

Surgery

You may be recommended for surgery if you have a small, localised tumour confined to the cervix.

Hysterectomy

A hysterectomy involves removal of affected parts of the reproductive system. Surgical removal of the uterus and cervix is termed a total hysterectomy. When discussing this type of surgery, you may hear the terms laparoscopy, meaning that the surgery is performed through a keyhole incision, and laparotomy, meaning open cut surgery. A hysterectomy also includes the removal of extra tissue surrounding the uterus and cervix as well as a small portion of the upper vagina.

Bilateral salpingo-oophorectomy

If the cancer has spread to your ovaries and fallopian tubes, a bilateral salpingo-oophorectomy may also be performed to remove them.

Trachelectomy

If you would like to have children in the future, and have been diagnosed with early stage cervical cancer, it may be a good idea to ask your health practitioner about the possibility of a trachelectomy. A trachelectomy includes removal of your cervix and surrounding tissue, however, the uterus and ovaries are left in place.

Lymphadenectomy

During surgery, your surgeon may perform a lymphadenectomy, which involves removing and dissecting pelvic lymph nodes for the purpose of investigating whether the cancer has spread beyond the cervix.

After surgery, you may feel pain and discomfort. You may experience:

- short term problems with bladder and/or bowel function,
- lymphoedema (swelling in legs), menopause (if you have a bilateral salpingo-oophorectomy),
- decreased libido, and
- internal scarring or adhesions where tissues in the body stick together.



If you are experiencing one or more of these side effects, have a chat to your specialist team. They may be able to help you minimise your symptoms.



Samantha's Story

Location: QLD
Age at diagnosis: 30s

The beginning of my journey:

In May 2009, I went for my CST (I'd had another cancer before, so I'm more vigilant with tests). I'd been having strange discharge between periods but was discussing it with my GP. We thought that it was due to my age (it could be my body gearing up for menopause). It turned out that I had adenocarcinoma, and further investigation was needed to find out if it had spread. At the time I was living in outback NSW, so it was a three-hour visit (one way) to see the gynaecologist.

My treatment journey:

My GP warned me that the gynaecologist would do a cone biopsy, and chances of removing the uterus were quite high. I had the cone biopsy and on my next visit the gynaecologist stated that I was cancer free. My husband questioned that statement as it contradicted my GP. In the end we were not happy and went back to my GP where we all agreed that removing the uterus was the best option. I then had to fly to Sydney to see another gynaecologist who agreed removing the uterus was the best option, as I had adenocarcinoma.

After the removal of my uterus I honestly thought that was that. Then I received the dreaded phone call, 'after careful consideration the specialists who review all gynaecologist operations at the

hospital suspect that the cancer has spread'. So it was back to Sydney once more. This time for a radical hysterectomy where both lymph nodes were removed.

Finding out I was cancer-free:

After this final operation, I was told that the cancer had not spread to my lymph nodes. It was the best Christmas present anyone could ever get. The experience was an emotional roller coaster as I had a 3-year-old with developmental issues and a 7-year-old. Living in the outback is hard enough without regular services but without the dedication of my GP (who was a Flying Doctor), my amazing husband, and our spectacular friends (who were there helping daily), I'm not sure where I would have ended up. Out of all this, I have come to use one saying as my mantra, by Charlotte Lawrence... "If it weren't for cancer, I'd say I had the perfect life. But if it weren't for cancer would I even realise this?"

My tips for Australian women about cervical health:

A little bit of discomfort and maybe even some embarrassment is worth it, because what is the other option? Get regular CSTs. Don't ignore what your body is telling you and if you're not happy with what the doctor says get a second opinion. We only get one chance at life.

Chemotherapy and radiotherapy

Chemotherapy

Chemotherapy is generally recommended for people diagnosed with late stage cancer, where it has spread beyond the cervix. Chemotherapy drugs are most commonly given intravenously, however, some can be administered orally. These drugs aim to kill or slow the growth of cancer cells, while leaving healthy cells as undamaged as possible.

