



Radical Hysterectomy and Pelvic Lymph Node Dissection

Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaa-
lofa lahi atu, Taloha Ni, Ni Sa Bula Vinaka,

Greetings and Welcome to National Women's

What is a Radical Hysterectomy, and why is it necessary?

A Radical Hysterectomy and Pelvic Lymph Node Dissection (PLND) is an operation for cancer of the cervix (neck of the womb).

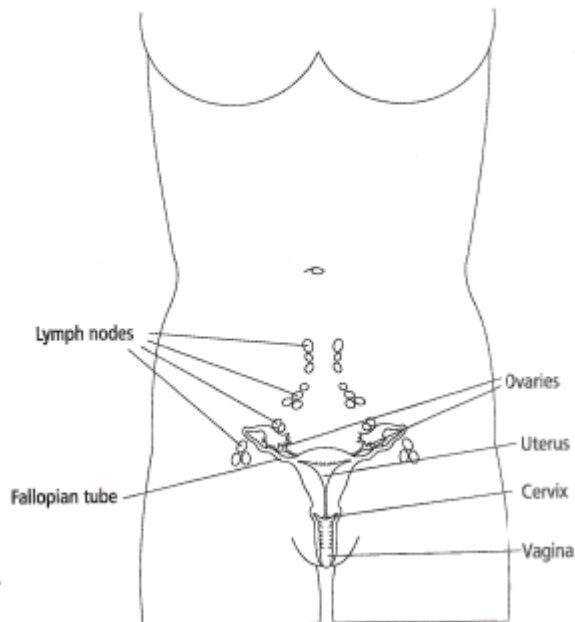
It is the removal of the uterus, cervix, upper third of the vagina, possibly the ovaries and fallopian tubes as well as the pelvic lymph nodes.

The lymphatic system functions as a drainage system for waste products and fluid in the body. Lymph nodes are filters for lymphatic fluid, and they also filter cancer cells. As many pelvic lymph nodes as possible are removed as they may contain cancer cells.

The aim of the operation is to remove all the cancer if possible, and to assess the level of disease, also known as staging.

Once all the results are available after your operation any further treatment, such as radiotherapy or chemotherapy will be discussed with you by your team.

Pelvic Organs



Before your operation

In preparation for your operation make sure your questions have been answered to your satisfaction and that you understand what is going to happen to you.

If you are a smoker it would benefit you greatly to stop smoking before the operation. This will reduce the risks of chest problems after surgery which may impede your recovery. If you need further information about this please contact your GP or [Quitline](#).

You should eat a healthy diet, and exercise gently as this will also speed your recovery.

Before your operation it is a good idea to organise things ready for when you come home. Stock your freezer with easy to prepare food, and arrange for family members or friends to do your heavy work like vacuuming and changing beds, and to look after your children if necessary.

Preadmission clinic

You will be asked to attend a pre admission clinic where you will meet the team, and have base line recordings done, such as height, weight and blood pressure.

Tests will be scheduled to make sure you are physically fit for surgery and will usually include:

- Blood tests (some may need to be repeated on admission)
- ECG (heart recording)
- Chest X ray
- MRI or CT of your pelvis and abdomen.

What happens in hospital?

You will be in hospital for approximately 4 to 5 days.

You will be admitted to Ward 97 on the day of your operation. The nurse at pre admission clinic will let you know when to stop eating and drinking prior to surgery.

Before your surgery you will see the surgeon, anaesthetist and the physiotherapist.

After the operation

You will wake up in the recovery room (PACU) where you will stay until you are stable enough to be transferred to the ward. (can be 2 hours or more). Regular checks will be done of your recordings and you will have an oxygen mask on your face. You will have intravenous fluids so you do not become dehydrated. You will have an incision on your abdomen which will have staples in it. They will be removed in 7 to 10 days.

You will have a pain relief pump which the anaesthetist will have explained to you before your surgery. It may be epidural (in your back) or intravenous (in your hand or arm). It is controlled by you so you can keep yourself comfortable. Your nurse will explain this to you.

If you are troubled by nausea, medication will be given to alleviate this.

