MACMILLAN
CANCER SUPPORT

UNDERSTANDING CERVICAL CANCER

> Vikki, My Macmillan nurse, stopped me from spiraling into despair. She caught me before I got there and explained that she'd be around for me. I was reassured somebody was there.

Kate, diagnosed with cervical cancer

About this booklet

This booklet is about cancer of the cervix (cervical cancer). It is for anyone who has been diagnosed with cervical cancer. There is also information for carers, family members and friends.

The booklet explains the signs and symptoms of cervical cancer, and how it is diagnosed and treated. It also has information about emotional, practical and financial issues.

We hope it helps you deal with some of the questions or feelings you may have. We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

How to use this booklet

The booklet is split into sections to help you find what you need. You don't have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

We have included quotes from people who have had cervical cancer that you may find helpful. Some are from the website **healthtalk.org** Others are from people who have chosen to share their story with us, including Kate, who is on the cover of this booklet. To share your experience, visit **macmillan.org.uk/shareyourstory**

Contents

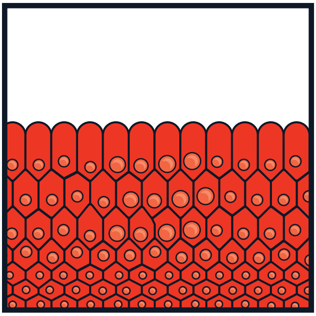
THE CERVIX AND CERVICAL CANCER

What is cancer?

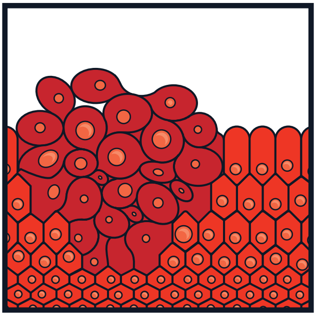
Cancer starts in cells in our body. Cells are tiny building blocks that make up the organs and tissues of our bodies. They divide to make new cells in a controlled way. This is how our bodies grow, heal and repair. Cells receive signals from the body telling them when to divide and grow and when to stop growing. When a cell is no longer needed or can't be repaired, it gets a signal to stop working and die.

Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a **biopsy**. The doctors examine the sample under a microscope to look for cancer cells.

Normal cells



Cells forming a tumour



A lump that is not cancerous (**benign**) may grow but cannot spread to anywhere else in the body. It usually only causes problems if it puts pressure on nearby organs.

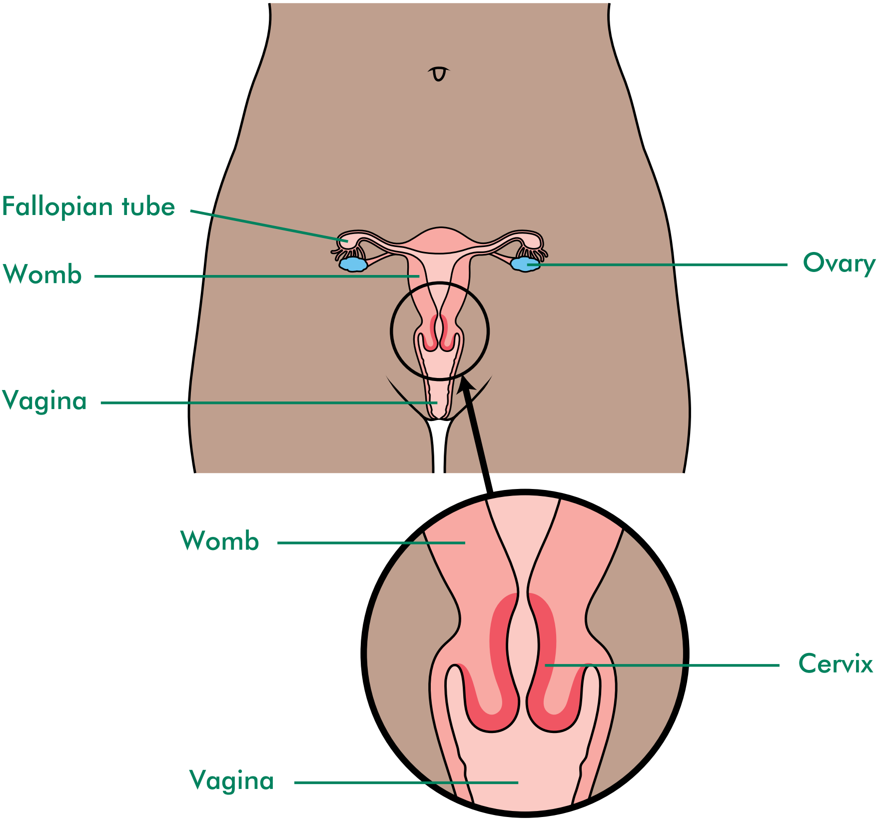
A lump that is cancer (**malignant**) can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or lymphatic system. When the cells reach another part of the body, they may begin to grow and form another tumour. This is called a **secondary cancer** or a **metastasis**.

