

# Treating Cervical Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating cervical cancer' from CancerHelp UK. You will find more detailed information on the website.

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## Cervical cancer stages

The stage of a cancer tells the doctor how far it has spread. It is important because treatment is often decided according to the stage of a cancer. Carcinoma in situ is not a cancer but in some women it will develop into cancer if left untreated.

The stages of cervical cancer are numbered from 1 to 4. Each stage is sometimes divided into A and B.

- **Stage 1** – The cancer has started to grow into the deeper tissues of the cervix, but has not spread any further.
- **Stage 2** – The cancer has begun to spread outside the cervix into the surrounding tissues.
- **Stage 3** – The cancer has spread away from the area surrounding the cervix. It may have grown down into the lower part of the vagina and the muscles and ligaments that line the pelvis (pelvic wall). And it may have grown up to block the tubes that drain the kidneys (the ureters).
- **Stage 4** – This stage is advanced cervical cancer. The cancer has spread to other body organs outside the cervix and womb.

CancerHelp UK has more detailed information about the different stages of cervical cancer.

## Cervical cancer statistics and outlook

Outlook means your chances of getting better. Your doctor may call this your prognosis. With cervical cancer, the likely



outcome depends on how advanced the cancer is when it is diagnosed (the stage).

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of cervical cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

### **How reliable are cancer statistics?**

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

### **Curing early cervical cancer**

Early cervical cancer means cancer that is Stage 1A or 1B, or Stage 2A.

### **Treatment for very early stage cervical cancer**

For some very early cervical cancers, it may be possible to treat the cancer with a cone biopsy or an operation to remove just the cervix. This operation is called a radical trachelectomy. This type of treatment is not possible for everyone. If it is very important for you to be able to have children, your specialist will do it if they can. But your doctor cannot guarantee that you will be able to have children afterwards.

### **The main treatments**

Early cervical cancer can usually be cured with surgery or radiotherapy or both. Surgery usually means that you have your womb and cervix completely removed (hysterectomy). Radiotherapy involves having treatment to the womb, cervix and surrounding tissues. Sometimes specialists recommend radiotherapy after surgery to lower the risk of the cancer coming back. For stage 1B or stage 2A cervical cancer, your specialist may suggest combined chemotherapy and radiotherapy.

### **Your choice of treatment**

If you have to choose between hysterectomy and radiotherapy, it can be hard to decide which to have. There are benefits and drawbacks to both. There is more information about these treatments on CancerHelp UK.

### **Curing advanced cervical cancer**

Advanced cervical cancer means stage 2B or above. It is sometimes possible to cure advanced cervical cancer even if it has come back after treatment (recurrent cervical cancer). Whether your cancer can be cured will depend on how much cancer there is, and where it has spread to. Unfortunately, it is not usually possible to cure cervical cancer that is stage 4B. That is cervical cancer that has spread to another body organ such as the lungs or liver.

### **Which treatments are available**

Advanced cervical cancer can be treated with surgery or radiotherapy or chemotherapy. You may have a combination of treatments. Your specialist will discuss which treatment is best for your individual situation. If you have already had radiotherapy for cervical cancer, you may not be able to have any more.



## Controlling advanced cervical cancer symptoms

Even if your cervical cancer can't be cured, there is treatment available to control your symptoms. This treatment may also shrink the cancer and slow it down.

## Which treatments are available

Surgery, chemotherapy and radiotherapy can all be used to treat cervical cancer that has spread or cannot be cured. Which treatment you have will depend on where your cancer has spread to, the size and number of secondary tumours you have, your symptoms, the treatment you have had before, and how well you are. There is more information on all these treatment options on CancerHelp UK.

## Deciding about treatment

It can be difficult to decide which treatment to try, or whether to have treatment at all, when you have advanced cancer. You will need to consider how the treatment will affect you. This means finding out about side effects as well as thinking about travelling back and forth to the hospital for appointments and treatment.

