

# Transabdominal cervical cerclage

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

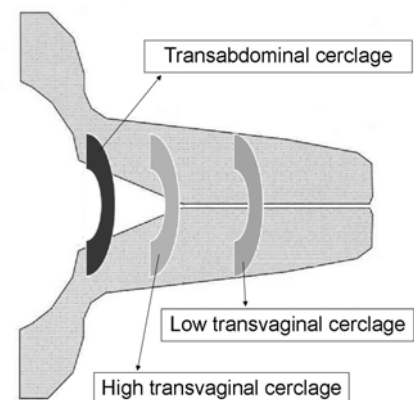
## What is a transabdominal cervical cerclage?

There are three types of cervical cerclage, low transvaginal, high transvaginal and transabdominal. They all aim to keep the neck of your womb closed, by placing a stitch (suture) around your cervix (neck of the womb). This means the cervix is less likely to undergo changes causing it to open, your baby is held inside the womb, and your chances of getting an infection or going into early labour are reduced. The stitch acts as a physical barrier to keep your baby inside your womb during pregnancy.

For a transabdominal cerclage, the obstetrician (doctor who specialises in childbirth) will need to make a small cut in your abdomen (tummy). The abdominal stitch is placed higher up the cervix than the transvaginal stitch, and provides a stronger physical barrier to keep your baby inside the uterus and prevent you from going into labour.

In a transvaginal cerclage, which is the more common type, your obstetrician places the stitch around the cervix through your vagina. You can have the transabdominal cerclage before you conceive as the stitch does not affect your ability to become pregnant. You can also have it done early in pregnancy - before the 14th week.

Diagram of cervix showing positions of different cerclage types:



## Why should I have a transabdominal cerclage?

If you have had premature labour (childbirth that starts too early) in a previous pregnancy, a miscarriage, surgery, or trauma to the cervix, you may be at risk of cervical insufficiency. This is a dilation (widening) and a shortening of the cervix during the second trimester (weeks 14–28) of pregnancy. It means that the neck of your womb may thin and open more easily, which can cause miscarriage or premature delivery.

To prevent cervical insufficiency, you may be offered a cervical cerclage. The main reasons why you may have been advised by your obstetrician to have a transabdominal, instead of a transvaginal cerclage include:

- you have had a transvaginal stitch before and it did not prevent very early delivery.
- you have a high risk of very early delivery or miscarriage, and the shape of your cervix makes a transvaginal stitch impossible (for example, if you have had extensive surgery on your cervix).

Any problems with miscarriages and early deliveries that you have had in the past do not affect the success rates of this operation. In fact, after a transabdominal stitch, you have a good chance (over 90 out of 100 (90%) times) of giving birth to a healthy baby.

Having a transabdominal cervical stitch means that you will not be able to have a vaginal birth. Instead, you will need a Caesarean section operation to deliver your future babies when you are about 37-39 weeks pregnant. Caesarean deliveries are safe but do have more complications than vaginal deliveries. Please ask us for a copy of our leaflet, **Elective Caesarean section**, which will give you more information on this operation.

If you decide to have a transabdominal cervical cerclage to reduce your chance of miscarriage and early delivery, you will need two operations: one to insert the stitch, and one to deliver your baby by Caesarean section.

It is safe to leave the stitch inside your womb, so you will not need to have it removed. When you your baby is delivered (by Caesarean section), the stitch will be left in place and it can then continue to reduce your risk of miscarriage or early delivery in any future pregnancies. You may request that the stitch be removed at the time of Caesarean section, but this is not always possible.

## What are the risks?

Like all surgery, transabdominal cerclage carries a small risk of bleeding and infection. You are unlikely to have a vaginal or uterine infection, as the stitch is buried inside, away from the bacteria present in the vagina. Very rarely, damage to the bowel or bladder may occur during the operation. Occasionally the stitch becomes loose and, if this happens in your case, you will need further surgery to replace it.

While the stitch is going to reduce your chance of miscarriage, we cannot guarantee it will work. If you have the stitch put in before you become pregnant, you will, like everybody else, have a one in five (20%) chance of miscarrying before 12 weeks. If you have an early miscarriage like this, the stitch is unlikely to affect what happens. If you miscarry between 12 and 18 weeks, it may be possible to remove the fetus (baby) through the stitch. Otherwise, you would need another operation, like a Caesarean section, to remove the baby, as the cervical cerclage will have made your cervix too small for the baby to pass out of your body naturally. However, losing your baby after 12 weeks once you have had a transabdominal cervical stitch is rare (less than 1 in 20 (5%) chance).

## Are there any alternatives?

You are being advised to have the transabdominal operation because you are at increased risk of miscarrying or delivering your baby prematurely. Deciding against having the operation means that you are ready to accept your increased risks throughout your pregnancy. There is still a chance that you can deliver a healthy baby at term without having the abdominal cervical stitch. If you are unsure about whether to have the operation, please talk with your obstetrician for more advice and information about possible alternatives, such as doing nothing, or having a transvaginal cervical stitch. Your obstetrician can discuss with you the advantages and disadvantages of these options.

## How can I prepare for the operation?

### Anaesthetist referral

If you have any special risks for a general anaesthetic, you will need to see an anaesthetist (a doctor trained to manage anaesthesia and look after you before, during and after surgery) a few weeks before the day of your procedure to plan your anaesthesia.

### Arrange help at home

You will be in hospital for 2-3 days after your operation, so if you have children, you will need someone to look after them. You will need someone to come and collect you from the hospital when you are ready to go home, and you may need help at home for several weeks, as lifting and domestic chores will be difficult and should be avoided.

