

Having a radical trachelectomy

A fertility sparing operation to remove early stage cervical cancer

The aim of this booklet is to help you prepare for your radical trachelectomy and your recovery afterwards. It will give you general information about your operation as well as a list of useful contacts.

It is common for people to feel anxious about having an operation. If you have any questions or concerns, please do not hesitate to talk to the doctors and nurses caring for you. You can find their contact details on page 13.

The medical words used in this booklet are printed in bold type and there is a glossary on pages 11 and 12 to explain words you might not know.

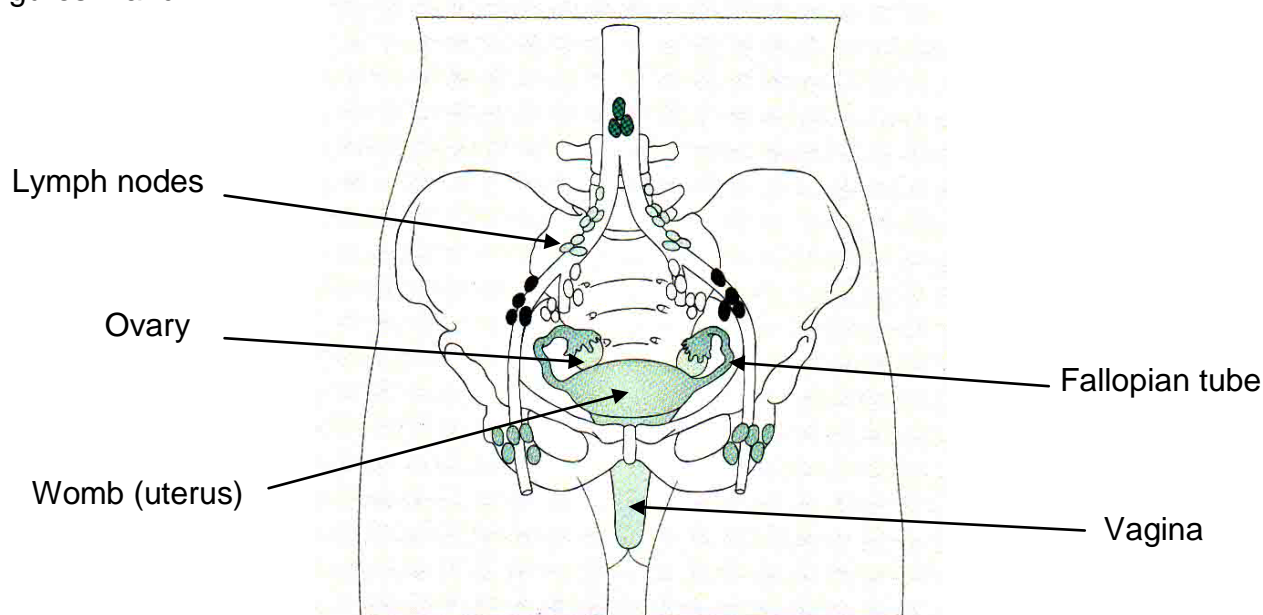
What is a radical trachelectomy?

A radical trachelectomy is an operation to remove cancer from the cervix (neck of the womb). It involves removing the cervix and the upper third part of the vagina. The parametrial tissue (the tissue surrounding the lower end of the uterus) and the pelvic lymph nodes are also removed.

A general anaesthetic is used, which means that you will be asleep for the entire operation. For more information, please ask us for a copy of the leaflet, **Having an anaesthetic**.

Where is my womb (uterus)?

Your womb is normally about the size of a pear, but varies in size between women. It sits between the bladder and the rectum (back passage) at the top of the vagina – please see figures 1 and 2.



