

# Laparoscopic radical hysterectomy for early stage cervical cancer

**Understanding NICE guidance –  
information for women considering  
the procedure, and for the public**

November 2003



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**Laparoscopic radical hysterectomy for early stage cervical cancer  
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Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0364. A version in Welsh and English is also available, reference number N0365. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0365. The NICE interventional procedures guidance on which this information is based is available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). Copies can also be obtained from the NHS Response Line, reference number N0363.

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## Contents

<b>About this information</b>	<b>4</b>
<b>About laparoscopic radical hysterectomy for early stage cervical cancer</b>	<b>5</b>
<b>What has NICE decided?</b>	<b>8</b>
<b>What the decision means for you</b>	<b>9</b>
<b>Further information</b>	<b>10</b>

## About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called laparoscopic radical hysterectomy. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether laparoscopic radical hysterectomy is safe enough and works well enough for it to be used routinely for the treatment of early stage (stages I and IIA) cervical cancer.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of laparoscopic radical hysterectomy and how well it works
- asked experts for their opinion
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).

## About laparoscopic radical hysterectomy

Cervical cancer is cancer of the neck of the womb. Early stage (stages I and IIA) cervical cancer means that cancerous cells are in the cervix only, or they have spread to the upper area of the vagina but no further.

Hysterectomy is the removal of a woman's uterus (womb) in an operation carried out under general anaesthetic. It is the most commonly performed major gynaecological operation. After a hysterectomy, a woman does not have periods and she cannot become pregnant. When a hysterectomy is used to treat cancer, most of the structures connected to the uterus also need to be removed. This is known as a radical hysterectomy.

In laparoscopic radical hysterectomy, the uterus, the tissues holding it in place, the lymph nodes (part of the body's immune system) in the tissues around the uterus, and a small part of the vagina are removed. The surgeon inserts a small tube carrying a tiny telescope (laparoscope) through a small cut in the abdomen (usually through the navel), so that he or she can see the internal organs. The surgeon inserts other specialised tube-like instruments through small cuts in the abdomen to remove the uterus and surrounding tissues.

The most common form of radical hysterectomy involves the surgeon removing the uterus through a larger cut in the abdomen. Another method of radical hysterectomy using a laparoscope involves removing the uterus through the vagina.

## How well it works

### What the studies said

NICE looked at two studies. In one study, the disease came back in 8 out of 78 women who had laparoscopic radical hysterectomy for cervical cancer. No recurrences of cancer were reported among the 41 women in the other study. These studies were not large enough to show whether laparoscopic radical hysterectomy is a good way of making sure the cervical cancer does not come back.

### What the experts said

The experts agreed that laparoscopic radical hysterectomy is not a new treatment, but a variation of an established one. It requires a good deal of skill to perform and generally only a few doctors specialising in gynaecological cancers regularly perform this procedure.

## Risks and possible problems

### What the studies said

One of the two studies reported complications in 9 out of 100 women, which included one woman with leakage of urine through the vagina, and two women with small cyst-like collections of lymph fluid in the pelvis. However, because the studies NICE looked at were small, it is difficult to tell how safe the procedure is.

### What the experts said

The experts agreed that the laparoscopic procedure potentially had similar complications to those associated with conventional radical hysterectomy, but that it may not be as safe because it is a more difficult operation to perform. They noted that some women had complications after surgery, including damage to the bowel or urinary tract, and to blood vessels in the wall of the abdomen. The experts were also concerned that the risk of the cancer recurring might be higher with laparoscopic radical hysterectomy. However, they did note that there was little evidence available on the effects of laparoscopic radical hysterectomy compared with the conventional method, or on the long-term effects of laparoscopic radical hysterectomy.

NICE noted that, to treat stage I or stage IIA cervical cancer, it is important to remove all of the lymph nodes. It is uncertain whether decisions about the stage of cancer can be made reliably by examining the lymph nodes using a laparoscope.

## What has NICE decided?

NICE has decided that, if a doctor wants to carry out laparoscopic radical hysterectomy, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place. The doctor should provide the patient with written information about the procedure's risks and benefits.

NICE also decided that doctors should make sure that special arrangements are in place for research and monitoring of what happens after a woman has had this treatment.

NICE noted that there is a need to make sure that doctors who want to carry out laparoscopic radical hysterectomy are properly trained according to the Royal College of Obstetricians and Gynaecologists' recommendations.

## What the decision means for you

Your doctor may have offered you laparoscopic radical hysterectomy. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of laparoscopic radical hysterectomy that you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

## Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website ([www.nice.org.uk](http://www.nice.org.uk)) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on laparoscopic radical hysterectomy is on the NICE website ([www.nice.org.uk/IPG024guidance](http://www.nice.org.uk/IPG024guidance)), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0363. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on hysterectomy, a good starting point is NHS Direct (telephone 0845 4647), or NHS Direct Online ([www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)).

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