### Pre-operative assessment

In the week before your operation, you will need to go to the Gynaecology Outpatients Department at Guy's Hospital for a pre-operative assessment, which includes a blood test. This is to make sure that you are fit for surgery, and also that blood is available in the laboratory in case you need any donated blood during the operation. This appointment will be arranged and you will be sent a letter to confirm it.

### Eating and drinking

You must have nothing to eat or drink for at least six hours before the operation (from midnight the night before if your operation is in the morning, or from 6am on the day of the operation if it is in the afternoon). Please continue to take any medication as usual and bring them to hospital with you. You can have a small sip of water with any tablets you take, if necessary.

### Feeling unwell?

If you have flu, cold or cough symptoms, chest problems, diarrhoea, vomiting (being sick) or have been exposed to chickenpox, you must contact the number on your admission letter. Your surgery may need to be rescheduled to make your procedure as safe as possible.

### Lifestyle changes

If you smoke, you may be asked to stop smoking, as this increases the risk of developing a chest infection or deep vein thrombosis or DVT (blood clot in a deep vein). Smoking can also delay wound healing because it reduces the amount of oxygen that reaches the tissues in your body. If you would like to give up smoking, please speak to your nurse or call the Trust stop smoking service, **t:** 020 7188 0995, or call the NHS Smoking Helpline, **t:** 0300 123 1044.

### Medication

Please bring with you any medication you are currently taking on the day of admission in its original packaging. We advise that you buy non-prescription painkillers before your day of surgery if you are going home on the same day. Buying paracetamol and ibuprofen (if they are safe for you) before coming to hospital may save you waiting for our pharmacy to administer them. We recommend you buy single-ingredient pain relief rather than combined products, such as those with added caffeine. Any high street pharmacist will be able to guide you on these products. If you are unable to buy these, we will provide you with pain relief medication.

## Consent – asking for your consent

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 the surgery?

Transabdominal cervical cerclage is performed under either regional or general anaesthetic. You should have received a leaflet, **Having an anaesthetic**, which gives you more information. If you have not received a copy, please ask for one from a member of staff caring for you. The whole operation may last up to one hour. Once the anaesthetic team has given you the anaesthetic, your obstetrician will make a cut in your tummy to insert the transabdominal stitch. You will have a small scar (8-12cm) at the level of your bikini line.

## Will I feel any pain?

If you are in pain tell the nurses so they can give you treatment for this. Methods of giving pain relief are:

### Tablets, capsules or liquids

These are used for all types of pain and you need to be able to eat, drink and not feel sick for these drugs to work.

### Suppositories

These are placed in your back passage. They are useful if you cannot swallow or if you are likely to vomit.

### Patient-controlled analgesia (PCA)

PCA is used to control pain after operations. The anaesthetist will place a small cannula (thin tube) into a vein in your arm or hand before surgery. The cannula is attached to a PCA pump. After the operation, you will be given a button to press whenever you need more pain relief. This button releases a set amount of painkiller (usually morphine) into your bloodstream. Patients often worry that they may overdose on pain relief with the PCA pump. However, the pumps are programmed to allow a set amount of morphine to be delivered, no matter how many times you press the button, so you cannot overdose. The nurses will monitor you while you are using a PCA to ensure your pain is being controlled. **Friends and relatives MUST NOT press the PCA button.**

## What happens after the operation?

After your surgery, you will be taken to the recovery room. If you have had a general anaesthetic, this is where you will wake up. You may have an oxygen mask on your face, which is normal. The oxygen helps to clear the anaesthetic from your body while you are recovering. You will probably feel a bit drowsy on waking. If you have had a regional anaesthetic, your legs will be numb for 4-6 hours. You may also feel sick and will be given medication to help with this. You will be given painkillers too, if you need them. When the recovery nurses are happy that you are ready, a nurse will take you to your bed on the Gynaecology Ward where you can rest and recover. You will stay in hospital for one or two nights.

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

When you get home, you can bath and shower as usual. You will be given advice about keeping the wound clean. Your obstetrician will explain which type of stitches you have had. If your wound was closed with dissolvable stitches, you may not need them removed. In that case, you will need to carefully remove the steri-strip plasters on your abdomen seven days after surgery, but the stitches will dissolve on their own and will not need to be removed. If the stitches do need to be removed, the nurse looking after you on the Gynaecology Ward will explain how and when this will be done.

You will probably have some pain in your abdomen, as well as vaginal bleeding and discharge during the week after the operation.

You should avoid heavy lifting, such as carrying shopping bags, and strenuous exercise, such

If the pain does not get better after two to three weeks, if it gets worse, or is very bad at any time, or if you are pregnant and your waters break, you must contact the hospital or your GP urgently.

as running or cycling, for three months after surgery. We usually advise you to take at least two weeks off work to recuperate at home, although recovery is different for everyone. You can expect to be able to walk around comfortably within two or three weeks. If you are having your stitch put in before you are pregnant, you may try to conceive once you have a period and are feeling ready.

## Will I have a follow-up appointment?

If you are pregnant you will have a follow-up appointment at the Preterm Surveillance Clinic at St Thomas' or with your obstetrician. If you are not pregnant, but become unwell after you have been discharged you must contact your GP.

## Useful sources of information

**Tommy's** (a charity funding research into stillbirth, premature birth and miscarriage, and provides information to parents-to-be), **w:** [www.tommys.org](http://www.tommys.org)

### Contact us

If you have any questions or concerns about the transabdominal cerclage, please contact the Preterm Surveillance Clinic team, **t:** 020 7188 3634, Monday to Friday, 9am-5pm.

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

### 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, Monday to Friday, 9am-5pm

### 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](mailto:pals@gstt.nhs.uk)

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

**Leaflet number: 0719/VER3**

Date published: January 2019

Review date: January 2022

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A list of sources is available on request