Most importantly, you will need to understand what can be achieved with the treatment you are being offered. Your doctor will discuss the options for treatment with you. There may be a counsellor or specialist nurse you could chat to. You may also wish to talk things over with a close relative or friend.

## Cervical cancer and pregnancy

This information is about pregnancy and diagnosed cervical cancer. It is not about pregnancy and abnormal cervical smears.

There is separate information about this on CancerHelp UK.

## Pregnancy after treatment

Unfortunately, after most treatment for cervical cancer, you cannot get pregnant. This occurs if you have your womb removed (hysterectomy), or if you have radiotherapy that stops your ovaries working. If you have very early cancer, you may be able to have a cone biopsy or LLETZ. This would mean you can still have a baby. An operation called radical trachelectomy is another option. Women have had babies safely after this operation, but there is a significant risk of miscarriage or premature birth.

## Being pregnant when you are diagnosed

If you are diagnosed with invasive cervical cancer when more than three months pregnant, your doctor will probably advise you to continue the pregnancy and have treatment as soon as the baby is born. They will probably recommend an early caesarean section and removal of the womb as a combined operation.

If you are less than three months pregnant, your doctor may want to treat you straight away. They may think more than six months is too long to leave an invasive cancer untreated. If you do decide to have treatment then your pregnancy will be ended. This is an immensely difficult decision to make. You will need time to think and to find out what all your options are. You can ask if there is anyone you (and your partner) can talk to such as a specialist nurse or counsellor.

## Surgery for cervical cancer

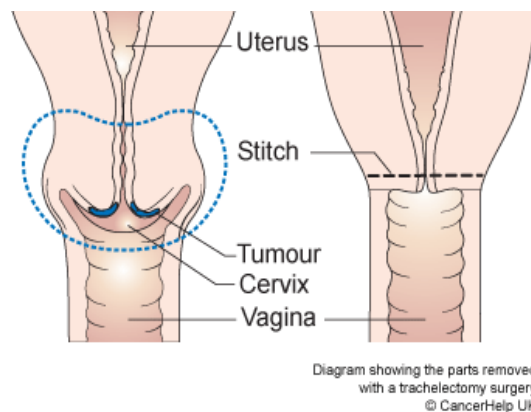


## Surgery for early cervical cancer

If you have surgery for early cervical cancer you will usually need to have surgery to remove your womb (hysterectomy). For some very early cervical cancers, it is possible to have a radical trachelectomy.

### Radical trachelectomy

In this operation, your surgeon will try to remove all of the cancer, but leave the internal opening of the cervix. This is then stitched closed, leaving a small opening to allow the flow of your period to escape. The idea is that the stitch will support a pregnancy until the baby can be born by caesarean section. This operation can only be done if you have a small stage I cervical cancer.

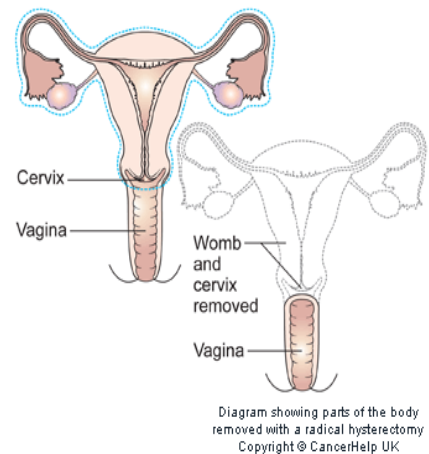


Before the operation, your surgeon will not be able to promise you that trachelectomy is possible. If they find that the cancer has spread further, you may need to have a hysterectomy after all. Your surgeon may also need to remove some lymph nodes from around your womb. This is usually done with a laparoscope (so it is sometimes called keyhole surgery).

