

## Discharge Advice Following Radical Trachelectomy for Cervical Cancer

The surgery you have had is a \_\_\_\_\_

\_\_\_\_\_

This is the removal of \_\_\_\_\_

\_\_\_\_\_

Before leaving the ward you will be given the opportunity to ask the nursing staff 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. Below is a table that gives you a guide for types of activity you can do after your operation. This is for guidance only, but when doing a new activity you need to listen to your body and decide how much you can do. Any concerns please speak to your medical team, ward nurses or physiotherapist.

<b>Activity</b>	<b>Able to undertake after.....</b>
<b>Abdominal Exercises</b>	<b>Upon discharge from hospital</b>
<b>Pelvic Floor Exercises</b>	<b>Upon discharge from hospital</b>
<b>Making a hot drink</b>	<b>Upon discharge from hospital</b>
<b>Gentle Walking (outdoors)</b>	<b>Upon discharge from hospital</b>
<b>Laundry</b>	<b>2 weeks after discharge from hospital</b>
<b>Driving</b>	<b>2 weeks after discharge from hospital</b>
<b>Ironing</b>	<b>2 weeks after discharge from hospital</b>
<b>Swimming</b>	<b>2 weeks after discharge from hospital</b>
<b>Vacuum Cleaning</b>	<b>4 weeks after discharge from hospital</b>
<b>Intercourse</b>	<b>6 weeks after discharge from hospital</b>
<b>Carrying heavy objects</b>	<b>6 weeks after discharge from hospital</b>
<b>Sport/Gym</b>	<b>6 weeks after discharge from hospital</b>

You will continue to feel tired so it is important 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.

### **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 and 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 a 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.

### **Medications**

You will be provided with pain relieving medication and laxatives for your discharge home, the ward nurse will explain to you how to take the medication. It is important to use the medication as directed. Pain killers, reduced activity, having an operation and changes in your appetite can all affect your bowel function. If you are constipated following discharge from hospital 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 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 with any side effects caused by your medication.

With any operation there is a risk you may develop blood clots in the veins of the legs or pelvis; these clots can sometimes travel to the lungs. To minimise the risk of this we give you injections to thin the blood (Tinzaparin) and encourage you to move around as soon as you are able following your operation. If you require Tinzaparin on discharge the nurse on the ward will show you how to self administer the injection for when you go home. You will have been provided with anti embolitic stockings which also help to prevent blood clots. The ward staff will inform you as to how long you are required to wear these.

### **Wound Care/Hygiene**

The stitches to your wounds on your tummy may dissolve or need to be removed. If you have dissolvable stitches these should dissolve within two weeks. Sutures that need removing should be removed at your GP practice seven days after your surgery. You may notice some bruising around your wound sites which should subside within a week. Any redness or swelling should be reported to your GP. Keep the wound clean with a daily bath or shower and dry well with a clean towel. 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.

If your wounds start to ooze clear fluid apply an absorbent pad and contact your GP or district nurse. If your wounds are closed and clean leave uncovered to aid healing and avoid tight fit clothing. 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 some 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**

During surgery, some nerves that supply the pelvis and bladder may be damaged. This can affect your sensation and bladder function. It can often take several weeks before your bladder begins to work normally again, and changes in bladder sensation and function occasionally remain a long term problem. The ward nurses can teach you to catheterise yourself, to help with your bladder management if required. This is referred to as Intermittant Self Catheterisation (ISC). Prior to discharge the ward nurses will arrange for a supply of catheters to be delivered to your home address. Further supplies can be ordered via your GP as required. If you have any concerns regarding ISC please contact the nursing team on Ward 21 who will be happy to answer any queries you may have. You will also receive a weekly telephone follow up call from the ward sister who will give you advice as required 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**

Following the removal of pelvic lymph nodes, 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. Sometimes patients experience numbness around the scar area and the

top and outside of the legs this is due to damage of the small nerves. This may resolve with time. If you are concerned about any of these issues please speak with one of the medical team.

### **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 mood swings, this is normal. Your operation has been a stressful event both physically and emotionally. It is normal to feel initially tired which in most instances will gradually get better over the weeks. Most women say they start feeling “normal” 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 also difficult for family/friends to understand how you are feeling. Your partner may have their 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 either the medical team or Nurse Specialists.

### **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 surgery 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.

### **Sexuality and Relationships**

Resuming sexual intercourse will depend on when you feel ready. We advise you avoid penetrative intercourse for at least 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.

### **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.

### **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.

### **Pregnancy**

Once you have been reviewed by your consultant and your treatment complete you may attempt to become pregnant. Please ensure you discuss this with your consultant first. 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.

### **Returning to work**

You may have symptoms such as tiredness or pain which may affect your ability to work. 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

## Driving

It is acceptable to go anywhere as a passenger in a car but if you are going long distances please ensure you stretch your legs regularly. You may be more comfortable with a pillow or cushion under your seatbelt to protect your wounds. 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 doing an emergency stop and have checked with your insurance company that you have insurance cover.

## 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
- 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
- Persistent watery vaginal loss

## Follow up

A clinic appointment will be made for you once all your results are available and you will be notified either by post or by telephone. If you have any concerns regarding clinic appointments please contact your consultant's secretary directly on the numbers below.

<b>Consultant</b>	<b>Secretary</b>	<b>☎ (0191)</b>
Mr W Helm	Lillian Lee	4456148
Mr K Godfrey	Elaine Denham	4452872
Mr A Kucukmetin	Christine Hall	4456146
Mr R Naik	Gail Beig	4452597
Miss C Ang	Victoria Harding	4452597

## **Support on discharge**

Following your discharge from the ward if you feel that you require additional support at home please contact your District Nurse/GP who will be able to direct you to the appropriate services once you are home.

**It is important to inform us if you are admitted to another hospital after your operation. If possible could you or a family member inform the Queen Elizabeth Hospital by contacting your consultant's secretary.**

### **USEFUL TELEPHONE NUMBERS**

**Main Hospital Number:**

(0191) 482 0000

**Ward 21:**

(0191) 445 2021

**Specialist Nurses (Mon-Fri 9-5)**

(0191) 4452123 or (0191) 4453404

**Colposcopy Clinic:**

(0191) 445 6178

For further information:

[www.macmillan.org.uk](http://www.macmillan.org.uk)

[www.jotrust.co.uk](http://www.jotrust.co.uk)

Queen Elizabeth Hospital

Sheriff Hill

Gateshead

Tyne & Wear

NE9 6SX

Telephone: (0191) 482 0000

*This patient information leaflet was produced on behalf of the NGOC by  
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## 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.

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**This leaflet can be made available in other languages and formats upon request**