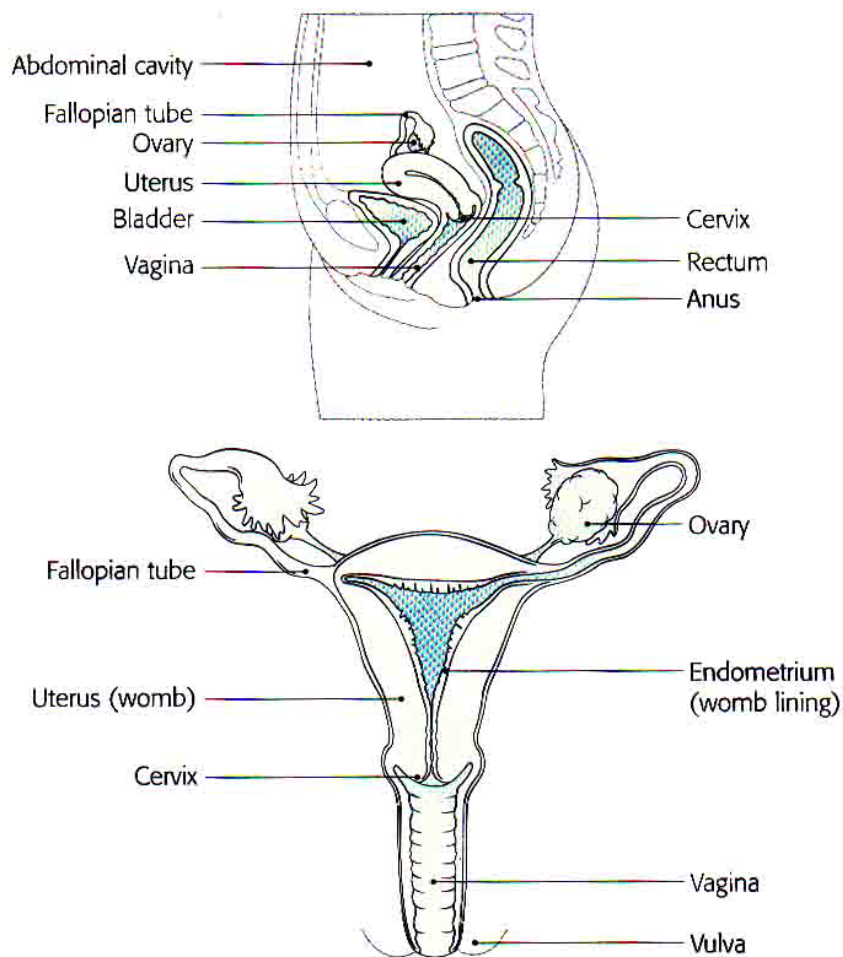


Figure 2

What are the benefits – why should I have a radical trachelectomy?

This surgery is only performed on women with early stage cervical cancer, who wish to preserve their ability to become pregnant in the future.

For you to be considered for this operation, the surgeons will need to perform some investigations to check that you are suitable for this procedure.

They will examine your cervix and inside your bladder whilst you are asleep under a general anaesthetic. This is called an Examination under Anaesthetic (EUA) and Cystoscopy. They will also arrange for you to have a magnetic resonance imaging (MRI) scan.

These investigations will be reviewed by a team meeting of senior doctors to decide whether or not you are suitable for this procedure.

This treatment has been developed in recent years by gynaecological oncologists in a few specialist centres worldwide. Although the long-term results of this type of surgery are not yet known, the initial results in terms of fertility and cure rates appear to be reassuring. However, a full hysterectomy is still considered to be the best chance of cure.

Are there alternatives to having a radical trachelectomy?

The only surgical alternative to a radical trachelectomy that we would offer you is a radical hysterectomy, which will remove your cervix and your womb and lymph nodes. This surgery would prevent you carrying a future pregnancy, however, if your ovaries are retained it may be possible to use your eggs towards a future pregnancy, which a surrogate mother could carry for you. If you wish to discuss this further with a member of the Assisted Conception Team (specialist fertility doctors and nurses), before you decide on which surgery to have, your surgeon or clinical nurse specialist can arrange this for you.

Radiotherapy (the use of x-rays to destroy the cancer cells) can be given to treat cervical cancer. Chemotherapy is sometimes given with the radiotherapy to make it work more effectively.

Surgery is usually offered as a preferred treatment for early stage cervical cancer, as it has fewer long-term side effects. Radiotherapy treatment would also prevent you from carrying future pregnancies. If you wished to have children in the future and did not wish to have a radical trachelectomy, we would recommend discussing your options with the specialist Assisted Conception Team. Your surgeon or clinical nurse specialist can make a referral to this team for you.

What risks are involved with a radical trachelectomy?

There are risks associated with any surgical procedure. Your surgeon will explain these risks to you before asking you to sign a consent form. This form confirms that you agree to have the operation and understand what it involves. Please ask questions if you are uncertain.