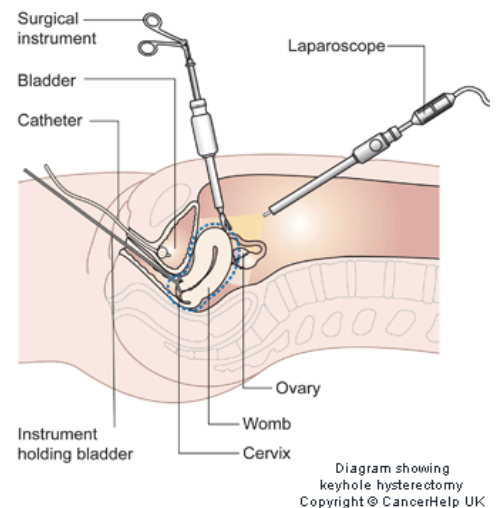
### Hysterectomy

Hysterectomy means removal of your womb. It is quite a big operation. You will

be in hospital for about a week and recovering at home for at least another month.



Sometimes a hysterectomy can be done using keyhole surgery. You recover more quickly after keyhole surgery, and only stay in hospital for 2-3 days.



## Surgery for advanced cervical cancer

Surgery for advanced cervical cancer can involve many of the structures within the pelvis (the lower part of your abdomen). All the cancer will need to be removed,



together with all the lymph nodes that may be affected. How much surgery you have will be very individual. It will depend on where the cancer is.

Removing the womb, cervix, top of the vagina and lymph nodes as well as other organs is called pelvic exenteration. The aim of exenteration is to try to cure your cancer. Because it is a big operation, it is important that you are fit enough to make a good recovery from it. It is not suitable for everyone. You would usually have an examination under anaesthetic and a scan first to check if an operation is possible for you. It is also important to discuss this type of surgery fully with your doctor or specialist nurse so that you know exactly what to expect after the operation.

On CancerHelp UK, there is detailed information about the different types of 'exenteration' operations.

### Having your cervical cancer operation

When you go into hospital for your surgery, you will see your anaesthetist and one or more of the doctors involved in your care. They will explain your operation.

When you wake up after a hysterectomy or other major operation for cervical cancer you will have a drip into your arm to give you fluids. You will have a tube (catheter)

to drain your urine, and a tube to drain your wound. Because you will not be able to move around freely, you will have injections to thin your blood and help prevent clots. You will also have elastic stockings to

wear to help the blood flow in your legs.

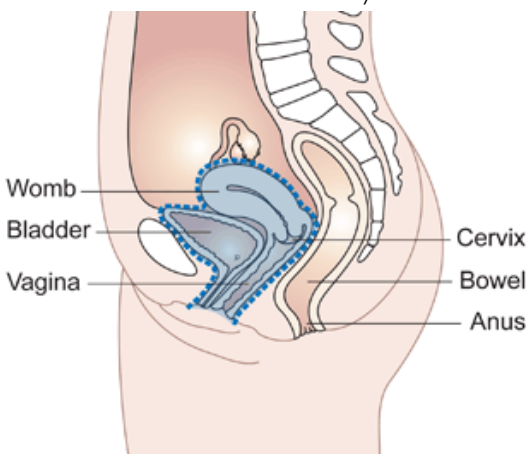
You may well have pain for the first week or so. But there are many different painkillers you can have. It is important to tell your doctor or nurse as soon as you feel any pain. They need your help to find the right type and dose of painkiller for you. Painkillers work best when you take them regularly, so don't suffer in silence.

Your wound will be covered up for a couple of days. Any wound drains will stay in until they stop draining fluid. They usually come out about 2 to 7 days after the operation. And any stitches or clips will stay in for at least 7 to 10 days. Usually, your nurse will take them out before you go home.

After major abdominal surgery, you will need to rest at home for at least a month after you come out of hospital. You will usually have a check up after 6 weeks. Until then you must not drive or do heavy housework or carrying.

### What to ask your doctor about cervical cancer surgery

- Can I have surgery to cure my cancer?
- Why do I need an operation?
- Which type of operation should I have and why?
- Can you do an operation that will still allow me to have a baby afterwards?
- Will you take my womb and ovaries out?
- What else will you remove?
- What are the risks and benefits of this operation for me?
- Will the operation cure the cancer?
- Do I have a choice of treatments for my cancer?



