

Having a radical hysterectomy

Women and Children's Division
Information for patients

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Introduction

Having discussed your treatment options with your consultant, you have been advised to have a radical hysterectomy. This is the operation most commonly performed following a diagnosis of cancer of the cervix.

This booklet aims to help you understand the operation.

What is a radical hysterectomy?

A radical hysterectomy is the surgical removal of the uterus (womb), cervix (neck of the womb) and the very top of the vagina. The lymph nodes (glands) in the pelvis will also be removed. These are small glands, about the size of a pea, which make up part of the lymphatic system. This is a network of glands situated throughout the body.

One or both of your ovaries and fallopian tubes may also be removed.

There are two ways of having the operation: as an "open" procedure, through a cut on your abdomen, or as a laparoscopic (key hole) procedure.

Your consultant will discuss with you which of these is appropriate for you, depending upon your past medical history and other factors.

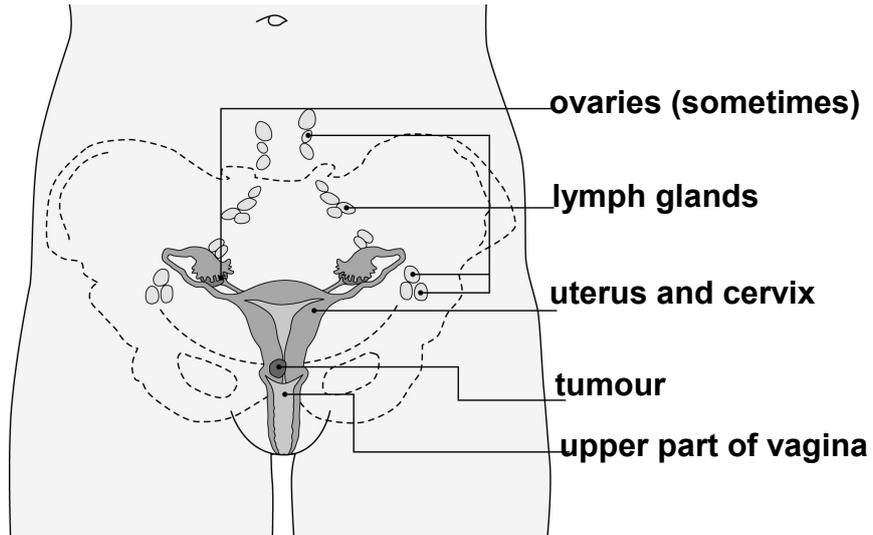
Your operation will be performed through a cut on your abdomen, you will be in hospital for between five and seven days, and full recovery could take six to eight weeks.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

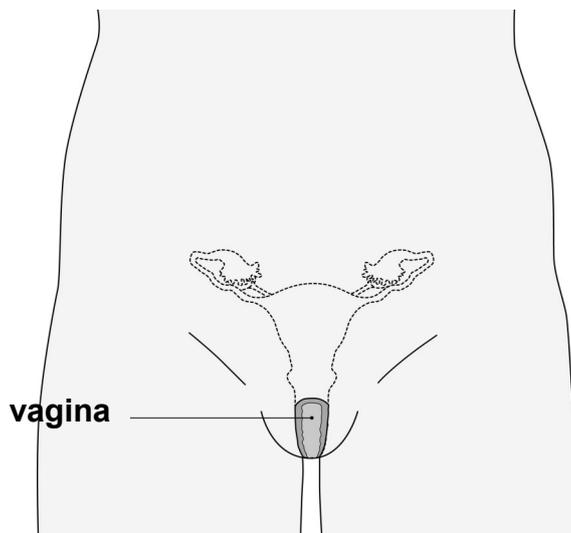
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What is a radical hysterectomy? (diagram)

Organs removed



After surgery



What happens before my operation?

Before the date of your operation you will be asked to attend the hospital for CT (Computed Tomography) and MRI (Magnetic Resonance Imaging) scans. You will be sent information leaflets with the appointment letters.

You will also be asked to attend a pre-assessment clinic before your admission date to check that you are fit for your operation.

Any necessary blood tests will be taken to check for signs of anaemia and determine your blood group. A chest X-ray and ECG (electrocardiogram) to check your heart may be arranged if considered helpful. A sample of your urine may be requested at this time.

You will usually meet a member of the pre assessment nursing team. You will be advised about the preparation needed and what to expect afterwards.

Your doctors will take your medical history and discuss your operation with you to enable you to sign the consent form for theatre. They will answer any questions you may have. The doctors will arrange blood tests and may also wish to examine you; this includes listening to your chest and heart.

A pharmacist will take your drug history, so please bring any medication you are taking with you. You will also be asked about any drug allergies you may have. It may be helpful to write this down before your appointment.

A physiotherapist will teach you deep breathing and leg exercises and show you how to get in and out of bed correctly. These exercises will aid your recovery following surgery. The physiotherapist will also show you how to cough without hurting yourself. If you are a smoker it is advisable to stop or reduce your daily habit as smokers are more likely to develop chest infections.

What are the physical effects of the operation?

A hysterectomy means you will no longer have your monthly periods or be able to become pregnant.

Provided one ovary remains, a hysterectomy **does not cause** hormone-related problems. After a hysterectomy, if the ovaries are not removed they still produce hormones. However, natural menopause may occur a little earlier than would otherwise be expected for some women.