Possible risks and complications from this surgery are:

- Bleeding during or after your operation – this may need to be treated with a blood transfusion.
- Infections – you will be given antibiotics during and after surgery to help prevent this.
- Blood clots (deep vein thrombosis or DVT) – we will ask you to wear special stockings and to have daily blood thinning (anticoagulant) injections after your operation to prevent this.
- A cut in your bowel or bladder – this would be repaired during the operation.
- Generally making a slow recovery.
- Problems caused by having a general anaesthetic – for more information about the risks and side effects of anaesthetics, please ask for a copy of our leaflet, **Having an anaesthetic**.

Risks specific to this type of surgery include:

- **Lymphoedema** – may occur when the lymphatic drainage system becomes blocked and surrounding tissues may swell, causing swelling in the lower body and legs. This can lead to skin problems, pain and discomfort. This can become permanent and can happen months or even years after surgery. Some early research suggests that this will affect less than 5 in 100 of patients having this procedure.
- **Lymphocysts or lymphoceles** – these are swellings filled with fluid that develop in your abdomen after your operation. They are often naturally re-absorbed by your body, but if they are larger or causing you discomfort, your surgeon may drain them by using local anaesthetic and a needle.

- **Bladder problems** – a small number of women will have difficulty emptying their bladder after this surgery and may need to go home with a catheter in their bladder for several weeks. A very small number of women may have long-term difficulties with emptying their bladder, but this is rare.
- **Problems with menstruation (your periods)** – some women may find that the blood from their menstrual cycle (monthly period) becomes trapped inside the womb as the entrance is too small for it to drain away fully. If this happens, you will need to have a minor surgical procedure to open the entrance to the womb during a minor surgical procedure. A small tube called a "Smitt sleeve" or a "coil" can be inserted into the opening to the womb to keep the entrance open.
- **Late miscarriage/preterm delivery** - There is a risk of late miscarriage or preterm delivery when you have had a trachelectomy. Please discuss this with your gynaecology team.
- **Delivery by caesarean section** – if you are pregnant following your radical trachelectomy, we recommend you register with a high risk obstetrician as your baby will need to be delivered by caesarean section. Please speak to your surgeon or clinical nurse specialist if you have further queries.

These complications are usually rare but you must be aware of them. As with any operation, there is some risk of death, although this is also rare. Please talk to your doctor about any concerns you have before your operation.

Preparing for your operation

Please see the checklist on page 10 for details on what to bring with you.

What happens before my operation?

Prior to your surgery you will be asked to attend a pre-assessment clinic at Guy's Hospital. During this appointment you will see your surgeon and a nurse. They will check that you are medically fit to have surgery. They will also take some blood tests, and check your weight and blood pressure.

Please let us know if you are taking any regular medicines (including anything you buy yourself over the counter or any herbal or homeopathic medicines) and if you have any allergies to any medicines. If you are taking antiplatelet medicines (such as aspirin or clopidogrel) or any anticoagulant medicines (such as warfarin or rivaroxaban), then you may need to stop them temporarily before your surgery. We will review your medicines when you come in for your pre-assessment visit, and will let you know whether you need to make any changes before coming into hospital. Please ask us if you have any questions.

You will also be able to use this time to discuss any question or issues that you may have thought of. It is always advisable to write these questions down beforehand, or as you think of them so you don't forget anything.

If you have any pre-existing medical conditions, you may be asked to come to the ward the day before your surgery. If not, you will be asked to attend the Surgical Admissions Lounge (SAL) on the day of your planned surgery. This is an area where you are admitted and prepared for your surgery before you go to the operating theatre for your operation. When you are fully recovered after the anaesthetic, you will be taken to the ward where you will stay until you are ready to be discharged home. You can expect to remain in hospital for up to five days.

You will be on the Enhanced Recovery Programme - This programme aims to help you recover from your surgery and regain your independence as quickly as possible. There is researched evidence that eating, drinking, moving around soon after your operation and having good control of your pain helps with, and speeds up, your recovery. Therefore, the programme emphasises these aspects of your recovery and focuses on how you can help yourself after your surgery. Please ask staff for more details.

Before your surgery you will see a doctor from your gynaecology team and an anaesthetist. The anaesthetist will ask about your health and explain the different ways in which pain can be prevented and controlled after your surgery. You should be given the leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one.

During the operation

What happens during the operation?

