduced or lighter duties
6-8 weeks	• Almost back to normal • You may still feel tired	• All daily activities including lifting • Usual exercise • Driving • Have sex if you feel ready	Yes, but not heavy work
3 months	• Back to normal, depends on if there are factors which may delay recovery e.g., additional treatment	• Everything • If you do not feel ready to go to work, talk to your GP or employer about this.	Yes, including heavy work.

- **Bladder problems** – a few women will have difficulty emptying their bladder after this surgery and may need a catheter (a small tube draining urine from the bladder to a bag) in their bladder for several weeks. A very small number of women may have longer term difficulties with emptying their bladder, but this is rare (less than 1 in 100).
- **Bowel problems** – a few women will have difficulty opening their bowels and the urge to open their bowels may be different. This usually gets better over several months. Your team can give advice or prescribe medication if needed.
- **Numbness** – the area around the scar will feel numb for 6 to 12 months after surgery until the nerves grow back. Sometimes the skin at the tops and insides of the thighs can also be affected.

Preparing yourself for surgery

Your pre-assessment appointment (PAC)

You will receive an appointment to attend a pre-assessment clinic (PAC) approximately 1-4 weeks prior to the date of your operation. At this appointment, you will undergo a detailed health check, including various medical tests. The PAC appointment will also be an opportunity to talk to your nurse about your needs in relation to your surgery, hospital stay and recovery. There is more detailed information available about this appointment in a leaflet which will be given to you.

Your nurse will also discuss the *Enhanced Recovery Programme* with you. This programme is designed to help you to recover more quickly from your operation. There is strong evidence that getting up and about soon after an operation, gentle exercise, bowel management, effective pain control and improved nutritional intake can speed up your recovery. The programme emphasises these aspects of your recovery and focuses on how you can help yourself.

Getting things ready at home

Before you come into hospital, try to get things ready for your return home. If you have a freezer, stock it with easy-to-prepare food. Arrange for relatives and friends to do heavy work such as changing bed sheets, vacuuming and gardening, and to look after your children or dependants if necessary. If you live alone, you may like to ask a friend or relative to stay with you for a few

days until you are fully independent again. This can provide someone to talk to about how you feel as well as lift your mood.

If you think you will need help at home, either with personal care, your dependants or with your finances, please discuss your concerns at your appointment with your nurse or clinical nurse specialist so that your needs can start to be addressed prior to admission to hospital.

Looking after your health

If you smoke, try to stop smoking or cut down at least four weeks before you have surgery. This will reduce the risk of breathing and wound problems. If you have not been able to stop smoking by four weeks, then research shows that you should only cut down rather than stop all together.

Ensure that you eat a well-balanced diet. There is additional dietary information available if you need this. The *Enhanced Recovery Programme* supports the use of specially formulated carbohydrate drinks in the evening before and on the morning of the operation. You will be given cartons of these drinks with instructions of when to take them. Please stop eating at midnight the night before your surgery but continue drinking 'clear' fluids up until 2 hours before surgery (Clear fluids are water, tea or coffee without milk and the carbohydrate drink you will have been given). Do not drink fizzy drinks. You can drink squash diluted with water.

Your clinic nurse or doctor will tell you which medications you should stop and for how long before surgery, these include aspirin, clopidogrel and anticoagulation medication such as warfarin, apixaban or heparin. Most morning medication should be taken with a sip of water on the morning of your surgery; you will be given clear advice about this in your pre-admission clinic. Please bring all your medications to your pre-admission appointment.

The day you come into hospital for surgery

You will receive instructions regarding the time and place of your admission for surgery. Most women are admitted on the day of surgery at 7am, we advise you to have a shower at home before you come in. On admission you will see your surgical team to confirm that you agree to have the surgery, ask any further questions and you will see your anaesthetist. You do not need to shave.

After admission you will need to change into a theatre gown and TED stockings. You must remove all make-up, nail varnish, jewellery (except wedding rings, which are taped into place), dentures, hearing aids, contact lenses, wigs and scarves. Valuables ideally should be left at home. There are

Keeping your bowels working

Your motions should be soft and easy to pass. Try to eat a variety of foods with lots of fresh fruit and vegetables. High fibre foods, such as wholemeal bread, and drinking at least eight glasses of water a day will help prevent constipation. You may initially need to take laxatives to avoid straining and constipation. You may find it more comfortable to support your abdomen (e.g., with a rolled-up towel) the first few times your bowels move.