The cervix

The cervix is the lower part of the womb (uterus) that joins to the top of the vagina. It is sometimes called the neck of the womb.

The womb is a muscular, pear-shaped organ. The lining of the womb is shed each month when a woman has her period.

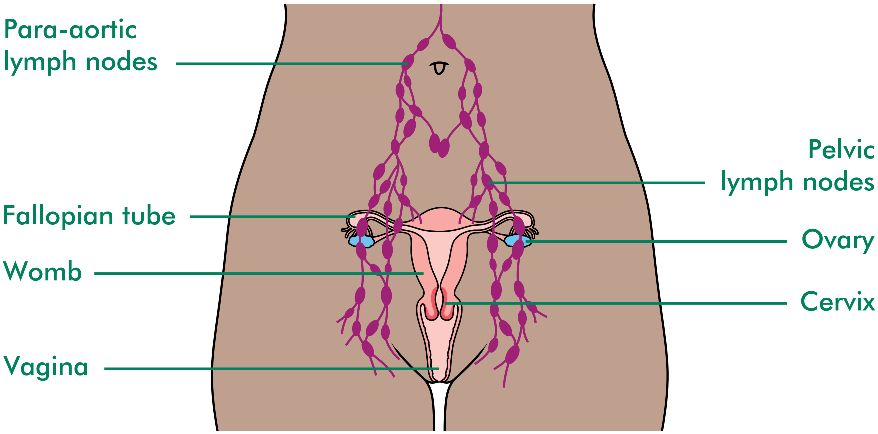
The cervix



The lymphatic system

The lymphatic system helps to protect us from infection and disease. It also drains lymph fluid from the tissues of the body before returning it to the blood. The lymphatic system is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body.

Lymph nodes in the lower abdomen and pelvis



Lymph nodes (sometimes called lymph glands) are small and bean shaped. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection lymph nodes often swell as they fight the infection.

Sometimes, cancer can spread through the lymphatic system. If cervical cancer spreads in this way, it is most likely to affect the lymph nodes in or above the pelvis.

About cervical cancer

Each year, more than 3,200 people are diagnosed with cervical cancer in the UK. This type of cancer can affect all ages.

Cervical cancer develops very slowly from abnormal cell changes in the cervix. These changes do not cause any symptoms, but they may be found with cervical screening tests. If the tests show abnormal cell changes, treatment can prevent cancer developing.

We have more information about cervical screening and treating abnormal cell changes in our booklet **Understanding cervical screening results and CIN**. Call us on **0808 808 00 00** or visit **be.macmillan.org.uk** to order a copy.

Types of cervical cancer

There are two main types of cervical cancer. The most common is squamous cell carcinoma. This develops from a type of cell that covers the outside of the cervix at the top of the vagina.

The other type is adenocarcinoma. This develops from a different type of cell found in the cervical canal (the endocervix).

Rarer types of cervical cancer

Other types of cervical cancer include:

- adenosquamous carcinoma
- clear cell carcinoma
- neuroendocrine carcinoma or small cell carcinoma of the cervix
- lymphoma
- sarcoma.

These types are much less common and may be treated differently. If you need more information, our cancer support specialists on **0808 808 00 00** may be able to help.

Risk factors for cervical cancer

HPV

The main risk factor for cervical cancer is an infection called the human papilloma virus (HPV). There are over 100 types of this virus. Some types can affect the cervix and cause the abnormal cell changes that may develop into cervical cancer.

HPV is very common and most people are infected with it at some point. It can be passed on through any type of sexual contact with a man or a woman. It is often shared between sexual partners. Using a condom or other barrier contraception may reduce the risk of infection with HPV, but it does not offer complete protection.

Usually, the body's immune system gets rid of the virus naturally. There are no symptoms and often the virus does not cause damage. Most people will never know they had it.

In some people, the immune system does not clear the infection and the virus stays in the body for longer. We do not know exactly why this is. If the virus affects the cervix for longer, it can start to cause damage that may eventually cause cancer.

Cervical cancer itself is not infectious. You cannot catch cancer or pass it on to other people.

The NHS offers a vaccine to girls between the ages of 11 and 13 to prevent HPV.

Other risk factors

Some other factors may make cervical cancer more likely to develop.

