

# Radical Hysterectomy

Your Operation Explained

**Pan Birmingham  
Cancer Network**

Patient Information 

## **Introduction**

This booklet has been written to give you information about having a hysterectomy and the care you will receive before, during and after your operation. We hope it will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace discussion between you and your surgeon, but as a guide to be used in connection to what is discussed.

If you have been recently diagnosed with cervical or endometrial cancer, it is normal to experience a wide range of emotions. For some women 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, such as the gynaecological cancer nurse specialist (CNS). They will listen, be able to answer any questions you may have and can put you in touch with other professionals or support agencies, if you wish. Some useful contact numbers are also listed at the back of this booklet.

## **What is a radical hysterectomy?**

Women with cancer of the cervix (neck of the womb) or uterus (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 are also removed at this time because the cancer can spread to these glands first (please see diagram). The doctor will discuss with you whether it is necessary to remove your ovaries as well.

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 the results are available.

## **Are there any alternatives to this operation?**

Yes, but they vary from patient to patient. The team will discuss the options available to you.

## **Are there any risks?**

There are risks, but it is important to realise that most women do not have complications and no one will develop all complications.

As with any operation, there is a risk associated with having a general anaesthetic. Also, as with any major abdominal surgery, there is the risk

of bruising or infection in the wound. Internal bruising and infection may also occur. A blood transfusion may be required to replace the blood lost during the operation. Very occasionally, there may be internal bleeding after the operation, making a second operation necessary.

Patients occasionally suffer from blood clots in the leg or pelvis (known as deep vein thrombosis or DVT). This can lead to a clot in the lungs. Moving around as soon as possible after your operation can help prevent this. We will give you special surgical stockings (known as 'TEDS') to wear whilst you are in hospital and a small daily injection to thin the blood. The physiotherapist will visit and show you some leg exercises to prevent blood clots.

After the operation, your bladder and bowels may take some time to begin working properly. Some women have loss of feelings in the bladder that may take some months to get better. During this time, they may need to take special care to empty their bladder regularly. Rarely, a hole may develop in the bladder or in the tube bringing urine to the bladder (ureter). 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.

Most people will not experience any serious complications from their surgery. However, risks do increase with age and for those who already have heart, chest or other medical conditions such as diabetes or if you are overweight or smoke. Occasionally patients die from major surgery. Your surgeon will discuss these risks with you.

### **What else might happen as a result of the surgery?**

When cancer is present the surgery can involve working close to or including the bowel. If an injury during surgery affects the bowel, or an area of bowel affected by cancer must be removed, it may be possible to join the unaffected parts of the bowel together. This is called 'anastomosis'.

If this is not possible the bowel will be diverted to open on the surface of the tummy. This is known as a 'colostomy' or 'stoma' and allows the stools (faeces) to be collected in a bag attached to your tummy which can be removed and emptied.

If this procedure is a likely possibility it will be explained to you in more detail by the doctors and nurses before the operation. Most patients do

not need this type of surgery.

### **Are there any long-term complications associated with this operation?**

The skin around the wound is usually numb for several months until the small nerves damaged by the incision grow back. Sometimes the numbness may affect the top of the legs or the inside of the thighs. This nearly always gets better in 6-12 months.

There is a small risk of swelling of the legs or lower abdomen (lymphoedema). Normally, lymphatic fluid circulates throughout the body, draining through the lymph glands. As the pelvic lymph glands are removed during the operation to prevent the spread of cancer cells, the lymphatic drainage system may become blocked, resulting in the build up of fluid in one or both legs or in the genital area. The problem can be treated, but preventative measures can also be taken to reduce the risk of this happening. You can discuss this further with any of the nurses or doctors or ask to see a leaflet on the subject.

### **Will I have a scar?**

Yes, although it will fade. The surgeon will either make an incision across your tummy just above your pubic hair, or a vertical midline incision. The wound will be closed together with clips. The area around the scar will feel numb for a while after the operation but the sensation will usually return to it.

