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Radical Hysterectomy: Benefits, Alternatives, Risks

Benefits

The benefits of the surgery are mainly to remove the cancer and confirm that the nodes have no cancer in them. The surgery involves removing the uterus with the cervix, the tissue immediately next to the cervix, and the lymph nodes that drain the uterus and cervix. The goal is to get a margin of normal tissue surrounding the cancer so that none is left behind, and to confirm that the cancer has not spread to the nodes.

If we find out that you have cancer in the lymph nodes **before the surgery**, then you will only need to have the lymph nodes removed at the time of surgery and then get radiation and sensitizing chemotherapy with your uterus still in place. This is because it is not hard for radiotherapy to cure the cancer that is in your cervix, but it is hard to cure the cancer in the lymph nodes. With the uterus still in place, we can put a radiation treatment high up inside of it to deliver a higher dose to the harder-to-cure lymph nodes.

If we find out that you have cancer in the lymph nodes **during your surgery** or that the cancer has spread to the tissue next to the cervix, then only the lymph nodes will be removed in preparation for the radiation with sensitizing chemotherapy. This means that there is a small chance that you will wake up from your surgery with your uterus still inside you, and only have undergone the removal of the lymph nodes. Rest assured that cure would be still probable by radiation with sensitizing chemotherapy. If we find out that you have cancer in the lymph nodes **after the surgery**, then you will be prescribed radiation with sensitizing chemotherapy.

Alternatives

In every case of cervical cancer, even early cancer, it is well known that cure is equally possible with radiation and chemotherapy together without surgery. The decision for chemoradiotherapy alone is based on the risks of chemoradiotherapy and the risks of surgery for you at your age and health profile. Typically younger women, thinner women, women with few medical problems, and who have small cancers do well with surgery. Chemoradiotherapy is always done for senior women, women who have high surgical risk such as obesity, heart disease or lung disease, and women with bulky or advanced cervical cancers (more than 4.0 cm diameter, Stage II or spread to lymph nodes)

This surgery is proposed to you because the size of your cervical cancer is deeper than 3.0 mm (>1/8 inch), but still appears confined to the cervix and is way less than 4. cm wide (<2 inches).

Preparation

You will need to have had a CT scan to prove your lymph nodes are tiny and your ureter is not involved, so that the proper procedure can be planned. You also need a chest x-ray to show that your lungs are healthy, and blood tests to show that your kidneys and liver and bone marrow work well. If any of these tests are abnormal, additional tests will be prescribed so that your treatment can be correctly and safely planned.

Incision

Some radical hysterectomies can be done through the laparoscopes (thin tubes through which light and video equipment allows seeing the abdominal contents and lets us operate with thin, long instruments). Others must be done with the abdomen opened in a standard incision, usually up and down, between the belly-button and the pubic bone. Sometimes we start with the scopes and must switch to the standard incision. You will wake up with the correct procedure done through whatever incision is minimal and essential to do the operation for you.

Risks

1. **Blood loss** ranges from one to four cups of blood usually (250-1000 cc) so we typically reserve two units of blood for possible transfusion. I never give a transfusion unless the low level diminishes your healing. The risk of AIDS or Hepatitis C is about 1 in 300,000 units of blood, very rare and quite safe.

2. **Infection** is very rare. We give pre-operative antibiotics to prevent this.

3. **Blood clots** are very rare. We give blood thinner and use two types of hose on your legs to prevent this.

4. **Temporary bladder atony**. This is a temporary *paralysis* of the bladder so that you can't empty the bladder. This happens because the radical hysterectomy necessarily involves removal of some of the ligaments to the uterus, which contain a few of the bladder nerves. Almost *every* patient undergoing the radical hysterectomy develops bladder paralysis or atony, but it also resolves in about 2 to 8 weeks after the surgery in nearly every patient. While in the operating room, we place a thin tube through the skin to let the urine drain out while the bladder gradually regains its strength. The tube is connected to a small bag, which is worn on leg-straps or left to lie on the floor. When we establish that your bladder is working again the tube is painlessly pulled out, and the tiny hole closes permanently. About 97% of women develop their normal bladder function before two months, and about 3% keep some type of difficulty emptying, which a urologist may need to help with.

5. **Shortening of the vagina.** This happens to most women because we remove about a half inch of the upper vagina next to the cervix in order to keep a rim of normal tissue around the cervix. Some women don't notice it at all because their vaginas are longish. Others notice it and have to adjust their sexual activity to not be penetrated so deeply or strenuously.

6. **Swollen legs**. This is extremely rare, occurring in about 1-2% of women.

7. **Other complications.** There are other complications which are *very rare*: Accidental cutting of the urinary tract tissue or the intestinal tract tissue can happen since that tissue is immediately adjacent to the tissue being removed. These complications are fortunately rare and are usually recognized and corrected in the operating room; but sometimes they are not apparent or recognizable until after the surgery is over and may require extra x-rays or even surgical procedures to correct.

Follow-up

The radical hysterectomy offers about an 85-95% probability of cure, as long as the lymph nodes do not contain any cancer cells, the margins are clear and there is no deep cervical invasion with lymphatic channel involvement.

There is about a 12-15% chance that one of these will be the case, which means that you will need chemoradiation therapy afterwards, and your cure probability will still be about 80%. The radiation is focussed on the pelvis and given five days a week for five weeks at your hometown hospital. The sensitizing chemotherapy consists of a dose given weekly during the five weeks and a little afterward. This chemo will not make you bald. But you may have some temporary thinning of your hair.

After your surgery you will be seen every few weeks until your bladder is working and then every three months for the first two years, every six months after that until five years. A pap smear (and possibly a biopsy of tissue) in your vagina will be done each visit, along with a detailed and gentle pelvic exam. The chance of finding a cancer recurrence goes down with each visit, so each visit brings better and better news.

After five years, if your cancer has not come back, you are considered cured! It sounds like a long haul, but we will work together closely to get you through all the procedures and tests and make it as smooth as possible. Please call me with any questions and with every worry you might have.

Find a way to get loving/supportive/spiritual support so that you grow and strengthen through the cancer treatment process and maintain not just your usual balance, but an even greater balance of your best self. Now is the time to garner your strengths and make a great plan for a healthy future!

I have read the above three pages of information and have had all my questions answered.

Patient_____Date_____

Witness_____Date_____