

Understanding NICE guidance

Information for people who use NHS services

Treating early stage cervical cancer by radical hysterectomy through keyhole surgery

NICE 'interventional procedures guidance' advises the NHS on when and how new procedures can be used in clinical practice.

This leaflet is about when and how a radical hysterectomy through keyhole surgery can be used in the NHS to treat women with early stage cervical cancer. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

Interventional procedures guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

This leaflet is written to help women who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe cervical cancer or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on the back page.

What has NICE said?

This procedure can be offered routinely as a treatment option for women with early stage cervical cancer provided that healthcare professionals are sure that:

- the woman understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

A team of healthcare professionals specialising in gynaecological cancer (cancer of the female reproductive system) should decide who should have this procedure, and it should be done in a hospital specialising in gynaecological cancer. NICE has also said that this procedure requires advanced skills in keyhole surgery. It should only be carried out by surgeons with special expertise and training in radical hysterectomy through keyhole surgery, and they should initially carry out the procedure with another experienced surgeon.

Other comments from NICE

There are different systems for defining stages of cervical cancer. NICE looked only at evidence on early stage cervical cancer.

This procedure may not be the only possible treatment for early stage cervical cancer. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

Treating early stage cervical cancer by radical hysterectomy through keyhole surgery

The medical name for this procedure is 'laparoscopic radical hysterectomy for early stage cervical cancer'.

The procedure is not described in detail here – please talk to your surgeon for a full description.

Early stage cervical cancer means that the cancer has not spread to the walls of the pelvis or the lower part of the vagina.

The most common form of surgery to treat early stage cervical cancer is to remove the womb and structures connected to it, such as the cervix, upper vagina and lymph nodes (glands that are part of the immune system and can become involved by the early spread of cancerous tissue). This is called a radical hysterectomy. It can be carried out either through the vagina, or through open or keyhole surgery. Radiotherapy may also be used, with or without surgery, and is usually combined with chemotherapy. More advanced cervical cancer is generally treated with radiotherapy and chemotherapy.

The procedure is done with the woman under a general anaesthetic. The surgeon inserts a thin telescope (laparoscope) and surgical instruments through several small cuts. The womb and associated structures are then removed.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described here. NICE looked at 10 studies on this procedure.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks this procedure is a suitable treatment option for you, he or she should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

How well does the procedure work?

In a study of 102 women, 82% were still alive when they were checked 3 years after having a radical hysterectomy either through open or keyhole surgery. In another study of 127 women, 92% of women who had keyhole surgery (who were checked after 53 months) and 94% of women who had open surgery (who were checked after 72 months) for a radical hysterectomy were still alive and were disease free. A study of 78 women reported that 94% were still alive 5 years after the procedure.

The cancer returned in 14% of women who had keyhole surgery and 12% of women who had open surgery for a radical hysterectomy in a study of 125 women when they were checked after 26 months.

In a study of 127 women, the average number of lymph nodes that were removed in those treated with keyhole surgery was 23.5 compared with 25.2 in the women treated with open surgery.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that the main success factors are not having to change to open surgery during the procedure, the number of lymph nodes removed, recovery time and length of hospital stay, whether the cancer returns and length of survival.

Risks and possible problems

Some women had a bladder injury during the procedure. This affected up to 10% of women who had keyhole surgery and up to 4% of women who had open surgery. In 1 study, 1 woman developed gangrene of her bladder 3 weeks after having keyhole surgery. Her bladder was removed. She had no cancer recurrence when she was checked at 33 months.

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Another complication was injury to the ureter (the tube that carries urine from the kidney to the bladder) during the procedure. In the studies this happened in up to 4% of women who had keyhole surgery and up to 6% of women who had open surgery for radical hysterectomy. Bowel injury during the procedure was reported in 1–2% of women in 3 studies of 102, 248 and 295 women. In 1 woman the keyhole procedure was changed to an open hysterectomy.

In 3 studies, 2% of 50 women, 1% of 90 women and 5% of 101 women who had keyhole surgery developed an abnormal passageway (called a fistula) from their ureter and some required further surgery. Some women developed a fistula from their vagina to their bladder. In 2 studies this happened in 1% of 90 women and 2% of 50 women. None of the women who were treated with open surgery in studies of 98 and 125 women developed fistulae.

One woman's spleen ruptured and was removed 5 days after having the procedure.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that possible problems include not removing enough lymph nodes and not completely removing the cancer.

More information about cervical cancer

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as PALS) may also be able to give you further information and support. For details of all NICE guidance on cervical cancer, visit our website at www.nice.org.uk

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. Interventional procedures guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'laparoscopic radical hysterectomy for early stage cervical cancer'. This leaflet and the full guidance aimed at healthcare professionals are available at www.nice.org.uk/guidance/IPG338

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2146). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage voluntary organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.