### **What about losing my fertility?**

At any age, having your womb and/or ovaries removed can affect the way you feel about yourself. A hysterectomy will prevent you having any children in the future. Losing your 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 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 CNS before your operation, who will continue to offer you support when you are recovering from the operation. Advice is also available from our fertility specialist 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 menstruate (have periods) each month. Your body will absorb the eggs that are produced by your ovaries

harmlessly.

### **Will I need Hormone Replacement Therapy (HRT)?**

You may need HRT if you have both of your ovaries removed and have not already been through the menopause. HRT is available in many forms – as an implant, patches (similar to a nicotine replacement patch), tablets, gels and vaginal creams. There are also alternative ways of managing the potential symptoms. Please discuss the options available to you either with your medical team before you are discharged from hospital, or with your GP. You can also ask your CNS for further information and advice.

### **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 more than welcome to visit the ward and meet the staff before you are admitted to hospital. Just ask your CNS to arrange this for you.

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 troubles as smoking makes your lungs sensitive to the anaesthetic.

You should also eat a well 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, the practice nurse at his/her 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 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 CNS.

If you have any concerns about your finances whilst you are recovering from your operation, you can also discuss this with your CNS. You can do this either before you come into hospital or whilst you are recovering on the ward.

### **What tests will I need before my operation?**

You will be asked to attend a pre-admission clinic one or two weeks before your operation. Tests will be arranged to ensure you are physically fit for surgery. Recordings of your heart (ECG) may be taken as well as a chest X-ray. A blood sample will also be taken to check that you do not have anaemia. The nurses on the ward will then take some details and ask some questions about your general health.

Your temperature, pulse, blood pressure, respiration, weight and urine are measured to give the nurses and doctors a base line (normal reading) from which to work.

The nurses will explain to you about the post-operative care following your operation. You will have the opportunity to ask any questions that you or your family may have. It may help to write them down before you come to the clinic.

### **When will I come in for my operation?**

You will be admitted to the ward the day before, or the day of your operation. You will be asked to ring the ward on the morning of your admission. The ward clerk or nurse will give you a time when to come into the ward. On your arrival the ward clerk or one of the nurses will greet you and show you to your bed.

You will meet the ward nurses and doctors involved in your care. If you have not signed a consent form in the clinic you will be asked to sign a consent form on admission to confirm that you understand and agree to the operation. The anaesthetist will visit you to discuss the anaesthetic and to decide whether to offer you a 'pre-med' (tablet to relax you) before you go to the operating theatre.

You will not be allowed to have anything to eat or drink (including chewing gum or sweets) for at least 6 hours before your operation. If you are on any medication you may need to take your tablets in the morning with a little water. The nurses on the ward will tell you which medication you need to take.

### **What will happen the day of the operation?**

Before going to the operating theatre, you will be asked to take a bath or shower and change into a theatre gown. All make-up, nail varnish, jewellery (except wedding rings which can be taped over), contact lenses, wigs and scarves must be removed.

## **What happens after the operation?**

One of the nurses will collect you from recovery (where you wake up after your surgery) and escort you back to the ward.

When you return from theatre please tell us if you are in pain or feel sick. We have tablets/injections that we can give you to relieve these symptoms as and when required. Above all we want you to remain comfortable and pain free. You may have a device that you use to control your pain yourself. This is known as a PCA (Patient Controlled Analgesia) and how to use it will be explained to you. Alternatively an epidural may be inserted in your back for pain relief. The anaesthetist will discuss the choice between a PCA and epidural with you before surgery.

You may still be very sleepy and be given oxygen through a clear mask to help you breathe comfortably immediately after your operation. To allow your abdomen to recover from surgery and while you are nil by mouth a drip will be attached to your arm or hand to give you fluids and prevent dehydration. This will remain in for a couple of days.

You may have a drain in your tummy so that any blood or fluid that collects in the area can drain away safely and will help prevent swelling. The tube will be removed when it is no longer draining any fluid, which can take a few days.