Your doctor will explain to you what will happen during your operation and give you an estimated time of how long it will take. The length of the operation depends on the type of radical trachelectomy you are having (see figure 4) and your general health.

Figure 3a (below) shows where the tissues are removed and where the stitch is placed to hold the opening together. Figure 3b (below) shows the position of the lymph nodes that are also removed.

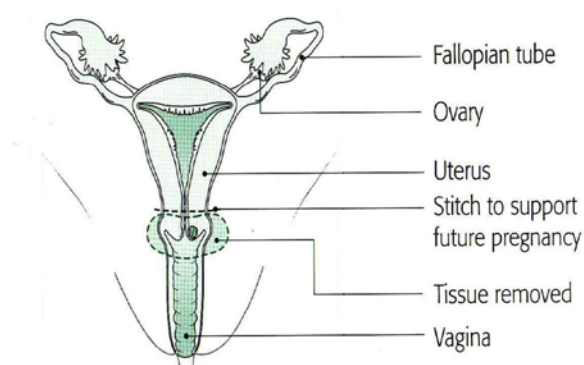


Figure 3a

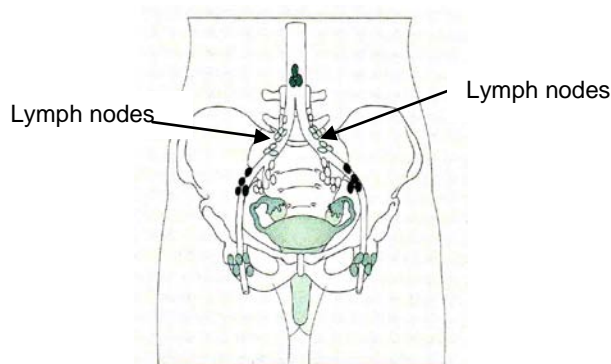


Figure 3b

How is a radical trachelectomy carried out?

The cervix and the parametrial tissue (the supporting tissue around the cervix) will be removed through the vagina, the pelvic lymph nodes are removed through an opening made in the abdomen or laparoscopically through three or four small incisions. The wounds will look like (a) or (b) in Figure 4 below. Your doctor can tell you which type of opening they plan to use.

A large permanent stitch which is strong enough to hold a pregnancy is inserted around the opening of the uterus. This holds the opening of the uterus together, but still allows you to have your monthly period and to conceive.

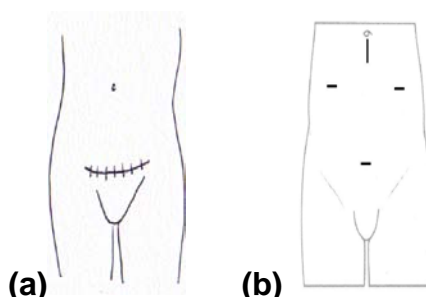


Figure 4 (Diagram to show surgical incision sites)

What happens after my operation?

The following information is a guide as to what may happen after your operation. Everyone recovers at a different pace. If you have any concerns, please talk to your doctors or nurses.

Waking up from your operation

When you wake up you will have:

- an oxygen mask on your face to help you breathe after the general anaesthetic
- a drip in your arm to give you fluids
- a small clip on your finger to check your oxygen levels
- a temporary bladder catheter – you will feel sleepy and not be able to get out of bed to pass urine. The catheter also gives an accurate measurement of your urine.
- a temporary drain in your abdomen to drain any excess lymph fluid or blood present after the operation
- some temporary padding (a vaginal pack) may be placed inside the vagina. This might be removed the day after surgery.

You might have a pain relieving pump. There are two types:

- An epidural pump, which delivers painkillers into your back you to desensitise the pain nerves (this may make your legs feel heavy and numb whilst it is in place); or
- A PCA (patient controlled analgesia) pump, which delivers a dose of painkiller into your vein whenever you press a button, allowing you to control when you receive a dose. Your nurse will explain how to use this pump.

The anaesthetist will discuss these options with you in more detail before you have your surgery.

You will feel very tired and it is important that you do not have too many visitors in the first few days after your operation. The nursing staff will help you if you need anything.