You will have a drainage tube in your bladder, which will remain for 4-5 days after your operation. Occasionally this may need to remain in for longer, but will be explained to you at the time.

You will have leg pumps and stockings which will help prevent clots forming in your legs. You may also have blood thinning medication while you are in hospital.

You may also have a drain from your wound which will help drain excess fluid, and promote healing. This will be removed when drainage decreases.

You will be encouraged by the nurses caring for you to do the exercises the physiotherapist has shown you. The morning after your surgery the nurse will assist you to have a shower. Early mobilisation is very important to your recovery.

You can expect to have a lot of wind in your bowel after surgery. You may need assistance with laxatives or an enema to get your bowels moving again. Early mobilisation also helps this discomfort.

Discharge from hospital

Before you leave the hospital you will attend a homeward bound class with the physiotherapist. Avoid lifting or carrying anything heavy like children, shopping and washing for 6 weeks. Avoid vacuuming for 6 weeks. We advise

not driving for 4 to 6 weeks. You can expect to have 6 weeks off work, but this is assessed individually depending on your recovery and your work situation.

The physiotherapist will discuss the risk and management of lymphoedema with you. Some women have swelling of the legs due to the removal of lymph nodes and lymphatic tissue. You will be given specific information relating to this.

The skin around the wound can be numb for several months until the small nerves regenerate. Sometimes there is numbness at the top of the legs, but this should improve within 6 to 12 months.

You will feel tired, and need rest when you get home. However it is important to also be active and to do the exercises shown to you by the physiotherapist. Walking is beneficial, but avoid all aerobic exercise, jogging and swimming for 6 weeks.

Prior to your discharge you will have a follow up appointment organised at the Gynaecology Oncology Clinic. The histology report will be discussed with you at this appointment. If there is a delay with the histology results your appointment may be changed but you will be contacted about this. Any further treatment required will be discussed at this appointment, and it can be very helpful to bring a family member or close friend.

If your staples have not already been removed they will be removed at this appointment. If there is a delay your GP practice nurse can remove them.

Discharge advice

Take the pain relief/anti inflammatory prescribed regularly for at least 2 to 3 weeks so you remain comfortable. If you are having problems with your bowels ensure you have a diet with lots of fresh fruit and vegetables and take a laxative if needed. Do not allow yourself to become constipated.

If you are prescribed any antibiotics take them until they are finished.

Use sanitary pads, not tampons until the bleeding has stopped.

Avoid spa pools, swimming pools, and sexual intercourse (see below) until the bleeding has stopped and your wounds are totally healed.

Go to your GP if you have any flu like symptoms, temperature over 38 de-

grees, pain or difficulty passing urine, smelly discharge, heavy bleeding or clots, redness or swelling of abdominal wound site, swelling of one or both legs.

What about sex?

After a radical hysterectomy for cancer you should be able to resume a normal sex life, but initially may not feel physically or emotionally ready. We normally advise women not to have sexual intercourse for 6 weeks and to proceed gently with lubrication. During this time it may be important to maintain intimacy despite refraining from intercourse.

SOME COMMONLY ASKED QUESTIONS AND ANSWERS

How will having my ovaries and uterus removed affect me?

At any age having these organs removed can affect the way you feel as a woman. Loss of fertility can have a big impact if you have not started or completed your family. You will want to explore the options available prior to surgery with the gynaecology oncology specialist nurse, and possible with the specialist fertility team.

You will become menopausal if your ovaries are removed and you have not already been through menopause. Hormone replacement therapy is available in many forms if you need it. This can be discussed at your clinic appointment.

What will fill the space of the uterus when it is removed?

When your uterus is removed other tissues will fold in and fill up the space.

Will my husband/partner notice that my vagina is shorter?

No, the vagina is quite elastic and will stretch.

Will my ovaries, if not removed still produce eggs?

Yes they will, but as you don't have a uterus you will no longer have periods each month, so the eggs will be absorbed harmlessly by the body.

CONTACTS

- Your family doctor/GP
- Gynaecology Oncology Nurse Ward 97
- After hours Auckland Hospital 367 0000 and ask to be transferred to WAU
- Auckland Cancer Society 0800 CANCER (226237)
www.cancersociety.org.nz