Your wound will be covered with a dressing. This will be removed on the second day after your operation and the wound left exposed. You will be asked to take a shower to help keep your wound clean. Avoid highly scented soaps and do not rub the area. When drying pat the area dry and avoid rubbing the wound. Your wound will be looked at daily to ensure it is healing. The stitches or clips will be removed around 10 days following surgery. If you have been discharged a district nurse will be booked to do this at your home.

A catheter (tube) will be inserted into your bladder in theatre to drain urine away. As the bladder is positioned close to the cervix, uterus and vagina, where the surgery has taken place, the catheter will allow the area to recover and heal. The catheter will need to stay in for approximately 5-7 days. When the catheter is removed the nurses will monitor how much urine you are passing to ensure you are emptying your bladder properly.

Very occasionally some women are unable to pass urine after removal of the catheter. They may need to go home with a catheter to rest the

bladder. If this is required, you will be given training and a district nurse will be booked to help you look after the catheter, until it is removed.

You may also have trouble opening your bowels, it takes a few days before your bowels start to work properly. You may have discomfort due to the build up of wind for the first few days following surgery. This is temporary and we can give laxatives if needed and hot peppermint water to help relieve wind pain.

You may have some vaginal bleeding for the first few days following surgery. The bleeding normally turns to a red/brownish discharge before disappearing after a few days to a few weeks.

### **When can I return to work?**

If you work then 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 further treatment, such as radiotherapy, after your operation.

Most women need approximately 2-3 months away from work to recover fully before returning to work or their usual routine. However, this will depend upon your recovery, and you can discuss it further with your doctor, specialist nurse or GP.

Remember – the return to normal life takes time, it is a gradual process and involves a period of readjustment and will be individual to you.

### **What about exercise?**

It is important to continue doing the exercises shown to you by the physiotherapist for at least 6 weeks after your operation. Ideally, you should carry on doing them for the rest of your life, particularly the pelvic floor exercises. Avoid all aerobic exercise, jogging and swimming until advised. The physiotherapist or your CNS will be happy to give advice on your individual needs.

### **When can I have sex?**

After a radical hysterectomy for cancer, you may not feel physically or emotionally ready to start having sex again for a while. It can take at least 6 weeks for the vagina to heal and even longer for the energy 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 discuss them with your CNS

It can be a worrying time for your partner. He or she should be encouraged to be involved in discussions about the operation and how it is likely to affect your relationship afterwards.

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 a radical hysterectomy.

Please do not hesitate to contact your CNS if you have any queries or concerns about your sexuality, change in body image or your sexual relationship either before or after surgery.

### **When can I start driving again?**

You are advised not to start driving for at least 4-6 weeks following your operation. However this will depend on the extent of surgery you have had and your recovery. As a guide, you can normally start driving when you can stamp your foot on the ground hard without causing pain and discomfort as this movement is required in an emergency stop. It is advisable to check the details of your car insurance policy, as some contain clauses about driving following an operation.

### **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 City hospital or back at the hospital that referred you for treatment.

If the histology (tissue analysis) results from your surgery are not available before you are discharged home, an early appointment for the outpatients clinic will be made to discuss the results and any further treatment options if necessary. You will need to attend for regular follow-up appointments in future.

### **Will I need further treatment?**

Your medical team will discuss this with you further, if necessary, once the histology (tissue analysis) results are known. If the results are negative and all the cancer tissue has been removed you will not usually require further treatment. If the lymph glands are positive, you

may require radiotherapy (and chemotherapy on occasion). The oncology team will discuss this with you if necessary.

**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 outpatients clinic and a 'vault' smear (taken from the top of the vagina where the cervix was removed) may be taken as part of your routine examination. Occasionally you may also need to be kept under review in the colposcopy clinic (a clinic where a doctor can visually examine you closer).