The first day after your operation

To help you recover from your operation and reduce the chance of problems, the ward team will encourage you to:

- Sit upright, especially out of bed. You will be on the enhanced recovery programme to help you return to your pre-surgery state. Sitting upright lets your lungs open up fully, makes it easier to cough and helps to prevent you getting a chest infection.
- Eat and drink. The enhanced recovery programme will also be concerned with returning you to eating and drinking after surgery. You will be allowed sips of water the day of the surgery and you will be encouraged to eat light diet the day after the operation if you are passing wind or your bowels are opening.
- Start moving around as soon as possible. This is good for your blood circulation and, along with your anti-embolic stockings, can help prevent blood clots. Please do not get out of bed until your nurse has told you it is safe to do so.
- As well as the stockings to help prevent DVT, you will be started on a 28 day course of daily anticoagulant injections. These work by thinning the blood and helping to prevent the formation of blood clots. The injections will be given to you by the nurses for the first few days, then they will give you an information pack and will teach you how to give yourself the injections. If you are unable to do this they will suggest teaching a family member or arranging a district nurse to do it for you after your discharge.

Smoking

If you smoke, it is important that you stop smoking for at least 24 hours before your operation to reduce the risk of chest problems and to help your body cope with the general anaesthetic. Smoking can also delay wound healing because it reduces the amount of oxygen that is supplied to the healing tissues.

For help giving up smoking, please speak to your nurse, or call the Trust stop smoking service on **020 7188 0995**, or call the NHS Smoking Helpline on **0800 169 0 169**.

During the rest of your time on the ward

Each day you will be encouraged to move around more and to become more independent. Your physiotherapist will show you the easiest way to start moving again and will explain about doing pelvic floor exercises.

Once you are able to drink normally, your drip will be taken away. Drinking plenty of fluids and walking around will also help your bowels to start working again.

You will be given tablets or suppositories to control any pain and your pump will be stopped. Your catheter will also be removed after five days, so that the nerves around the bladder can heal and you can empty your bladder fully.

In the days after your operation it is quite normal to feel a little down and perhaps tearful. This can be caused by the general anaesthetic you were given and/or your feelings about your cancer and the operation in general. How long these feelings will last varies from woman to woman. Please do not hesitate to talk to the ward staff about how you are feeling, you can also ask to speak to your clinical nurse specialist.

Going home

When can I go home?

You will usually stay in hospital for between three to five days after your operation.

What happens after I go home?

It is important that you follow all the advice you are given when you leave the ward. Continue to do the pelvic floor exercises you were shown, as this helps prevent problems with urinary incontinence.

About 10 to 14 days after your operation you may notice that the amount of pinkish / brown fluid (known as a 'discharge') coming from your vagina increases. This will last for a few days and is a normal part of healing.

What can and can't I do when I am at home?

The following guidelines will give you an idea as to how much you can do at home.

Weeks one and two:

- Don't lift anything heavier than a full kettle.
- Don't do any strenuous physical activity (activity that makes you feel out of breath).
- Don't have sexual intercourse.
- Don't put anything inside your vagina.
- Don't use vaginal lubricants, creams or gels.
- Don't drive.

- Use sanitary towels or panty liners (instead of tampons) for any vaginal bleeding.
- You can have a bath or shower but avoid using perfumed/scented gels or soap on your wound area, as these can irritate the area and delay healing. Gently pat your wound dry. You can then put on an unperfumed/unscented moisturising cream, such as E45™ or aqueous cream. You can buy these from the chemist or supermarket.

Weeks three to five:

- Don't have sexual intercourse.
- Don't put anything inside your vagina.
- You may be able to start driving again after week four, as long as you do not have pain when moving, and you feel comfortable performing an emergency stop quickly and safely. You should check with your insurance company to make sure you are covered to start driving again. If you are taking painkillers please check with a pharmacist whether it is safe for you to drive. If you are not sure about when to start driving again please visit your GP to check your progress.
- Continue to gently increase the amount of physical activity you are doing – walking is good.
- Allow rest time in your daily routine.
- Some women wish to consider returning to work at week four. You may wish to start back on a part-time basis for the first few weeks. This will depend on the nature of your work and how well you are recovering from surgery. You can discuss what is right for you with your GP.

