Patient Information sheet

Total laparoscopic radical hysterectomy and pelvic node dissection for early stage cervical cancer

A radical hysterectomy and pelvic node dissection is performed to treat early stage cervical cancer through keyhole surgery. The surgery is carried out under general anaesthesia. The surgeon inserts thin telescopes and surgical instruments through several small cuts in the abdomen.

The aim of the surgery is to treat early stage cervical cancer (cancer confined to neck of womb) by removing all of the cancer and to assess if the cancer has spread by removing the pelvic lymph glands.

The procedure involves removing the uterus (womb), cervix (neck of womb), tissues around the cervix, the upper third of the vagina and lymph glands in the pelvis. Patients may be offered to have their fallopian tubes and ovaries removed depending on their age and personal circumstances.

In patients who do not have their ovaries removed, who may benefit or require radiotherapy after the operation, we may relocate the ovaries out of the pelvis (transposition of ovaries) to minimise damage to the ovaries if radiotherapy is required.

Alternative procedures:

The alternative is to have an open radical hysterectomy or radical chemo-radiation therapy. Patients who have laparoscopic (key-hole) surgery usually recover quicker and have a shorter hospital stay, which is usually three to four days compared to an open radical hysterectomy which usually requires a five to seven day stay in hospital. Your surgeon will discuss these options with you.

Possible Risks and Complications

As with any operation there are risks and complications which can occur, but it is important to remember that these risks are uncommon.

The anaesthetist will discuss risks associated with general anaesthetic and pain control after surgery.

You may have some blood loss at the time of your operation. A blood transfusion may be necessary to replace blood lost during the operation, although this is very unlikely. Very

rarely, internal bleeding can occur after the operation and a second operation may be required to correct this.

There is a small risk of developing an infection in the chest (3 in 100), wound (5 in 100), pelvis (4 in 100) or urine (10 in 100). Antibiotics will be given at the start of your operation to help reduce these risks.

With any operation, there is a small risk of blood clots developing in the veins of the leg or pelvis which can travel to the lungs (pulmonary embolism), which could be serious. We will give you injections to thin the blood down and get you to mobilise early after your operation to help minimise you risk of getting blood clots. The physiotherapist will also visit you before and after your operation, to encourage an early return to normal activity.

Bruising may develop around the wound site which should resolve in a few days. Some patients can experience numbness around the scar area, also at the top and outside of their legs. Sometimes patients may develop a hernia over the scar, this is a bulging of the abdominal wall due to muscle weakness after the operation. This may require further surgical correction.

There is a small chance that we may have to convert to open surgery (laparotomy) if the surgery cannot be completed by keyhole surgery or when internal organ injuries occur. There is a risk of bowel and blood vessels injuries (2 in 1000) associated with laparoscopic surgery.

There is a risk that a small hole can develop in the bladder or in the ureter (tube which carries urine into the bladder). You may require a further procedure to correct this, either at the time of surgery or at a later date.

During this surgery, some nerves that supply the pelvis and bladder are damaged. This may affect your sensation and bladder function. It may take several weeks before your bladder begins to work normally again. Very occasionally, some changes in bladder sensation and bladder function may remain a long term problem. The nurses can teach you to catheterise yourself if necessary to help with bladder management.

After pelvic lymph glands removal, there is a small risk of developing swelling in the legs or lower abdomen (lymphoedema) or you can develop a fluid collection where the lymph glands were removed in the pelvis, this is called a lymphocyst. This normally resolves on its own, but occasionally may need surgical drainage.

With any type of operation there is a small risk of death.

After surgery

You will return to ward 14A after the operation. You may be given a Pain controlled analgesia (PCA) device where you control the amount of pain relief according to your needs. After stopping the PCA you will be commenced on appropriate pain relief. It is important to let us know if you have pain or sickness as this can be controlled with medication.

Your bowel and bladder may take time to work normally following your operation. You may need medication to help to get your bowel back to normal function. Some women may experience wind pain and this normally improves with increased mobility and adequate diet. However, your doctor may need to give you medication to help with this.

A urethral catheter (a tube that drains urine from the bladder) will be inserted at the start of the operation. The catheter will be removed on day three after your operation. If you have problems passing urine, you may require self catheterisation. The nurses on the ward will teach you to catheterise yourself if necessary.

Recovery

It can take up to six weeks or sometimes longer to fully recover from your operation. The ward staff will give you further information about your recovery prior to discharge from the ward.

Emotions and sex

We understand that having surgery can be a very emotional time for both you and your family. If you need to talk about how you feel, both the medical team and our nurse specialists are available to discuss any concerns you may have. After the operation, avoid having penetrative sex for about six weeks to allow the top of the vagina to heal.

Fertility

The loss of fertility can have a big impact if you have not started or completed your family. You may want to explore this further, before or after your operation. Your consultant or nurse specialist will be happy to discuss this with you.

Hormone Replacement Therapy

The ovaries make the female hormones oestrogen and progesterone. If the ovaries are removed, you may experience menopausal symptoms, for example hot flushes, night sweats palpitations, vaginal dryness, mood change and difficulty in sleeping. You may be offered hormone-replacement therapy (HRT). More information is available about HRT; please ask your doctor or specialist nurse if you require further information.

If your ovaries are not removed you will continue to produce eggs, however, you will not have a monthly period and the eggs will be absorbed by your body.

Follow up

You will be given a follow up appointment before you leave the hospital. In some cases, a course of radiotherapy may be necessary after surgery. Your doctor will explain to you if and when this is necessary, depending on your results. This can take up to seven days and you may be called back to clinic to discuss this further.

When to seek medical advice after a laparoscopic hysterectomy?

You should seek medical advice from Ward 14A at Queen Elizabeth Hospital, Gateshead if you experience:

- Burning, stinging and increased frequency of passing urine. This may be due to urine infection and treatment is with a course of antibiotics.
- Heavy or offensive smelling vaginal bleeding or bleeding which starts again and associated with feeling unwell with a temperature (fever). This could be due to a small collection of blood at the top of vagina and is usually treated with a course of antibiotics. Occasionally, you may need to be admitted to hospital for antibiotics to be administered into a vein and rarely the collection may need to be drained.
- Red, painful and discharging scar. This may be caused by a wound infection and treatment is with a course of antibiotics.
- Increasing abdominal pain with fever and vomiting. This may be due to damage to your bowel or bladder, in which case you will need to be admitted to hospital.
- Constant or abnormal fluid loss from the vagina. This may be due to damage to your bladder or ureter. You will need to be admitted to the hospital for further assessment and investigations.
- Painful, red and swollen leg and difficulty in bearing weight on your legs. This may be caused by deep vein thrombosis (DVT). If you develop shortness of breath, chest pain or cough up blood, it could be a sign that a blood clot has travelled to the lungs (pulmonary embolus). You need to seek medical help immediately.

USEFUL TELEPHONE NUMBERS

Main Hospital Number:
(0191) 482 0000
Ward 14A:
(0191) 445 2013
Colposcopy Clinic:
(0191) 445 6178

For further information:
www.Jotrust.co.uk
www.macmillan.org.uk
www.cancerbacup.co.uk

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Jonathan S. Berek and N. F. Hacker (2005). Practical Gynecologic Oncology Lippincott.

Nordin, A (1999) Gynaecological Oncology – clinical drawings for your patients. Health Press LTD. Oxford.

Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to 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.

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