

# Having a cervical stitch (cerclage) in pregnancy

Maternity Services

Information for Patients

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## Introduction

This leaflet aims to help women who need a stitch in the neck of the womb (cervical cerclage) during their pregnancy. It tells you why it is being done and what is going to happen.

The stitch in your neck of your womb (cervix) gives it support and helps reduce the risk of late miscarriage and early birth (preterm birth). Usually a stitch is put in through the vagina but less often it is done through the tummy. Your doctor (obstetrician) will talk to you about the type of stitch and how it will be done in your clinic appointment.

## Who needs the procedure?

This procedure may be advised for you by your doctor if:

- an internal ultrasound scan done before 24 weeks shows that you have a short cervix
- you have had very early births (usually 3 or more) before
- you have had late miscarriages (usually 3 or more) before
- the neck of the womb is open. This is called an emergency stitch (suture/cerclage).

There may be other treatments to cervical cerclage. This will depend on your circumstances. This may include hormonal treatments with or without the stitch. Your obstetrician will talk to you about which treatment is the best one for you.

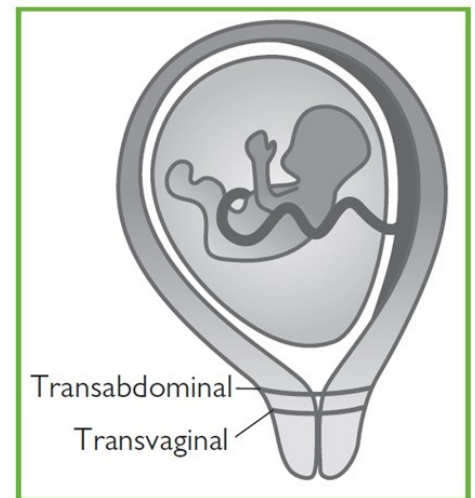
**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## When would a stitch not be put in?

A cervical stitch would not be put in if:

- you are in active labour.
- your waters have broken.
- you are bleeding vaginally.
- there is a suspicion that you might have an infection in your womb.
- there are concerns about baby
- after 24 weeks pregnancy
- it may also not be right in a multiple pregnancy (twins or more).
- you do not wish to have a stitch put in.



*The 2 different types of cervical stitches (image from RCOG cervical stitch patient information leaflet)*

## What are the benefits?

The stitch may reduce the risk of having a late miscarriage or early (preterm) birth. This gives the baby more time to develop and reduces complications of very early birth.

## Are there any risks?

The risks linked to the stitch include:

- Infection
- Vaginal bleeding
- Cervical tear (especially if labour occurs with the stitch in place)

There are some risks linked to the operation itself. But the following are rarer than those above:

- Anaesthetic risk
- Bladder or bowel damage when the stitch is put in.
- Breaking of waters when the stitch is put in (especially during a 'emergency' suture).
- Not able to carry out the procedure (for example if your cervix is too short or too wide open)

## How long does it take to insert a stitch?

You may be in theatre for up to 1 hour. This includes having a thin plastic tube inserted in your hand (cannula) and the anaesthetic put in. Having the stitch usually takes about 20 minutes. The procedure can take longer if there are any difficulties or complications. The doctors will talk to you about this after the procedure.

## How should I prepare before coming in for the procedure?

### 2 days before your procedure you will have an appointment to discuss the below:

1. Wash your body with antimicrobial wash lotion once a day
  2. Use antimicrobial nose cream 3 times each day that is morning, noon and night
- Keep on using both the antimicrobial wash and nose cream until you are advised to stop.

**If you are taking aspirin, please stop this 2 days before your day of surgery. If you are taking cyclogest, it is fine to continue with this.**

#### How to use antimicrobial wash lotion:

- Wash your body once a day
- Apply antimicrobial wash lotion directly to wet skin
- Rub into the skin paying special attention to skin creases – under arms, groin. Please note antimicrobial wash lotion does not lather.
- Leave the antimicrobial wash lotion on your body for at least 30 seconds, then rinse.
- Dry your skin using a clean towel.
- You may use your own body and hair products after you have used antimicrobial wash lotion on your body and hair.
- Hair should be washed with antimicrobial wash lotion 2 times during the week. Apply to wet hair, leave for 30 seconds and rinse.