At week six:

- You can start back with your normal activities
- You can start driving again if you do not have pain when moving, and you feel comfortable performing an emergency stop quickly and safely. You should check with your insurance company to make sure you are covered to start driving again. If you are taking painkillers please check with a pharmacist whether it is safe for you to drive. If you are not sure about when to start driving again please visit your GP to check your progress.
- If you no longer have pain or vaginal bleeding you can start to have sexual intercourse and use tampons. If you have pain or bleeding after starting sex again, please contact the ward or your GP for advice. Please do not start using any hormone-based contraceptives without discussing with your surgeon or clinical nurse specialist first. It is important to use contraception when you resume sexual activity as your body may not be able to cope with a pregnancy too soon after this surgery. It is advised not to become pregnant until at least six months after the procedure. It should be possible to conceive naturally but the birth of your baby will have to be by elective (planned) caesarean section as you no longer have a cervix, which means you will be unable to have a natural birth.
- Continue to increase your physical activity and rest when you feel tired.

Some women tell us that it can take up to four to six months before they feel fully, 'back to themselves' after their radical trachelectomy.

When to contact your doctor

It is fairly unusual to have problems once you are back at home. If you have any of the following symptoms, you should contact your GP immediately. If your surgery is closed, call the bleep desk on 020 7188 3026 and ask to speak to the doctor on call for your consultant.

Symptoms:

- A temperature of 38°C or above (100.4 Fahrenheit).
- Severe pain or increasing pain.
- Nausea and vomiting.
- Increased bleeding from your vagina (bright red blood or clots).
- Offensive smelling, itchy, yellow/green discharge from your vagina.
- Burning pain or discomfort when passing urine.
- Inability to pass urine.
- Constipation which lasts longer than three or four days and does not get better after taking a laxative.
- Wound pain, or swelling/redness of your wound area.
- Discharge (pus) from your wound or your wound opening.
- Pain, swelling or redness in your calf.
- A sudden feeling of shortness of breath and/or chest pain.
- Any lumps or swelling in your groin or abdomen.

Common questions

These are some general questions and answers about having a radical trachelectomy. If you need any more details or have other questions or concerns, your nurse or doctor will be happy to help (contact details are on page 13).

Do I still need to have cervical screening tests (smear tests)?

Yes, you will still have screening tests (smear tests) as part of your routine follow-up, even though your cervix has been removed. The smear or screening test is carried out on the remaining area where the uterus (womb) meets the vagina – you will hear this referred to as a 'vault smear' or 'vault screen'. You will continue to have these tests as part of your ongoing follow-up by your surgical team. Rather than your GP doing them you must have them done at the hospital.

What are the emotional effects of this treatment?

Each woman is affected differently by having a diagnosis of cervical cancer, undergoing investigations and then having a radical trachelectomy. It is not uncommon to feel a wide range of emotions, which may include: fear, anger, low mood, anxiety and difficulty accepting the diagnosis. Some women may also experience physical problems such as loss of appetite, change of bowel habit, panic attacks and difficulty sleeping.

Your clinical nurse specialist will be able to discuss your concerns with you and explain a range of support that is available as part of your care at Guy's and St Thomas', from the Dimbleby Cancer Care Centre (details on page 14).

Will I still be able to enjoy sexual intercourse?

You can start to have sexual intercourse six weeks after your operation if you no longer have pain, vaginal bleeding or an unusual vaginal discharge.

Many women are concerned that they will no longer be able to gain the same pleasure or have an orgasm after a radical trachelectomy. If you were able to have orgasms before your surgery, it is unlikely that there will be a physical reason why you should not be able to have orgasms again.

Some women are also concerned about vaginal shortening after the operation. The vagina can stretch during intercourse and most women do not report problems with managing penetrative sexual intercourse.

When you start to have sexual intercourse, if you are anxious it may be helpful to use extra vaginal lubrication, such as Aqua Gel™ or KY Jelly™ – you can buy this at a chemist or supermarket. Start off gently, and if you find penetrative sex uncomfortable, wait a week and then try again. It is not unusual to feel some discomfort and this should get better over time. If it does not, please contact your clinical nurse specialist, surgeon or GP.

Some women find after having cervical cancer and surgery that they do not have the same desire for sexual intimacy and have difficulty enjoying sex. If you continue to have difficulties after you have recovered from your operation, you might want to contact your clinical nurse specialist who is used to talking to women about sex and relationships and is happy to help with any further questions (contact details on page 13). Alternatively you can contact the British Association for Sexual and Relationship Therapy for support and more information (contact details on page 13).

If you are having sexual intercourse before your operation, it is very important to use a reliable form of contraception. Cancer cannot be passed on to your partner during sexual intercourse.

If some of my lymph nodes were removed, can this cause long-term problems?