..... Area to be removed

Diagram showing the area removed with anterior exenteration surgery for cancer of the cervix  
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- When I wake up, will I be in pain?
- When will I be able to eat and drink normally afterwards?
- What are the possible complications?
- Will I need any other treatment, as well as the op?
- What are the long term effects of this operation?
- What will happen if I refuse surgery?
- How long will it take me to get over the operation?
- Is there anything I can do to help myself?
- Can I take hormone replacement therapy afterwards?

### About cervical cancer radiotherapy

Radiotherapy uses high energy waves to treat cancer. For cervical cancer most women have chemotherapy alongside their radiotherapy treatment.

### How you have treatment

You can have radiotherapy for cervical cancer externally or internally. External treatment means the beams are directed at your body from a machine. Internal radiotherapy means a radioactive source is put into your vagina and up into the womb. This gives an extra boost of treatment to the cancer itself and the area close by. Usually you have both these treatments for early cervical cancer.

You have external radiotherapy in the hospital radiotherapy department, usually once a day, five days a week. Your first visit will be to plan your treatment. Marks are made on your skin to help the radiographer line the machine up for your treatment each day. External radiotherapy for early cervical cancer usually lasts for three or five

weeks. It takes just a few minutes, and does not hurt. It does not make you radioactive.

Internal radiotherapy takes one to five days, depending on the type of treatment. You may stay in hospital or have it as an outpatient. You usually have internal radiotherapy within 1 or 2 weeks of finishing external radiotherapy.

### Cervical cancer radiotherapy side effects

Radiotherapy to the pelvic area usually causes a few side effects. These can be diarrhoea, irritable bladder (or radiation cystitis), feeling sick, bleeding from the vagina after internal radiotherapy, and soreness and redness of your vulva or back passage.

Tell your doctor or nurse if you are having side effects. Medication is available to help control diarrhoea. With cystitis, drinking plenty will help. If you do feel sick, you can have anti sickness medicine before each treatment.

### Long term side effects

If you have not already had the menopause, the radiotherapy usually stops the production of sex hormones by the ovaries. Your periods will gradually stop and you will get the symptoms of the menopause. You can take hormone replacement therapy (HRT) after treatment for cervical cancer.

Radiotherapy also makes your vagina become less stretchy and narrower. To try to prevent or minimise this, it is important to start using vaginal dilators after your treatment. Dilators are cone shaped objects, made of plastic or metal. They come in different sizes. You put the dilator into your vagina gently for 5 to 10 minutes



about 3 times a week. This will stretch the vagina and help to stop it from narrowing.

Some women have long term bowel or bladder side effects after radiotherapy. And sometimes one or both legs may swell. This is called lymphoedema.

### Questions for your doctor about cervical cancer radiotherapy

- Why do you recommend radiotherapy for me?
- What will the treatment do for me?
- Should I have chemotherapy at the same time?
- Do I need to have internal or external radiotherapy - or both?
- How long will the course of treatment take?
- How many times will I have chemotherapy during my radiotherapy course?
- Do you use 'fast dose rate' or 'slow dose rate' internal radiotherapy?
- How long will it take to get over the treatment?
- What side effects will I have?
- Is there anything I can do to help stop side effects?
- Should I use vaginal dilators to stop narrowing?
- When should I start using them?
- How long should I go on using them?
- Where do I get them?
- What should I do if I'm worried about a side effect?
- What are the possible long term side effects?
- What are my chances of getting long term side effects?

### Cervical cancer chemotherapy

Chemotherapy uses anti cancer or 'cytotoxic' drugs to destroy cancer cells. You may have it as part of your treatment when you are first diagnosed, or for cancer that has come back.

