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**Guy's and St Thomas'**

NHS Foundation Trust



# Transvaginal cervical cerclage

This leaflet explains more about transvaginal cervical cerclage, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor, midwife or nurse caring for you.

## What is transvaginal cervical cerclage?

A cervical cerclage is a suture, or stitch, which is placed around the cervix (neck of the womb) and tied in order to prevent the cervix opening too early in pregnancy. We reach your cervix through the entrance of your vagina (transvaginally).

## Why should I have a transvaginal cervical cerclage?

If you have had premature labour (before 37 weeks) in a previous pregnancy, a late miscarriage or cervical surgery or trauma, you are more at risk of 'cervical insufficiency'. This is a painless shortening and opening of the cervix which can lead to miscarriage or premature birth. You have been offered cervical cerclage because it reduces the likelihood of changes occurring to the cervix that can cause it to open too soon.

## What are the risks?

After cervical cerclage your chance of miscarriage or early delivery reduces, but there is still a small chance of this happening. Like any surgery, the cervical cerclage procedure has some risks that you need to be aware of.

**Bleeding:** Most women will experience increased vaginal discharge and light bleeding (spotting) for a few days after the procedure. If necessary, you should use a sanitary pad and not a tampon. If the bleeding is heavier (like a period), seek medical advice.

**Infection:** You have a small risk (less than 5% chance) of developing a vaginal or uterine infection. Your obstetrician may take a swab from your vagina and if there is evidence of an infection give you a course of antibiotics.

**Bladder or cervix tearing:** There is also a very small risk of tearing to your bladder or your cervix (less than 1% chance). Your obstetrician would generally be able to repair any tearing to the cervix immediately. A tear to the bladder would require another operation by a urologist (a medical doctor with specialist training in problems affecting the urinary tract). Both would require a few extra days stay in hospital.

If you have any complications from the surgery such as these, you will be offered appropriate treatment and care. Your obstetrician will speak with you more about the risks and benefits before you decide to have the procedure.

## Are there any alternatives?

Your obstetrician will discuss with you any alternatives to the procedure that may be relevant to your medical history. For example, some women may be advised to take tablets or pessaries (dissolvable medication that is inserted into your vagina) which may reduce your chance of miscarriage and early delivery. You will still be followed carefully by your obstetrician and midwife throughout your pregnancy, even if you decide not to have a cerclage. If you are unsure about whether to have the procedure, please discuss your concerns with your obstetrician. If you decide not to have cervical cerclage, there is still a reasonable chance that you will give birth to a healthy baby at term.

## How can I prepare for my transvaginal cervical cerclage?

**Domestic arrangements:** If you have children, you will need to arrange for them to be looked after overnight even if you are scheduled to go home after the procedure as you will be tired and need to rest. There is also a chance (less than 5%) that you will be asked to stay in hospital overnight after your procedure, so you will need to be prepared for that. You should preferably have help at home for the first few days as you will find lifting and domestic chores difficult and should avoid exerting yourself.

### Fasting or 'nil by mouth' instructions on the day of your operation

Fasting means that you cannot eat or drink anything (except water) for six hours before surgery. You are allowed to drink water up to two hours before surgery. You will be given clear instructions if you need to fast. It is important to follow these instructions given below. If there is food or liquid in your stomach during the anaesthetic it could come up to the back of your throat and damage your lungs

- **For morning surgery (coming to hospital at 7am)** – Do not eat after 2am. You may drink water (not fizzy) till 6am.
- **For afternoon surgery (coming to hospital at 11am)** – Have a light breakfast of tea/coffee with toast/cereal before 7am. Do not eat after 7am. You may drink water (not fizzy) till 11am.
- **Medicines** – If you are taking medicines, you should continue to take them as usual on the day of surgery, with a sip of water before 6am for morning surgery and before 11am before afternoon surgery unless your anaesthetist or surgeon has asked you not to. If you take drugs to thin your blood (such as warfarin, aspirin or clopidogrel), drugs for diabetes or herbal remedies, you will be given specific instructions
- **Antacid** – You may be advised to take a medicine called ranitidine on the night before your procedure at 10pm and then again on the morning of your procedure at 7am. This counteracts the acid in your stomach so that if there are any problems with vomiting during the surgery, you will not inhale acid into your lungs. There is only a very small chance that this will happen. The obstetrician will give you a prescription if you need this medicine.

