

Discharge Advice Following Radical Trachelectomy for Cervical Cancer

The surgery you have had is a _____

This is the removal of _____

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

As your womb has been left in place you can still become pregnant and the baby delivered by caesarean section.

A permanent stitch is inserted at the bottom of the womb which takes the place of the cervix in supporting a pregnancy.

Before leaving the ward

Make sure

- Follow up appointment
- You have been given the opportunity to ask your nurse any questions

You may be asked to sit in the dayroom before going home to allow emergency or new admissions for surgery that day to be allocated a bed. This will only be done if absolutely necessary.

If you are travelling a long distance home take a break in your journey, get out of the car and stretch your legs. It is important to maintain your fluid intake on the way home, we suggest that when you stop you have a glass of water or a cup of tea to help keep you hydrated. This helps prevent thrombosis (clots in the legs).

This advice is intended as a general guide. Everyone is different. You may also receive additional information to aid your individual recovery. Please ask for any additional advice or written information which you may feel will help.

After two weeks you can gradually start to do more and by six weeks most women are back to their normal levels of activity with the exception of heavy or prolonged lifting or strenuous sports. Listen to your own body and use your common sense but do not push yourself too hard.

Rest and exercise

Get dressed each day and go for a short walk, gradually increasing the length each day and continue to do the exercises taught by the physiotherapist.

You should avoid excessive pushing, pulling or stretching. You should avoid heavy housework such as vacuuming, ironing; mopping floors etc, for **up to 12 weeks** after your operation (do not carry more than a three pint kettle) accept help from others when it is offered. You can do light household duties such as dusting and making a cup of tea. Allow children to climb onto your lap whilst you are already sitting rather than lifting them up.

You will continue to feel tired so continue to rest when you can and gradually increase the amount of exercise you do. Some exercise is important because sitting for long periods can cause ankle and foot swelling and can increase your risk of deep vein thrombosis.

Walking is an excellent example of exercise. Gradually increase the length of your walks but only walk a distance you are comfortable with. You should avoid high impact exercise (e.g., gym, jogging, aerobics) for three months. You may swim after six to eight weeks when your vaginal bleeding has stopped and your wound has fully healed.

Diet

Try to eat a healthy balanced variety of foods with plenty of fresh fruit and vegetables. Introducing high fibre food including wholemeal bread, bran flakes, beans and pulses along with plenty of fluids will help prevent constipation. You should drink at least eight glasses of water (or non sugary drinks) every day. Protein rich foods including fish, eggs, meat, hearty green vegetable and beans and pulses will help with the healing process.

Avoid fatty foods, excessive alcohol, cakes and sweets if you do not want to gain weight. Your operation won't make you put on weight but you must control your calorie intake whilst you are less active.

Some women have poor appetite following surgery which can be for many reasons. If this applies to you consult your GP who can refer you to a dietician or prescribe supplements.

Constipation

Pain killers, reduced activity, having an operation and changes in your appetite can all affect your bowel function. If you are constipated following discharge it is important that you try to address it before it becomes a problem. Try to increase your fluid intake and eat a well balanced diet with foods rich in fibre for example wholemeal bread, bran flakes, beans and pulses.

If you have not moved your bowels for three days, please contact your GP or district nurse who may give you some medication to help.

Driving

It is acceptable to go anywhere as a passenger in a car but if you are going long distances ensure you stretch your legs regularly. You may be more comfortable with a pillow or cushion under your seatbelt to protect your wound

It is important to consider the safety of yourself and others. From a surgical point of view we recommend you don't drive for at least six weeks after your operation. You can start driving again after this only when you:

- Are able to fully concentrate
- Have stopped medication that may affect your driving ability
- Feel comfortable with doing an emergency stop
- Have checked with your insurance company that you have insurance cover

Wound Care/Hygiene

If you have clips/staples in your mid line wound, these will be removed on day 7. You may have small paper strips (Steri-Strips™) which will fall off on their own within 7 to 10 days. Your ward nurse will refer you to the district nurse only if you need any follow up (eg, wound dressing, to remove remaining clips/staples). You may also have a small wound to the right side of your abdomen where the catheter into your tummy was removed prior to you going home.

It is important to continue bathing or showering daily to prevent infection. It is safe to get your wound wet unless otherwise advised. Clean your wound with unperfumed soap and water, (there is no evidence to support adding salt to your bath water and this may well just dry your skin). Avoid using antiseptic or bubble bath until your wound has fully healed. After bathing or showering pat dry your wound with a clean dry towel. Do not apply any creams or ointments to the wound site.

Your wounds will go through stages of healing. It is normal to feel tingling, itching and/or numbness. It may feel lumpy as new tissue forms and you may experience "pulling" as the wound heals.

If your wound is closed and clean leave it uncovered to aid healing and avoid tight fit clothing.

Vaginal Discharge

Vaginal bleeding is normal for the first **6 weeks** after a trachelectomy. The discharge may appear dark red or brown in colour and contain threads from dissolving vaginal stitches. If your discharge becomes offensive go and see your GP as you may have an infection. Do not use tampons due to the possibility of introducing infection to the vagina and change sanitary towels regularly.

It is important if you experience a **watery vaginal loss** that you contact us so we can see you in clinic or on the ward.

Bladder care

You may have to perform intermittent self catheterisation (ISC). If your bladder function has not returned to normal. Advice will have been given to you by the ward staff if this is required. Prior to discharge your nurse will arrange for a supply of catheters to be delivered to your home address. Further supplies can be ordered via your GP. You will also have a district nurse who will come out and make sure you are managing ISC.

You will have weekly telephone follow up by the ward sister who will give you advice and guidance regarding your ISC and when to stop.

