Surgical Procedures: Radical Cervical Trachelectomy

**What is a trachelectomy and how is it performed?**

A trachelectomy is removal of the cervix, upper vagina and parametrium (tissue surrounding the cervix). Pelvic lymph nodes may also be removed. It can be used to treat some cases of early stage cervical cancer in women who wish to keep their fertility and ability to carry a child.

A "purse string" stitch, or cerclage, is placed by the surgeon to create an artificial opening into the uterus, since the cervical os, or hole, is no longer present. This is done so that menstrual blood is able to pass. A catheter may be placed to keep the space open.

If a woman becomes pregnant after a trachelectomy, a C-section will be needed for delivery.

Surgical approaches include:

- **Open abdominal surgery:** An incision into the abdomen is made to remove the cervix and nearby tissues.
- **Vaginal Radical Trachelectomy (VRT):** The cervix and other tissue is removed through the vagina. This is the most common way a trachelectomy is done.
- **Laparoscopic procedure:** A laparoscope, a tube with a light and surgical tools is used. The tool is placed through many small incisions and removes the organs.
- **Robotic Surgery:** The surgeon controls a robotic arm to perform the surgery through small incisions. This procedure can take longer than the traditional approach but it offers less blood loss, earlier return to normal activities, less post-operative pain, shorter hospital stay, less scar tissue, and fewer complications.

Pelvic lymph nodes will be removed during a trachelectomy. This can be done using either the abdominal or laparoscopic approach.

**What are the risks of having a trachelectomy?**

As with any surgery, there are risks and possible side effects. These can be:

- Increased risk of miscarriage, premature birth, fertility problems, high risk pregnancy.
- Bleeding and/or infection.
- Damage to nearby organs.
- Blood clot.
- Bowel obstruction and/or hernia.
- Scar tissue.
- Vaginal discharge.
- Pain with intercourse.
- Difficulty urinating and/or urinary incontinence.
- Painful and/or irregular menses.
- Thigh numbness.
- Lymphedema (collection of lymph fluid in the limbs) or lymphocele (collection of abdominal lymph fluid).
- Swelling of the vulva (outer genitalia).
What is recovery like?

Recovery from a trachelectomy will depend on many factors. You will need to stay in the hospital after surgery. Speak with your healthcare team for your plan of care.

Early walking and deep breathing will be encouraged to prevent blood clots and pneumonia.

Your medical team will discuss with you the medications you will be taking, such as those for pain, blood clot, infection, and constipation prevention and/or other conditions.

Your team will talk to you about your restrictions after surgery. In general:

- Get plenty of rest.
- Avoid heavy lifting.
- No tub bathing, sexual intercourse or anything in the vagina (tampons, douching, etc) until instructed by your healthcare provider. Bloody to light vaginal discharge can be expected.
- If you have constipation, changes to your diet, increased fluid intake, and over-the-counter medication to relieve constipation may be helpful. Do not strain to have a bowel movement.
- Avoid taking aspirin as it may cause bleeding.

Care of incision

Your team will tell you how to take care of your incisions. In general:

Laparoscopic Incision Care:

Your small incisions will be closed with stitches or a special glue. The incisions will be covered with Band-Aids or bandages which can be removed in 24 hours. The stitches do not need to be removed and they will dissolve over time. Keep the incision clean and dry.

Open Abdominal Incision Care:

Incisions should be kept clean and dry. Avoid tub bathing for at least 4 weeks or until your healthcare provider instructs otherwise. Showering is advised. Do not scrub the incision. Allow the water to run over the incision with a mild soap and pat dry.

At times, drains may be left in place, making careful attention to gentle drying important.

If staples are present, they will be removed at your post-operative visit (approx. 10-14 days after surgery) at which time steri-strips (special tape) will be placed. It is ok to shower with either staples or steri-strips.

Wear loose fitting clothes to avoid irritation of the incision. Avoid sun exposure to the incision.

Do not apply lotions or ointments to your incision unless instructed by your healthcare team.

For both laparoscopic and open abdominal incisions, be sure to look for signs of infection including redness, swelling, drainage or separation (opening) of the incision and report these to your provider.

What will I need at home?

- Thermometer to check for fever, which can be a sign of infection.
- Loose clothes and underwear.
- Incision care items, often times supplied by the hospital/physician office.
- Sanitary pads for vaginal bleeding/discharge.

How can I care for myself?
You may need a family member or friend to help you with your daily tasks until you are feeling better. It may take some time before your team tells you that it is ok to go back to your normal activity.

Be sure to take your prescribed medications as directed to prevent pain, infection and/or constipation. Call your team with any new or worsening symptoms.

There are ways to manage constipation after your surgery. You can change your diet, drink more fluids, and take over-the-counter medications. Talk with your care team before taking any medications for constipation.

Taking deep breaths and resting can help manage pain, keep your lungs healthy after anesthesia, and promote good drainage of lymphatic fluid. Try to do deep breathing and relaxation exercises a few times a day in the first week, or when you notice you are extra tense.

- Example of a relaxation exercise: While sitting, close your eyes and take 5-10 slow deep breaths. Relax your muscles. Slowly roll your head and shoulders.

*This article contains general information. Please be sure to talk to your care team about your specific plan and recovery.*

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