If you have not gone through your menopause before your hysterectomy, and your ovaries are removed during the operation, you may have menopausal symptoms afterwards. These can be treated by hormone replacement therapy. This can be given in various forms. Your doctor or pharmacist will discuss with you the most appropriate treatment for you.

As you begin to recover, you may want to restart intimate/sexual contact with your partner. However, you may feel anxious or fear injury when recommencing sex - this is perfectly normal.

It is important to remember that most women who were sexually active prior to the operation will continue to be so afterwards. Initially, there may be problems with resuming your sex life because of the surgery. It is advisable not to have penetrative sex for six weeks after your surgery and only try when you feel comfortable.

What are the physical effects of the operation? (continued)

A radical hysterectomy involves slight shortening of the vagina (by 1-2 cm), but in the majority of women this does not cause a physical problem.

If you need radiotherapy following your operation, information will be given to you regarding side effects that may occur. Radiotherapy will cause vaginal dryness and narrowing of the vagina. To prevent any problems occurring with sexual intercourse and future medical examinations, information and directions on using vaginal dilators will be given to you during the radiotherapy treatment.

At your follow up appointment please inform your doctor or specialist nurse of any sexual problems or concerns resulting from your operation.

What are the possible complications?

Minor problems may occur after the operation, such as a slight fever or temporary difficulties emptying your bladder. As with any major abdominal or pelvic operation, serious surgical and anaesthetic problems can occur. These are rare, but can include:

- Injury to nearby areas, for example bowel and bladder
- Excessive bleeding
- Infection
- Allergic reaction to drugs including the anaesthetic.

Other more serious complications such as blood clots in the legs or lungs are uncommon now that women are assessed and encouraged to be up and moving around soon after their operation.

What happens after my operation?

When you wake up following your surgery, you will have a drip in your arm. This provides fluids necessary for your recovery until you are able to drink normally. Also you may have a pain relief system, which will be explained to you before your operation by the pre-assessment nurse.

It is usual to have a catheter (a small tube to drain urine from the bladder).

On return to the ward the nursing staff will take your blood pressure and pulse regularly and check that you are comfortable. On the day following your operation, the nursing staff will help you to wash and help you get out of bed for a short time.

Each day you should gradually feel better, and be able to do more for yourself.

You will have staples or stitches in your wound, and these will need to be removed. If they have not been removed before you leave hospital, we will arrange for the district nurse to remove them at home.

What happens when I go home?

You will be given information about your follow up appointment and any follow-up care you may need. If you need a sick note, please ask the nursing or medical staff.

During the first six weeks it is important to have a period of convalescence and to refrain from heavy lifting or straining. For the first two weeks at home you may need to take it easy, so relax and make sure you rest each day. Continue to do the exercises you were taught in hospital. Each woman is different in how quickly she recovers. If a new activity makes you feel overtired, then this is a sign that you are overdoing things. Listen to your body.

- Avoid standing for long periods - do as many things you can sitting down. Do not lift anything that is heavy until you feel you have recovered from your operation and the wounds have healed: for example, do not lift any heavy shopping bags or a kettle full of water as this may place a strain on your abdominal wounds.
- Walking is excellent exercise for you, so do try to take a short walk each day. It is also quite safe for you to go up and down stairs from the first day you go home.
- You may feel ready to drive four to six weeks after your operation, but it is advisable to take someone with you the first time. Please contact your insurance company to check that you that you are covered. Do not forget to ask your physiotherapist or your doctor any questions you may have about exercises and other activities when you get home.
- You can go swimming when your wound is completely healed. If you are unsure about this please see your GP or ask at your follow-up appointment.

Lymphoedema

As you have had lymph glands removed during your operation, there is a **small risk** of developing lymphoedema. This is a collection of lymph fluid in your legs resulting in swelling, but by taking certain precautions you can help to prevent this occurring.

- Take care of your skin by using a moisturising cream or aqueous cream, to prevent your skin from becoming dry or cracked.
- Avoid extremes of heat and cold, for example very hot baths, hot water bottles, saunas and ice packs.
- Use sun protection creams and take care not to burn.
- Use an insect repellent cream to prevent bites.
- Avoid having injections into your legs.
- Take care to prevent scratches and cuts. If they do occur, wash them thoroughly and apply a simple antiseptic. If you notice any signs of redness or soreness to the skin, contact your GP.
- Use an electric razor or depilatory cream to remove unwanted body hair on legs. Do not use a razor blade.
- Take care when cutting your toenails - use nail clippers.



Useful contacts

Gynaecology-oncology nurse specialists (key workers)

Telephone: 0116 258 4840 (8:00am to 4:00pm, Monday to Friday)

Answerphone available - messages are checked regularly, but messages left at the weekend will be dealt with on the next working day.

Ward 31, Leicester General Hospital

Telephone: 0116 258 4843 (24 hours a day, 7 days a week)

Macmillan Information and Support Centre

Osborne Building, Leicester Royal Infirmary

Telephone: 0116 258 6189

Email: cancerinfo@uhl-tr.nhs.uk

Website: www.leicestershospitals.nhs.uk/cancerinfo

Macmillan Cancer Support

Freephone: 0808 808 00 00

Website: www.macmillan.org.uk

Jo's Trust

Works to improve the lives of those affected by cervical cancer.

Telephone: 0808 802 8000

Website: www.jostrust.org.uk

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