

Treating Molar Pregnancy - A Quick Guide



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

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Staging molar pregnancy

Staging is a system that doctors use to explain how far the disease has grown or spread. If your hCG levels return to normal soon after removal of the molar pregnancy then your doctor won't need to give it a stage. Apart from follow up blood and urine tests to check for any return of the disease, you won't need any further tests to stage it. And you won't need any further treatment.

Staging persistent gestational trophoblastic tumours

Most women will not need any further treatment for a molar pregnancy. But some women may show signs of persistent trophoblastic disease. In this case you will need further tests to help stage your disease. The stage tells the doctor if the disease has spread, and if so, how far. Staging is important because it helps your doctor know which treatment is most suitable for you.

The staging system used for persistent trophoblastic disease is called the FIGO staging system. There is more information about the FIGO system on CancerHelp UK.

Statistics and outlook for molar pregnancy

Outlook means your chances of getting better. Your doctor may call this your prognosis.

The statistics show that virtually all women who have a molar pregnancy will be cured, even those who have persistent trophoblastic disease.

Risk of future molar pregnancy

If you have had a molar pregnancy in the past you have a slightly increased risk of



developing another with future pregnancies. If you had a complete mole your chance of another molar pregnancy is about 1 in 100 (1%).

Most women go on to have a normal pregnancy after a molar pregnancy. Your doctors will follow you closely if you become pregnant again.

Types of treatment for molar pregnancy

This condition is part of a group of tumours called gestational trophoblastic tumours (or GTT for short). Molar pregnancy is not a cancer, but if it doesn't go away, or comes back, it is treated like a cancer.

Most women will only need minor surgery to remove a molar pregnancy and get rid of their disease for good. This is usually an operation called a dilatation and curettage (D and C). Occasionally the doctors might give you a tablet instead of surgery. The tablet makes your womb contract and empties the contents of your womb.

Once you've had an operation to remove the molar tissue, your doctors will keep a very close eye on your blood and urine hCG levels. All women who are diagnosed with any type of GTT are referred to one of 3 specialist centres in the UK who monitor your follow up. This is because it is a rare condition, and the experts at treating it are concentrated in a few places.

Further treatment

About 15 out of every 100 women who have had a complete molar pregnancy (15%) need treatment with chemotherapy. After a partial molar pregnancy about 1 in 200 women (0.5%) need chemotherapy. If you need chemotherapy, you will need to

go to either the Sheffield or London treatment centres to have it.

Surgery for molar pregnancy

You need surgery to confirm the diagnosis of a molar pregnancy. After surgery, doctors called pathologists examine the tissue from your womb under a microscope.

Dilatation and curettage (D and C)

Most women will only need this simple operation. You have it while you are asleep (under general anaesthetic) in hospital. The surgeon opens up (dilates) the entrance to the womb and uses gentle suction to remove as much of the tumour as possible. The doctor then uses a small instrument called a curette to scrape the lining of the womb and clear away any remaining molar tissue. That's why this operation is sometimes known as a scrape.

You will stay in hospital for at least a few hours after a D and C to recover. Your doctor may want you to stay overnight to give you time to recover after the general anaesthetic.

Hysterectomy

An operation to remove your womb is called a hysterectomy. This is very rarely used to treat a molar pregnancy. But your doctor might consider this operation if the molar pregnancy is causing excessive bleeding from your womb, or if you already have a condition of the womb (for example fibroids), and you don't want to have any more children.

Follow up after molar pregnancy

If you have had a molar pregnancy, your doctor will follow your progress closely, to



check you are clear of disease and for any signs of it coming back. You will be referred to one of 3 specialist centres in the UK for follow up.

What follow up involves

You will have urine or blood tests to check your hCG levels. The specialist centre will give you a kit for your urine tests and you send the samples to them. If you are having blood tests, your GP surgery may be able to do them.

If you've had a D and C you'll need tests every 2 weeks to check your hCG levels. Once your levels are normal the tests will become less frequent. You will have follow up for at least 6 months. The length of follow up will depend on your hCG levels and how quickly they fall to normal levels.

Future pregnancy

It is important not to get pregnant until your doctors say it is safe to try. But if you do become pregnant before they recommend it, you must let your specialist team know. This is because your hCG levels will go up with a normal pregnancy, so they won't be able to monitor your disease using your hCG levels. After you have had your baby, you will need to have further hCG tests done.

What to ask your doctor about molar pregnancy treatment

- Which treatment will I have?
- Is there a choice of treatments?
- Do I have to stay in hospital?
- Why do I need an operation?
- Which type of operation should I have and why?

- What are the risks and benefits of having this operation?
- Will the operation completely get rid of the molar pregnancy?
- Will I have pain after this operation?
- Will I be able to eat and drink normally after this operation?
- What are the possible complications of this type of operation?
- Will I need any other treatment as well as surgery?
- Is there any treatment I can have instead of surgery?
- What will happen if I don't have the operation?
- What are the long-term effects of this operation?
- How long will it take me to get better?
- How can I help myself get over the operation?
- How often will you see me when treatment has finished?
- How will you know if the disease has come back?
- Will I still be able to have children after my treatment?
- What contraception should I use after a molar pregnancy?
- When can I get pregnant again?
- Could I have another molar pregnancy?

Molar pregnancy and gestational trophoblastic tumours 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.

Treatment for molar pregnancy and GTTs is generally very successful. But doctors are still investigating better ways of preventing, diagnosing and treating them.

More information

For more information about gestational trophoblastic tumours, 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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