Radiotherapy

Radiotherapy uses targeted radiation to kill cancer cells. External radiotherapy is painless and is conducted much like a routine x-ray scan. You will be asked to lie on a metal table, with a radiotherapy machine above you. Internal radiotherapy, or brachytherapy, involves having a small implant placed in your vagina and cervix under general anaesthetic or sedation and epidural. In order to keep the implant in place, gauze padding

may be placed with the implant, and a small stitch may be put into your labia. A source of radiation will be placed inside the implant for 15-30 minutes.

The number of treatment sessions needed is different for each individual. In some cases, once the treatment plan is complete, the implant will be removed.

If you would like to have children in the future, ask your health practitioner about the possibility of having your ovaries surgically moved up out of the range of the radiation, as radiotherapy can cause them to stop working. Your specialist will discuss the best treatment plan for you.

Chemoradiation

Chemoradiation uses a combination of chemotherapy and radiotherapy and is the most common treatment for women with late stage cervical cancer.

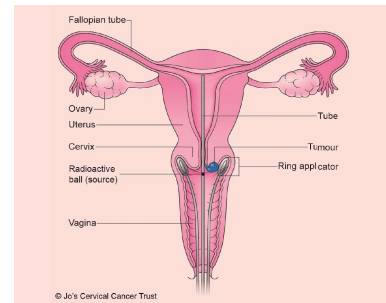


Image: Illustration of the brachytherapy procedure © Jo's Cervical Cancer Trust

Side Effects

Some side effects you may experience after treatment include; vomiting, decreased immunity, tiredness, loss of appetite, hair loss, diarrhoea, dry and itchy skin, cystitis (burning sensation when urinating), menopause and vaginal stenosis (where scar tissue forms in the vagina, narrowing and shortening it).



Sarah Maree's Story

Location: VIC
Age at diagnosis: 20s

When I first started noticing something was wrong:

In 2009, I started to notice a few changes in my body. I was run down, losing my voice a lot (which is not ideal as a radio announcer) and I'd had a couple of infections. I went to my GP in Darwin, and we started to rule things out, including cervical cancer, as I was up to date with my CSTs and hadn't had any abnormal results previously. After a few weeks my doctor suggested that with all my

lower abdominal pain it would be a good idea to find a gynaecologist and investigate if I had endometriosis. I resigned from my job at the end of 2009 and flew home to Melbourne to get the ball rolling.

How I found out I had cancer:

I found an amazing gynaecologist who informed me about the possible causes of my pain and said that the best way to find out would be by having a laparoscopy. In January 2010 I was booked for my operation and gave my doctor permission to remove anything they found concerning during the procedure. The operation went well however, a couple of days after I received a call from gynaecologist saying she wanted to talk to me in person. I knew there was something slightly more serious than endometriosis that she wanted to talk about. I asked her to tell me as much as she could over the phone, and that was where I learnt I had the early stages of cervical cancer. I was shattered, however, I held on to two words: early stages.

My treatment:

Over the course of a year I had two laparoscopies and numerous LLETZ/ LOOP procedures. I also had to make some small lifestyle changes to reduce my risk of infection, such as

not wearing tampons, swimming in public pools or wearing underwear to bed.

My post-treatment journey:

I was given a 2 ½ year remission period where I had CSTs every 3-6 months as well as blood tests. In December 2012, I got a phone call from my gynaecologist saying that as I had successfully gone through my 2 years with no abnormal results, my remission period had been shortened and I was clear to start having my CST every 5 years.

My tips for Australian women about cervical health:

- Have regular CSTs. If you think getting a CST is awkward or uncomfortable, I promise having them every 3 months instead of every few years is more awkward. As is having multiple doctors look down there.
- Don't smoke. There are many studies which show the link between smoking and cervical cancer, something that my Doctor attributes my diagnosis to.
- Always wear protection to lower your risk of getting HPV.
- Get vaccinated. People ask for a cure, but we have the next best thing.