Lymph nodes (or glands) are found throughout your body and are part of your immune system (which helps your body to fight infection – please see Figure 1 on page 1).

As part of this operation, some of the lymph nodes in your pelvis will be removed. This is because there is a risk that the cancer cells in the cervix may have started to spread, becoming trapped inside lymph nodes. If you are found to have cancer cells in your lymph nodes, we may need to offer you more treatment to be sure that we have reduced the chance of your cancer returning as much as possible.

When lymph nodes are removed during surgery, there is a small risk that your body will find it harder to drain fluid from your legs and lower body in the future. This swelling is called lymphoedema – your doctor and nurse specialist can give you more information on how to prevent this. There is also a separate Macmillan booklet that can give you more information about lymphoedema, please ask your clinical nurse specialist if you would like a copy.

If you find after your surgery that your legs are feeling heavy or swollen, it is important to contact your clinical nurse specialist for advice as early as possible.

Checklist

Below is checklist of things to remember before, during and after your hospital appointment.

Before your operation

- ☐ Stop taking your oral contraceptive pill six weeks before your operation. You must use another method of contraception instead such as condoms.
- ☐ You will be advised at your preoperative assessment if you need to stop any other medications.
- ☐ Stop smoking or at least cut down. Try using nicotine patches or gum –or call the Trust stop smoking service on **020 7188 0995**, or call the NHS Smoking Helpline on **0800 169 0 169**.

- ☐ Write down any unanswered questions you have (for example: What type of radical trachelectomy am I having?) using the space given below and bring this into hospital with you.
- ☐ Make arrangements for time off work and support for when you come home.
- ☐ Try to take regular exercise and eat a varied and balanced diet.

Coming into hospital

You should have received the leaflet, **Preparing for your stay**. If you have not, please contact us to ask for a copy. The **Preparing for your stay** leaflet includes a checklist – please look at the checklist to make sure you have packed everything you need. Here is a list of items you can possibly take with you:

Please also bring

- ☐ Baby-wipes.
- ☐ Lip balm.
- ☐ Comfortable sanitary pads or panty liners.
- ☐ Larger fitting pants.
- ☐ Nicotine patches if you smoke and are trying to stop. Please give them to your nurse when you arrive.
- ☐ Loose fitting nightdresses – the waist-line of pyjamas can be uncomfortable over your tummy.
- ☐ Dressing gown.
- ☐ Supportive shoes or slippers.

Going home

- ☐ Do you have a clinic appointment?
- ☐ Date:_____ Time:_____ Clinic:_____
- ☐ Do you know when you can return to work?
- ☐ Have you been given your medicines to take home? Do you know what your tablets are for and how and when to take them?

Are there any other questions you need to ask before going home?

Glossary

Anaesthetist	A specially trained doctor with skills in controlling pain and using an anaesthetic so you will be asleep during your operation.
Abdomen (tummy)	The area of the body below the chest, which contains the stomach, bowel and reproductive organs.
Abdominal	Describes something that relates to the area of the body below the chest, called the abdomen.
Abnormal	Something that is not normal.
Anti-embolic stockings	Stockings that are worn to reduce the risk of getting blood clots.
Bladder catheter	A small rubber tube that is placed into your bladder during your operation. The tube can feel a little uncomfortable but should not be painful. It allows urine to drain away into a bag so that an accurate measurement of your urine can be taken. It also means you do not need to get up to go to the toilet to pass urine.
Cancer	Cancer is a disease of the cells that make up the parts of the body. Normally these cells repair, reproduce themselves and die in an orderly way. If this process gets out of control, the cells that are no longer functioning normally are described as cancer cells.
Cervix	The lower part of the uterus where it joins the top end of the vagina.
Chemotherapy	Drug therapy to stop cells multiplying, usually used as a cancer treatment.