If you do have problems opening your bowels, it may help to place a small footstool under your feet when you are sitting on the toilet, so your knees are higher than your hips. If possible, lean forwards and rest your arms on top of your legs to avoid straining.

Sexual activity

You should allow six weeks after your operation for the top of your vagina to heal before having sex. It is then safe to have sex – if you no longer have pain, vaginal bleeding or an unusual vaginal discharge and as long as you feel comfortable. If you experience any discomfort or dryness (which is more common if your ovaries have been removed) you may wish to try a vaginal lubricant. You can buy this from your local pharmacy. However, you may not feel physically or emotionally ready to start having sex again for a while. It can also take several months for the abdominal area to heal and for sensation to improve. You can also discuss your concerns with the clinical nurse specialist who can provide ongoing information, advice and support.

Feelings

Many women feel relief after major surgery and can start life afresh. On the other hand, some women feel depressed and lethargic, particularly after having had a hysterectomy. It is sometimes difficult for family and friends to understand how you are feeling and if you have a partner, they may have their own worries about the effect of the operation. It is important for you both to discuss your feelings together and seek support if necessary. Recovering after an operation is a very personal experience. Some women who have additional health problems or who over overweight or smoke may recover more slowly. The recovery tracker at the end of this booklet will help you monitor your progress. Getting back to normal and starting work will also depend on whether you are having additional treatment after surgery. If you are following all the advice, you have been given but do not think you are at the stage you ought to be, talk with your hospital doctor, specialist nurse or GP.

Driving

We advise that you do not drive for four to six weeks after your operation. This is to prevent any additional pressure to the healing wound. You should also check with your insurance company before you start driving again.

Returning to work

Returning to work can help your recovery by getting you back into your normal routine again. Some women who are off work for longer periods start to feel isolated and depressed. You do not have to be fully recovered before you go back to work. It is normal to have some discomfort as you are adjusting to working life. It might be possible for you to return to work by doing shorter hours or lighter duties and building up gradually over a period of time. If you do a heavy job with manual labour, you may need up to three months off work. Your doctor and physiotherapist will advise if you need this. Sick notes for your hospital stay and recovery can be obtained from the ward before you leave hospital or your GP.

Wound care at home

You will usually have your dressing removed after a few days. Once you are home, try to have a shower every day and keep your wound clean and dry. It does not matter if you get your wound wet as long as it is dried with clean gauze or a clean freshly laundered towel/facecloth. Don't bath until the wound has healed completely, but rather shower.

If the wound shows any signs of infection, such as redness, oozing, smell or soreness, please get in touch with your GP or the ward. Your ward nurse will arrange a district nurse if you require one. Staples are usually removed by your GP practice nurse 10 days after the surgery. Your scar will fade gradually and be visible only as a fine line within six to 12 months of the operation.

Pain control at home

You can expect pain and discomfort in your lower abdomen for at least the first few days after your operation. When leaving hospital, you will be provided with painkillers. If you are prescribed painkillers that contain codeine, dihydrocodeine or tramadol, these can make you sleepy, slightly sick and constipated. If you do need to take these medications, try to drink plenty of water and eat extra fruit and fibre to reduce the chances of becoming constipated (see below). You will need to take a laxative with these medications.

options to have valuables such as mobile phones, purses and spectacles in a safe place on the ward. A member of staff will take responsibility for you and your notes and will escort you to the operating theatre.

After your operation – the first day

Immediately after your operation, you will be monitored in the recovery area. Once the staff are satisfied that you are fit to be moved to your designated ward, a porter and nurse will take you there. A ward nurse will be allocated to care for you on the ward. They will monitor your blood pressure, pulse, temperature and breathing rate regularly. You must inform them if you feel pain or sickness so they can give you medicines to help you remain as comfortable and pain-free as possible. You may feel drowsy for up to 12 hours.