#### How to use antimicrobial nose cream:

- Use antimicrobial nose cream 3 times a day that is morning, noon and night.
- Squeeze a small amount (size of a pea) of antimicrobial nose cream onto your finger or cotton bud. Wipe into your nostrils.

## The night before the procedure

### If your procedure is booked for morning

- You can eat and drink normally up until 2am on the morning of your procedure,
- Do not chew gum or eat sweets/mints after 2am.
- Between 2am and 6am you may drink still, plain water.
- After 6am do not eat or drink anything at all (nil by mouth).
- You should have a shower at home on the morning of your procedure, using the antimicrobial wash lotion provided. Pay special attention to your groin during washing. Please do not shave/wax your bikini line area as this may increase the risk of developing an infection.
- Your surgery may be at either the Leicester Royal Infirmary or Leicester General Hospital

When you arrive at the Leicester Royal Infirmary please go to Maternity Reception on the ground floor of the Kensington Building by 7am. You will be directed to Level 1—Theatre Arrivals lounge.

If your surgery is at the Leicester General Hospital, please attend the Maternity Assessment Unit by 7.30AM.

**If your procedure is booked for the afternoon:**

- It is important for you to have a light breakfast, such as cereal or toast, before 6am.
- You can eat and drink normally up until 6am on the morning of your procedure.
- Do not chew gum or eat sweets/mints after 6am.
- Between 6am and 10am you may drink still, plain water.
- After 10am do not eat or drink anything at all (nil by mouth).
- You should have a shower at home on the morning of your procedure, using the antimicrobial wash lotion provided. Pay special attention to your groin during washing. Please do not shave/wax your bikini line area as this may increase the risk of developing an infection.

When you arrive please go to Maternity Reception on the ground floor of the Kensington Building by 10.30am. You will be directed to Level 1, Theatre Arrivals lounge.

**What happens during the procedure?**

1. You will be asked to come in on the day your procedure is planned for.
2. The procedure will be done in a surgical theatre by an doctor who is specially trained in the procedure. There will also be an anaesthetist, midwife and other operating department staff.
3. The anaesthetist will usually recommend that you have an anaesthetic to numb from the waist down (spinal anaesthetic). Sometimes there may be a health reason where it would be better to put you to sleep (general anaesthetic).
4. A thin plastic tube (cannula) will be placed into the back of your hand to allow the anaesthetist to give you medications and fluids if required.
5. Before the start of your procedure the anaesthetist will usually give you a dose of antibiotics to reduce the risk of infection.
6. The doctor will then place a tube (catheter) to empty your bladder. Then they will insert a device (speculum) used to open the vagina and look at the neck of the womb.
7. After that the doctor will use a stitch to close the neck of your womb. In Leicester, we normally insert high cervical Shirodkar suture. This involves making some small cuts near the cervix as well.
8. A pack (similar to a large tampon) may be inserted at the end of the procedure.
9. The operation takes about 1 hour, including anaesthetic.

**Can I have someone with me during the procedure?**

You can have 1 person with you in the waiting room and in the recovery after the procedure (the same person in both instances). If you are feeling very anxious and need someone with you inside the theatre, we can talk about that with the anaesthetic and theatre team on the morning of the procedure.

## What happens after the procedure?

The cannula will be removed.

The catheter will be removed when the anaesthetic wears off.

The pack will be removed after 4 to 12 hours, if one was used.

## When can I go home?

When you go home depends on the reason for doing the procedure.

If you had it done as a planned procedure because of your previous history or an ultrasound scan, you can usually go home that same day or the next day. We will need to monitor you for at least 4 hours. This is to make sure that you are feeling well from the procedure and the anaesthetic medications given.