Drip	A bag of fluid connected to a small tube in your vein. Used to give your body fluid when you are not able to drink.
Gynaecological	Linked to gynaecology (see below).
Gynaecology	The study of women's illnesses/conditions which affect the parts of the body involved in reproduction (making babies).
Hormone	A substance which is released within the body and passes through the bloodstream to an organ (body part). It then helps to control how this organ works. Hormones control such things as pregnancy, periods and the menopause.
Laparoscope	An instrument used to perform 'keyhole' surgery. Several thin flexible tubes which contain a very small camera and small surgical instruments. The camera is linked to a television screen. The picture on the screen shows the structures inside the body in detail. This allows the surgeon to see the organs of the abdomen in more detail during an operation.
Laparoscopically	An operation which is carried out using a laparoscope (as described above). The laparoscope is inserted inside the body through small incisions in the skin – these are about 1–2cm in length.
Laxative	Medicine used to help your bowels work as normal and relieve constipation.
Lymph node (or gland)	Lymph nodes are found throughout the body and can be anything up to the size of a baked bean. They are part of the body's immune system which helps fight infection.
MRI	MRI stands for magnetic resonance imaging – pictures are taken of the inside of your body by a machine which uses magnetic energy.
Pelvic floor exercises	Exercises to strengthen the muscles at the base of your pelvis. These muscles help to hold your bladder, vagina and back passage in place. They also help these organs to work properly. For example, they stop urine from leaking when you have finished going to the toilet. Your physiotherapist will explain how you do these exercises.
Parametrial tissue	Supporting tissue that holds organs, such as the womb, in place.
Pelvis	Lower part of abdomen.
Physiotherapist	A health professional that is skilled in treating physical problems using manual therapy and exercise.
Radiotherapy	Use of x-ray to destroy cancer cells.
Tumour	An abnormal overgrowth of cells in the body, forming a lump of cells. Tumours can be benign or cancerous.
Smear test	A test which takes a sample of cells from inside the vagina, usually the cervix, which can then be examined to check that they are healthy. This is now called a cervical screening test by many doctors.
Suppositories	A medical preparation, in the form of a small cone or cylinder, which is placed in your back passage (rectum) and melts to release medication.
Surgeon	A doctor with special skills and training to practice surgery (carry out operations).
Urinary continence	Being able to pass urine normally (for example, only when you want to, and without leaking).
Urinary incontinence	Being unable to stop urine leaking when you do not want to pass urine.
Uterus	A female reproductive organ, also known as the womb.
Vaginal lubrication	A gel or cream used to make the vagina more moist. This can help to make medical examinations or sex easier and more comfortable. The term can also refer to the body's own natural production of fluid within the vagina.

Further support

Benefits Enquiry Line

t: 0800 882200 (freephone) **w:** www.dwp.gov.uk

British Association for Sexual and Relationship Therapy

t: 020 8543 2707 **w:** www.basrt.org.uk

Cancer Black Care

t: 020 7249 1097 **w:** www.cancerblackcare.org

Cancer Research UK

t: 020 7009 8820 **w:** www.cancerresearchuk.org

Jo's Trust (for those affected by cervical cancer)

w: www.jotrust.co.uk

Macmillan Cancer Support

t: 0808 808 0000 (freephone) **w:** www.macmillan.org.uk

Gynaecological Cancer Support Group - meets on the first Tuesday of each month from 1.30pm until 3pm at the Dimbleby Cancer Care centre

t: 020 7188 5918

Contact us

Gynaecology ward **t:** 020 7188 2697 or 020 7188 2703

Your consultant gynaec-oncologist is: _____

t: 020 7188 2695

You can contact your clinical nurse specialists (CNS) during office hours:

t: 020 7188 2707

For general appointment enquiries:

t: 0207 188 2695

Outside of these hours, please contact your GP surgery or the gynaecology ward.

If you have any questions about your hospital stay, such as the date of your operation or when you should come into hospital, please call the admissions department on 020 7188 3676.

Guy's and St Thomas' hospitals offer a range of cancer-related information leaflets for patients and carers, available at www.guysandstthomas.nhs.uk/cancer-leaflets. For information leaflets on other conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets



Dimbleby Cancer Care provides cancer support services for Guy's and St Thomas'. We have a drop-in information area staffed by specialist nurses and offer complementary therapies, psychological support and benefits advice for patients and carers.

Dimbleby Cancer Care is located in the Welcome Village of the Cancer Centre at Guy's **t:** 020 7188 5918 **e:** DimblebyCancerCare@gstt.nhs.uk

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the clinical nurse specialist or other member of staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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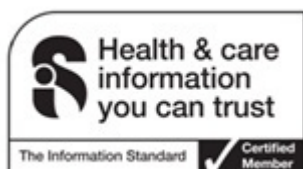
Laparoscopic incision adapted from Nordin, A. 1999 Gynecological oncology. Health Press Ltd, Oxford.

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