**It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your surgeon, oncologist or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatients appointments.**

You can visit any of the health/cancer information centres listed below:

**Birmingham Women's Healthcare NHS Trust**

Health Information Centre  
Birmingham Women's Healthcare NHS Trust  
Metchley Park Road  
Edgbaston  
Birmingham  
B15 2TG  
Telephone: 0121 627 2608

**Good Hope Hospital NHS Trust**

Cancer Information and Support Centre  
Good Hope Hospital NHS Trust  
Rectory Road  
Sutton Coldfield  
B75 7RR  
Telephone: 0121 378 6641

**Heart of England NHS Foundation Trust**

Patient Information Centre  
Birmingham Heartlands Hospital  
Bordesley Green East  
Birmingham  
B9 5SS  
Telephone: 0121 424 2280  
Email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk)

**Sandwell and West Birmingham Hospitals NHS Trust**

The Courtyard Centre  
Sandwell General Hospital (Main Reception)  
Lyndon  
West Bromwich  
B71 4HJ  
Telephone: 0121 507 3792  
Fax: 0121 507 3816

The Cancer Information & Support Service  
Oncology Unit  
Birmingham Treatment Centre  
City Hospital  
Dudley Road  
Birmingham  
B18 7QH  
Telephone: 0121 507 5935

**University Hospital Birmingham NHS Foundation Trust**  
The Patrick Room  
Cancer Centre  
University Hospital Birmingham NHS Foundation Trust  
Queen Elizabeth Hospital  
Edgbaston  
Birmingham  
B15 2TH  
Telephone: 0121 697 8417

**Walsall Primary Care Trust**  
Cancer Information & Support Services  
Challenge Building  
Hatherton Street  
Walsall  
Freephone: 0800 783 9050

For details of local cancer support groups and organisations, please ask your gynaecology nurse.

## **Glossary of medical terms used in this information**

**Anaemia** - A condition in which the blood is lacking in red blood cells.

**Catheter** - A flexible tube used to drain fluid from the bladder.

**Cervix** - The narrow outer end of the uterus or womb.

**Chemotherapy** - The treatment of cancer with drugs.

**ECG** - Also known as an electrocardiogram, is a test which measures the electrical activity of the heart.

**Epidural** - A pain relieving injection into the spinal column.

**Fallopian tubes** - One of a pair of long, slender tubes that transport eggs released from the ovary to the womb.

**Histology** - The study of cells and tissues on a microscopic level.

**Lymph nodes** - Hundreds of small oval bodies that contain lymph. These act as a first line of defence against infections.

**Ovary** - One of two small oval bodies in which eggs and hormones are developed.

**Physiotherapist** - A therapist who treats injury or dysfunction with exercises and other physical treatments of the disorder.

**Radiotherapy** - X-ray treatment that uses high energy rays to damage or kill cancer cells.

**Uterus** - A hollow muscular organ in the female pelvis, in which a fertilised egg develops into an embryo.

## **Cancerbackup - Information in your language**

Cancerbackup is the UK's largest cancer information charity, providing information, support and practical advice on all cancers, treatments and supportive issues: <http://www.cancerbackup.org.uk>

Cancerbackup's freephone helpline can now give information and support to people affected by cancer in more than 100 languages. People whose first language is not English can contact the specialist cancer information nurses on freephone **0808 800 1234**, who will then link in a relevant interpreter. There are also 12 additional freephone lines specifically for speakers of the most common community languages. Lines are open Monday to Friday 9am-8pm.  
(Source: <http://www.cancerbackup.org.uk>)

### **Freephone numbers:**

**Arabic:** 0808 800 0130

**Bengali:** 0808 800 0131

**Cantonese:** 0808 800 0132

**English:** 0808 800 1234

**French:** 0808 800 0133

**Greek:** 0808 800 0134

**Gujarati:** 0808 800 0135

**Hindi:** 0808 800 0136

**Polish:** 0808 800 0137

**Punjabi:** 0808 800 0138

**Turkish:** 0808 800 0139

**Urdu:** 0808 800 0140

**Vietnamese:** 0808 800 0141

## **About this information**

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website:  
<http://www.birminghamcancer.nhs.uk>

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, and Patients and Carers from the following Trusts:

Good Hope Hospital NHS Trust  
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