We may also listen to your baby's heart beat or do a quick bedside ultrasound scan after the procedure. This is to make sure that we can see the baby's (fetal) heartbeat depending on the length of your pregnancy (gestation).

You need to be able to walk around and be able to pass urine before you go home.

If you needed an 'emergency' stitch you would be observed in hospital for at least a **24 hour period**. If your doctor thinks you need to be monitored for longer in hospital, they will tell you this.

## At home

For the first day or 2 after the operation it is common to have some vaginal bleeding. This will slowly change to brown and then stop.

You may also have a small amount of tummy pain. You should be able to manage this with paracetamol.

You can pass the very small knots from the dissolvable stitches that have been used to close the small cuts on the cervix after around 1 to 2 weeks. This is normal. The stitch around your cervix is a tape that is 0.5cm wide. This will not fall out.

You can have sex when you feel comfortable to do so.

However, once you are home there are a few things you need to look out for:

- contractions or severe cramping type tummy (abdominal) pain
- vaginal bleeding that is heavy or goes on for more than 3 days.
- waters breaking
- foul-smelling vaginal discharge.
- fever

**If any of these do happen you should contact the emergency number provided or call the Maternity Assessment Unit which is open 24 hours a day, 7 days a week on 0116 2586111**

**For Leicester General Hospital press 1 or for Leicester Royal Infirmary press 2**

**If you are under 32 weeks pregnant it is very important that you attend the Leicester Royal Infirmary, even if you are booked at the Leicester General Hospital.**

## **How long should I be off work?**

We recommend being off work for 1 week to allow time for the stitches to heal properly. However, it is recommended to move around as soon as you are comfortable. This is to stop blood clots forming in your legs or lungs. You should be able to self-certify for 1 week without needing a sick note. If you have any issues with this please let us know on the day of the procedure.

## **Follow up**

We will arrange to see you in the Prematurity Prevention clinic around 2 weeks after the procedure. This appointment is usually arranged when we book you to have your cervical stitch inserted (unless it is an emergency stitch).

You will have regular clinic appointments. At these you will have an internal ultrasound scan to look at the cervix and the stitch.

## **When will the stitch be removed?**

If your birth plan is to have a vaginal delivery then your stitch will normally be removed at **37 weeks**. If you go into preterm labour, the stitch will be removed if you are expecting to deliver vaginally.

If you have chosen to have a caesarean section then the stitch can be removed at this time.

Depending on the type of stitch inserted, you will normally need a spinal anaesthetic to remove the stitch in the operating theatre.

The time taken for a stitch removal is like the stitch insertion. It takes approximately 1 hour. This includes the anaesthetic. The procedure can take longer if there are any difficulties or complications. The doctors will talk to you about this after the procedure.

Most birthing people can go home on the same day of the stitch removal, once they are able to walk and pass urine

The recovery process of a stitch removal is like the stitch insertion.

## **What happens if I go into labour when the stitch is still in?**

Please contact the Maternity Assessment Unit right away. It is important to remove the stitch to stop any damage to the cervix.

If you break your waters and are not having any contractions, please also contact the Maternity Assessment Unit. We will still remove the stitch to reduce the risk of infection. The timing of this will be decided by your doctors looking after you.



## When will I go into labour?

If the stitch is removed as a planned procedure at 37 weeks, it is rare to go into labour straight away. The most common time to go into labour is about 2 weeks later. Some women may not go into labour until past 40 weeks gestation.

A cervical stitch does not raise your chances of needing induction of labour or a caesarean section.

## Contact details

The Maternity Assessment Unit is open 24 hours a day 7 days a week. Call 0116 258 6111

For Leicester General Hospital press 1 or for Leicester Royal Infirmary press 2

If you are under 32 weeks pregnant it is very important that you attend the Leicester Royal Infirmary even if you are booked at the Leicester General Hospital.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)