Cervical Cancer Surgery

Patient Information – Gynaecologic Oncology

Key messages

- The goal of this patient information is to provide you with information prior to your upcoming surgery.
- Please read this information carefully and bring this paperwork with you when you come for pre-admission clinic.
- During the pre-admission clinic you will meet with the surgeon, anaesthetist, a junior doctor and pre-admission nurses. The surgeon will consent you for surgery and you will have an opportunity to ask any questions then. This clinic can be very busy, and you will receive a lot of information, hence why it is important to read this information prior to your clinic appointment. We also strongly recommend that you bring a support person to clinic with you.
- If you have any questions or concerns in the meantime, you can call our gynae-oncology clinical nurse specialist (CNS) on 027 905 8059, or our cancer nurse coordinator (CNC) on 021 824 694, between 8.00 am and 4.00 pm Monday to Friday.

About surgery for cervical cancer

Your doctors have recommended an operation as part of your treatment of cancer of the cervix.

The surgery is called a radical hysterectomy. The aim of the surgery is to remove the tumour on your cervix with a margin of normal/healthy tissue around tumour. During the procedure we shall remove your cervix, uterus (womb), 1-2 cm of the upper vagina, and the tissues around the cervix called parametria. We will also remove both your fallopian tubes and possibly your ovaries, depending on your age and the type of cancer on your cervix. Whether your ovaries are removed or left in place will be further discussed with you when you meet the surgeon.

We will also sample the lymph nodes (glands) in the pelvis to see if cancerous cells have spread there. This is called a pelvic lymph node dissection.

Usually, we use a midline incision (up and down cut on the abdomen) rather than a bikini line or transverse incision.

Some commonly asked questions about your upcoming surgery

Who will perform my procedure?

A consultant gynaecological oncologist surgeon or a senior trainee in gynaecological oncology (working under supervision) will perform this procedure.

What type of anaesthetic will I have?

Your surgery will be performed under a general anaesthetic. This means you will be fully asleep for the duration of your surgery. The anaesthetist may also recommend you have a spinal injection placed before your surgery starts. This allows local anaesthetic and pain medication to be delivered around the nerves in your lower back which helps with pain relief after surgery. Your anaesthetist will discuss the procedure, benefits and risks with you before surgery.

What happens to my tissues after surgery?

All the tissue that is removed during the surgery is looked at under the microscope by a pathologist. After this you will get asked when are consented for surgery if you want your tissues returned to you or if you would like the hospital to dispose of it.

We would also like to invite you to donate a small amount of this spare tissue to be stored for future research and become a part of our gynae-oncology tissue bank. Studying tissue samples is useful for many things:

- Helping doctors and scientists work out why and how changes occur in tissue.
- Allowing us to understand how these changes are related to changes in your cells, chemical makeup or genetic information.
- Develop new medical treatments through the detailed study of samples.

If this is something you are interested in doing, we will speak to you in more detail about it at the pre-admission clinic.

What are the risks of this surgery?

- Bleeding which may require a blood transfusion
- Infection – you will be given antibiotics at the start of surgery to reduce the risk of infection
- Blood clots forming in the legs or lungs – you will be given a month of once daily blood thinning treatment after your surgery to reduce the risk of clots
- Damage to surrounding structures in your abdomen like bowel, bladder or ureters (tubes that drain urine from kidneys to the bladder)
- Voiding dysfunction – after a radical hysterectomy the bladder can have some nerve damage which means you will be unable to pass urine. For this reason, we leave the catheter (tube) draining your bladder for the first 2-3 days after surgery
- Healing problems with the wound on your abdomen
- Lymphoedema – swelling of your legs which can be a long-term problem

What happens after surgery?

A catheter (tube) will be placed in your bladder during the operation. After a radical hysterectomy the bladder can have some nerve damage which means you will be unable to pass urine. This catheter therefore stays in for 2-3 days following your surgery to give your bladder a rest. Once the catheter is removed initially when you pass urine the amount is measured, and your bladder is scanned after to make sure you are emptying your bladder well. Occasionally women will still not be able to pass urine 3 days after surgery. If this happens, you will normally go home with a catheter in your bladder for a few more days before trying this process again. You will also have staples in your tummy wound that will need to be removed 10 days after surgery. During your hospital stay you will be able to have a support person/support people present on the ward with you.