A weak immune system

Your immune system helps protect your body from infection and illness. A weak immune system is less likely to get rid of infections like HPV. Your immune system can be weakened by:

- smoking
- not eating a healthy, balanced diet
- some conditions, such as HIV.

Smoking

As well as making the immune system weaker, the chemicals in cigarette smoke may also cause cervical cancer.

Contraceptive pill

If you take the contraceptive pill for more than 5 years, this may increase your risk of developing cervical cancer. Usually, the benefits of taking the pill outweigh the risks. Regular cervical screening tests can reduce your risk by finding and treating abnormal changes before cancer develops.

Symptoms of cervical cancer

Common symptoms of cervical cancer can include:

- heavier periods than you normally have
- vaginal bleeding between periods
- vaginal bleeding after sex
- vaginal bleeding after the menopause (after you have stopped having periods).

Other symptoms include:

- a smelly vaginal discharge
- urine infections that keep coming back
- pain in the lower tummy or back.

Very early-stage cervical cancer may not cause any symptoms. It is usually found and treated because of cervical screening tests.

If you get symptoms between your regular cervical screening appointments, do not wait for your next appointment. Talk to your GP or practice nurse and get checked out. These symptoms can be embarrassing, but your GP or practice nurse will understand.

> ‘If I could give one piece of advice, I would say: get yourself checked out. I dismissed the signs, thinking cancer could never happen to me, but I was wrong.’
>
> **Kate**

> ‘When I was given the diagnosis, I was shell shocked. I didn’t think it was happening to me.’
>
> **Kate**

DIAGNOSING CERVICAL CANCER

How cervical cancer is diagnosed

Usually, you begin by seeing your family doctor (GP). They will examine you and may refer you to the hospital for a specialist assessment and tests.

If your GP suspects you may have cancer, they will refer you urgently to the hospital and you will be seen within 2 weeks.

If you have had an abnormal smear test following your cervical screening test, you may be referred directly for a colposcopy.

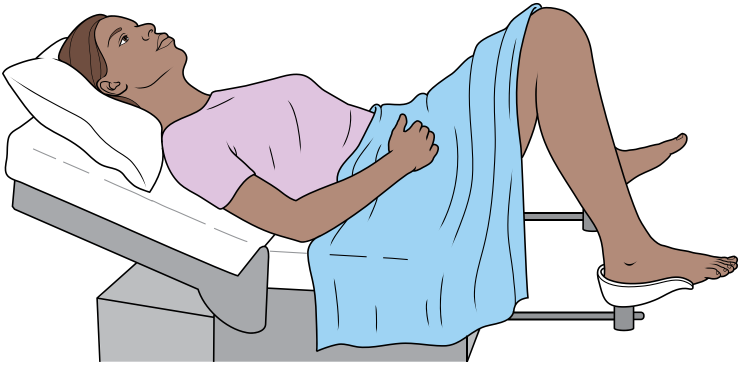
Colposcopy

This test uses a microscope called a colposcope to look closely at your cervix. You can usually have it done at a hospital outpatient clinic.

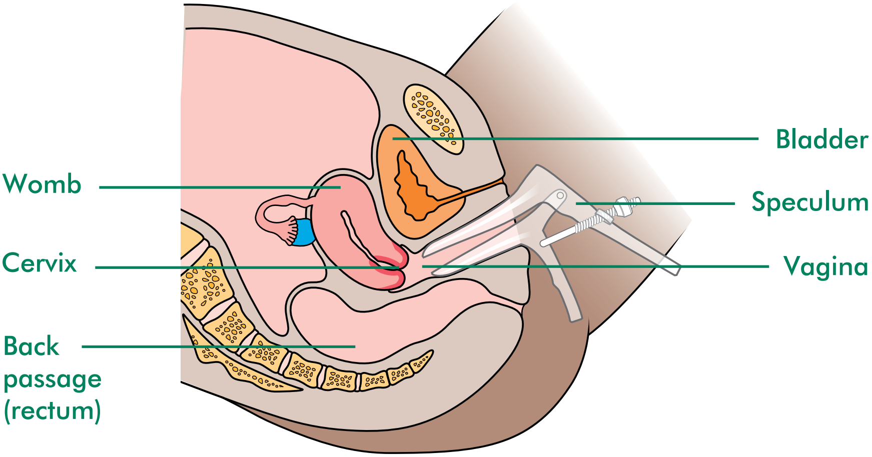
A specialist doctor or nurse will do the colposcopy. To get ready for the test you undress from the waist down. You then lie on your back on an examination couch. Some clinics have ones with foot or leg supports you can rest your legs up on. You will be asked to lie with your knees bent and apart. The doctor or nurse puts an instrument called a speculum into your vagina. This holds the vagina open so that they can see your cervix. They put a liquid on your cervix to show any abnormal areas. They then shine a light onto your cervix and look at it through the colposcope. The colposcope is on a stand outside your body, between your legs or feet.