Chemotherapy can shrink advanced cervical cancer and may help to relieve symptoms. Giving chemotherapy at the same time as radiotherapy is now thought to be the best choice of treatment for certain stages of cervical cancer. This is called chemoradiation.

### How you have chemotherapy

Most chemotherapy drugs are injections, although some are available as tablets. Generally, a course of chemotherapy takes a few days every 3 or 4 weeks. You have 3 or 4 weeks rest after each treatment, then another few days of chemotherapy injections. This is usually repeated six or more times. If you are having chemoradiation, you usually have treatment once a week for 5 or 6 weeks while you are having your course of radiotherapy.

### Chemotherapy side effects

Chemotherapy does have side effects. Which ones you get depends on which drug and dose you have, and your individual reaction. The most common side effects are feeling sick, diarrhoea, hair loss or thinning, sore mouth or mouth ulcers, and feeling tired. You may also have a drop in the number of blood cells. Some side effects may be more severe if you have chemotherapy at the same time as radiotherapy.

### What to ask your doctor about cervical cancer chemotherapy



- Why do I need chemotherapy?
- How will I feel during chemotherapy?
- Is there another treatment I can have instead?
- What do you hope the chemotherapy will do for me?
- Are there any long term side effects?
- Do I have any choice of treatment?
- What drugs will I have?
- What effect will the drugs have on the cancer?
- How will chemotherapy affect my immune system?
- Can I take anything to help boost my immune system?
- How long will my course of treatment be?
- What side effects can I expect?
- How can I reduce the side effects?
- What can I do to help myself feel well during chemotherapy?
- What other support is available?
- How will I know if I get an infection?
- Who should I call if I get an infection while I am having chemotherapy?

### Cervical cancer follow up

After your treatment has finished, your doctor will want you to have regular check ups. These may include being examined, having a smear test or colposcopy, blood tests, and X-rays or scans. Your doctor will ask how you are feeling. And whether you have had any new symptoms or are worried about anything.

You will have a smear test or colposcopy (if you still have your cervix and womb) immediately after your treatment is over and then once a year. If you've had your womb removed, your doctor may suggest a smear of the top of the vagina.

Your check ups will continue for some years after your treatment. At first they will be every few months. But if all is well, they will gradually become less and less frequent. If you are worried, or notice any new symptoms that you think may be related to your cancer, you can contact your doctor between appointments.

Many people find their check ups very stressful. A hospital appointment can bring all the worry about your cancer back to you. You may find it helpful to tell someone close to you how you are feeling. Or you may want to find out about counselling. Look in the 'coping with cancer' section of CancerHelp UK.

### Cervical cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

There is research looking into HPV vaccines and tests, surgery, chemotherapy, radiotherapy and biological therapies.

### Questions for your doctor about cervical cancer treatment

- What stage is my cervical cancer?
- What are the pros and cons of the different treatments?
- Do you recommend one particular type of treatment for me?



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- Why do you think I should have this treatment?
  - What other types of treatment could I have?
  - Will this treatment cure my cancer?
  - What are the chances that the cancer will come back?
  - What will happen if the cancer comes back?
  - If the cancer comes back, how will the treatment I choose now affect the treatment I could have in the future?
  - What are the side effects of this treatment?
  - Are there any long term side effects of this treatment?
  - Can I help to prevent myself getting side effects?
  - Will I still be able to have children after treatment?
  - Is there any way you can help me to keep my ability to have a baby?
  - How long will the course of treatment last?
  - How long will I be in hospital if I have this treatment?
  - If I have to travel to and from the hospital can I have help with my fares?
  - How do I go about getting a second opinion?
  - Are there any experimental treatments or trials you would recommend?
  - Is there a counsellor here I could talk things through with?
  - What if I decide not to have treatment?
  - How often will you want to see me after my treatment has finished?
  - What should I do if I am worried between appointments?

## Notes



## More information

For more information about cervical cancer, visit our website  
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on  
**0808 800 4040** 9am till 5pm Monday to Friday

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Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).