## **Giving my consent (permission)**

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

## **What happens during a transvaginal cervical cerclage?**

Before the procedure, you will be given a bed on the hospital ward. A nurse or midwife will accompany you to the surgical theatre where the anaesthesia and the procedure will be carried out. Your partner, or companion, will not be able to be with you in the theatre but can wait for you in the recovery room.

Once the anaesthetic is working you will lie on the surgical bed, your legs will be eased into supports, and the table will be tilted to give the surgeon a better access to your cervix. Although you are awake, you will not see the procedure, as a screen will obscure your view. You may be in the theatre for up to one hour, but the operation itself usually takes no more than 20 minutes.

## **Will I feel any pain?**

At St Thomas', we perform nearly all of our elective vaginal cerclages under regional anaesthesia (spinal anaesthetic) because it is safer. This means you are awake during the entire procedure, but should not feel any pain from the waist downwards. Feeling touch and pressure during the operation, however, is normal. If you feel pain, at any time, your anaesthetist will alter the treatment to make you comfortable. You will also need a drip which will be placed on your hand or wrist to allow us to give you fluid if necessary.

On the day of the procedure, you will be seen by an anaesthetist who will explain the process in greater detail. You can also read the leaflet, **Further information about having an anaesthetic**. If you have not received a copy, please ask a member of staff.

## **What happens after the transvaginal cervical cerclage procedure?**

After the procedure, you will be taken to a recovery room where a nurse or midwife will care for you. Your legs will be numb for four to six hours and during that time you may need a urinary catheter. This is a small tube that is passed into your bladder to allow the collection of urine into a bag. You may also feel sick but if you do you will be given medication to help with this.

Once you are able to walk and to pass urine, you may go home. However, you may spend the night in hospital if your procedure was in the afternoon or if the doctors have decided it is best to keep you for observation.

## **What do I need to do after I go home?**

When you are discharged from hospital, you will need to rest for the first 48 hours. After the procedure, you may experience abdominal pain ('tightenings'), increased vaginal discharge or bleeding for a few days. We will prescribe you painkillers to help relieve your pain. If the pain and the bleeding continue for longer than 48 hours you should contact your obstetrician or GP. Within a week, you should be able to resume most of your normal activities. The obstetrician will advise you as to whether you need to restrict any activities (for example sexual intercourse, heavy lifting and so on).

## Will I have a follow-up appointment?

You will be given a follow-up appointment before you leave hospital. If you need to change or enquire about that appointment please phone 020 7188 3641.

## Will I need another procedure to remove the stitch?

Yes, the stitch is usually removed at around 37 weeks into your pregnancy. Removing the stitch is a simpler procedure than placing it. Less than 5% of women, including those who have had a higher stitch, will need an anaesthetic for the stitch removal. If it is needed, it will be done using the spinal as described above, and you will be told this in advance.

The stitch may need to be removed earlier if your waters break, or if you go into labour before 37 weeks. If you think this may be happening you must come to the hospital immediately.

## Can I have a normal delivery after the stitch has been removed?

Yes, once the stitch is removed you will be able to have a vaginal delivery. Very rarely, scar tissue can form around the stitch, which prevents the cervix from dilating (opening) enough during labour and makes a vaginal delivery more difficult. However, less than three percent of women need to have a caesarean section because of cervical scarring.

### Contact us

If you have any questions or concerns about your transvaginal cerclage, please contact the preterm surveillance clinic midwife on 020 7188 3641 (Monday to Friday, 9am to 5pm).

Out of hours, please contact the Hospital Birth Centre on 020 7188 6867.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Useful sources of information

### Tommy's

Charity providing information on having a healthy pregnancy.

w: [www.tommys.org](http://www.tommys.org)

### Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

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

### Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' t: 020 7188 8803 at Guy's e: [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

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