After your operation you **may** have the following attached to you:

- A drip in your arm to ensure you receive enough fluid
- A PCA (Patient-Controlled Analgesia) button that you press to deliver pain relief into a drip in your arm **or**
- An epidural - a very fine tube inserted next to the spine for pain relief
- Oxygen through a clear facemask or 'nasal specs' to help you breathe more easily
- A catheter (tube in your bladder) to drain urine
- A wound dressing on the incision (cut) on your abdomen (tummy)
- A few women may have a drain (tube to drain fluid from the wound) in the abdomen

Your doctor and ward nurse will care for you and monitor your progress every day during your recovery. You will be encouraged to eat and drink as soon as possible. You may also have some vaginal bleeding, or have a bloodstained discharge, but this will usually clear up after about a week. Your nurse will initially help you with washing and dressing after surgery and will advise on the care of your wound. After a day or two, you may be able to shower with some guidance from your nurse. Often dressings are removed a few days after surgery and the wound then left uncovered to heal. Some women have a vacuum dressing in place called a PICO dressing, for up to 10 days after the surgery.

Pain relief

It is important that pain is controlled so you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well. Please see our separate information sheets about pain relief options. Please inform the nurse looking after you if you are in any pain or discomfort.

Getting out of bed

Early mobilisation (getting out of bed) is good for your recovery. Expect to sit in a chair either later on the day of surgery or the following morning. Your nurse 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 chest infection. It is very likely that you will be encouraged to go for short walks in the ward on the day following your operation. Tubes like drips, drains and catheters are taken out as soon as possible, but their presence will not stop you going for a walk.

Most people with an epidural can also go for a walk, but make sure you have normal strength in your legs before you try. It is important that your nurse or physiotherapist is with you the first time you walk after the operation. If you need a physiotherapy or occupational therapy assessment, this will be arranged by your ward team.

Your bowels

Eating, drinking and moving around will help your bowels to start moving. The pain relief used can cause constipation, so often you will be prescribed a gentle laxative. If you experience some trapped wind, walking around and drinking peppermint water may help this – your nurse can supply this if in need. Usually, your bowels do not need to have opened for you to be discharged home. Initially after surgery, you will drink sips of water and then progress to more free fluids under the guidance of your nurse.

Passing urine

The catheter is usually left in for at least 5 days. You may go home with the catheter still in, if this is the case, we will teach you how to look after it and usually you will be referred to a district nurse. You will come back to the hospital to have it removed 7 -10 days later and to check you are emptying your bladder completely. It sometimes takes several weeks before your bladder begins to work properly again, and a few women have longer term changes in bladder sensation.

Going home

You should expect to be in hospital for about three to five days, but it may be longer. You will be given pain medication, laxatives and daily injections to reduce the risk of blood clots to take home with you as well as a follow-up appointment to attend clinic two weeks after discharge. Before discharge, you or a family member will have been taught how to give the injections. We advise that you don't take public transport home, but instead ask someone to pick you up or arrange hospital transport. If you do have any problems with getting home, please do talk to your ward nurse about this.

Getting back to normal

For the first couple of weeks after surgery you will feel tired and you may need help at home with shopping, cooking and housework. Over the following weeks you can gradually resume light activities and gentle exercise that initially do not involve heavy lifting. Listen to your body and do only as much as feels comfortable. It is usual to feel tired when you go home, and it can take up to three months to fully recover from this operation, but you should be able to start going to work about six weeks after surgery or sooner.

It is important after surgery not to lift anything heavy too soon. It is advisable to lift nothing heavier than a 1 litre jug of water up to 4 weeks after surgery. If you do have to lift anything, remember to bend your knees, keep your back straight and hold the object close to you to avoid strain. You may need help initially with activities such as lifting children, cleaning, laundry and shopping. If you have young children let them clamber up onto your lap rather than picking them up.

Exercise

In the first three months after surgery, walking and the exercises advised by the physiotherapist are the most appropriate form of exercise. Strenuous activities such as competitive sport or the gym should not be undertaken for at least two months. If you enjoy swimming, you can go after about six weeks, but only if any bleeding has stopped and your wound has healed. Pelvic floor exercises are recommended to keep the remaining pelvic organs in the correct position and tighten the muscles which help to avoid incontinence and improve sexual satisfaction. You can start this as soon as your urinary catheter is removed.