You are at an increased risk of developing a urinary tract infection when performing ISC. If you have any symptoms of burning, stinging or frequently passing urine take a sample to your GP to be tested.

Lymphoedema

You may develop swelling in the legs or lower abdomen (lymphoedema). You also have a small risk of developing a fluid collection where the lymph glands were removed from the pelvis. This is called a lymphocyst. This may resolve on its own with time, however it can be managed by either image guided drainage or a surgical procedure.

Smears

If you still need to have smears this will usually be carried out at your follow up appointment. Please discuss this with your consultant.

Feelings

Many women feel relieved after their surgery; others may feel depressed and anxious. Some women describe it as “feeling the blues”, others describe it as sadness and you may experience mood swings, this is normal. Your operation has been a stressful event both physically and emotionally. It is normal to feel initially tired and unwell which in most instances will gradually get better over the weeks. Most women say they start feeling their “normal” selves after three to six months. During this time you may feel angry and frustrated not being able to do the things you want to do.

It is sometimes difficult for family/friends to understand how you are feeling. Your partner may have his own worries about the effect of the operation. It is important for both of you to talk about your feelings concerning this operation and seek help and support from the team if necessary.

Fatigue

You may feel like you have no energy and find it difficult to do simple everyday things that we usually take for granted. This is very common following treatment and may leave you feeling frustrated and overwhelmed. Fatigue following surgery where women feel tired and need to take things easy is usually temporary. Diet, exercise, relaxation, planning and support can all contribute to easing fatigue.

Your sleeping patterns may change due to a change in routine. Sleeping patterns will return to normal and strength and stamina will return.

Periods

As we have left your womb and ovaries intact you will have a monthly period. Your periods will return to normal after your surgery and you should expect a period after about 6 weeks.

If you experience pain or discomfort and your periods have not returned please contact your local hospital or the team at the Queen Elizabeth Hospital.

Sexuality and Relationships

Your operation can have an effect on your sexuality and relationships.

Some women feel less feminine after gynaecological surgery. You and your partner may want to consider speaking to the team about any emotions which you may experience. If you are feeling depressed anxious or afraid about your cancer, its treatment or your relationship you are unlikely to be aroused by thoughts of sex therefore resuming sexual intercourse will depend on when you feel ready. We advise you avoid penetrative intercourse for about **six weeks**. This will allow everything to heal and prevent infection. If you have any concerns refrain from sex until after your six week post operative check. If you experience any problems once you resume sexual intercourse discuss with your GP or consultant at your follow up appointment.

If you have any sexual issues you or your partner want to discuss our psychosexual service is led by our nurse consultant who is experienced in dealing with the emotional effects of cancer on women and their partners. To arrange an appointment contact our Nurse Consultant on 0191 4456148.

Pregnancy

If your results are normal after your MRI scan and if you require a smear (it will be done at six months) you may wish to then try to get pregnant. If you are successful you will need to see your GP who will refer you to a hospital with a high level of obstetric and neonatal facilities. Your obstetrician should contact our team at Queen Elizabeth hospital to find out about your trachelectomy or alternatively we will write a letter. Your baby will need to be delivered by a planned caesarean section at 38 weeks unless there is a reason for bringing forward the birth.

Medications

Medications including pain medicine, laxatives and anti sickness medication may be prescribed before you leave the hospital. Use the medication as directed.

If you are taking pain medicine such as morphine or sleeping pills, do not drink any alcohol, drink plenty of fluids to help prevent constipation and do not drive. Contact your GP if you experience any side effects from your medication.

Returning to work

You may have symptoms such as tiredness or pain which may affect your ability to work as a result of your cancer and the surgical treatment. It is not unusual to take time off work to adjust to your diagnosis as the emotions may make it difficult to concentrate at work effectively. Most employers will be sympathetic to this and your doctor can sign you off from work if needed. It may be helpful to talk to your employer, occupational health or human resource staff for advice and support.

You are the best judge of when you feel ready to go back to work as some jobs are more strenuous than others and recovery rates vary from woman to woman. It is advisable to take a **minimum of six weeks** off work. Discuss with your doctor at your six week post operative follow up about returning to work.

When to call your doctor

Seek medical attention if any of the following occur:

- Severe pain not controlled by pain killers
- Fever, shaking or chills or other signs of fever
- Signs of wound infection including increased redness, swelling, tenderness, warmth or drainage from the wound
- Offensive smelling vaginal discharge
- Watery loss from your vagina
- Excess vaginal bleeding
- Persistent vomiting with the inability to tolerate food and fluids
- Constipation for more than 3 days
- Severe pain in either calf or leg or sudden onset shortness of breath or chest pain
- Problems passing urine and/or urinary problems

Follow up

You will attend follow appointments at the hospital if you have not received an appointment for follow up after 4 weeks please contact your consultant's secretary.

Useful resources

If you have any concerns or anxieties when you go home, telephone ward 14a at the Queen Elizabeth Hospital Telephone 0191 445 2013.

Specialist Nurses Monday – Friday 08.30 – 17.00 on 0191 4452123 or 0191 4453404

Cancer backup and Macmillan support joined together in 2008. Their aim is to provide information and support for patients affected by cancer. If you need further information or support you can contact them by their website, www.macmillan.org.uk or by telephone 0800 500 800.

Your occupational health department at work may also be able to provide help and support with your return to work. Please check with your employer.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is

available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service

This leaflet was developed by Fay Morrison, Alison Guest and Maria Ridley in partnership with the Patient Panel and peer reviewed by Mr R Naik, Mr R J Edmondson, Mr K Godfrey and Miss K Galaal.

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