The doctor or nurse may take a small sample of cells from the cervix (a biopsy). These will be sent to a laboratory to be looked at.

Getting ready for a colposcopy



How a colposcopy is done



A colposcopy takes 15 to 20 minutes. It is not usually painful, but if a biopsy is taken you may feel some discomfort. The biopsy can cause slight bleeding and you may have some vaginal bleeding for up to 2 weeks. You may be advised not to have penetrative sex, use tampons or go swimming for a few days after a biopsy. This is to reduce the risk of infection and to give your cervix time to heal.

Large loop excision of the transformation zone (LLETZ)

LLETZ is a common way to remove abnormal cells from the cervix. It is sometimes called LEEP (loop electrosurgical excision procedure).

LLETZ takes about 5 to 10 minutes. It is usually done under local anaesthetic as an outpatient. If a larger area of the cervix is to be removed, you may need a general anaesthetic. In this case, you may have a night in hospital before you go home.

Some local anaesthetic is used to numb your cervix. Then the doctor or nurse removes the abnormal area using a thin, loop-shaped tool. The loop is heated with an electric current. This cuts and seals the tissue at the same time. This should not be painful, but you may feel some pressure inside your cervix.

The removed area of tissue will be sent to a laboratory to be checked and to confirm the type of abnormal cell changes.

It is usual to have some light bleeding or discharge afterwards. This can last for a few weeks.

You may be advised not to use tampons and to avoid sex, swimming, and baths for a few days. This is to reduce the risk of infection and to let the cervix heal. Follow the advice you are given.

Needle excision of the transformation zone (NETZ)

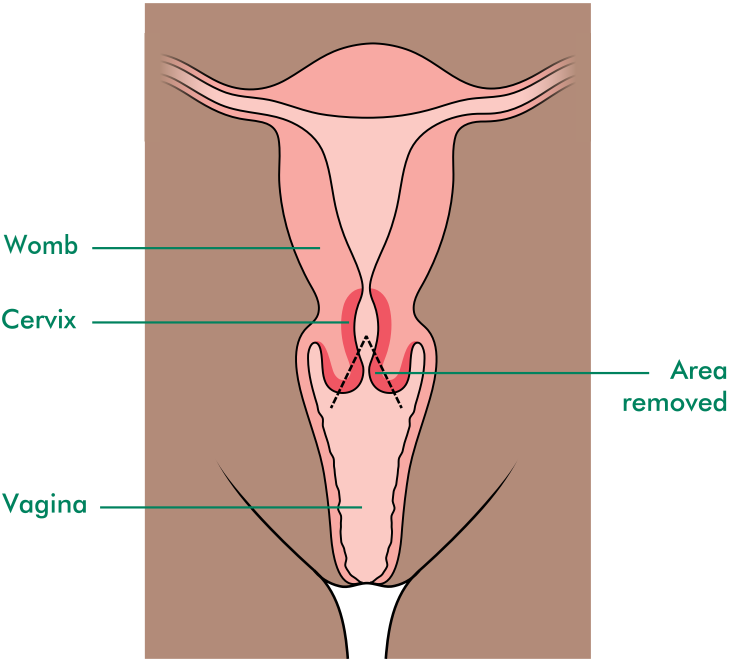
This is similar to a LLETZ, except that the thin wire used to cut away the affected area is straight, rather than in a loop.

Cone biopsy

A cone biopsy is a small operation to cut a small, cone-shaped piece of tissue from the cervix. It can also be used to treat very early stage cervical cancer (see pages 26 to 28).

The procedure is usually done under a general anaesthetic and you may need to stay in hospital overnight. Afterwards, you may have a small pack of gauze (like a tampon) in the vagina to prevent bleeding. You may also have a tube to drain urine from the bladder while the gauze pack is in place. The gauze pack and tube are usually removed within 24 hours. Then you can go home. The cone-shaped piece of tissue will be sent to a laboratory to be checked and to confirm the type of abnormal cell changes.

Area of cervix removed



Further tests

If tests show you have cervical cancer, you will need to have further tests to see whether the cancer has spread beyond the cervix and to check your general health. This is called staging (see pages 26 to 28). It will help your doctors plan your treatment. These tests may include any of the following:

Blood tests

Samples of your blood may be taken to check your general health, the number of blood cells in your blood (blood count) and how well your kidneys are working.

Chest x-ray

This uses x-rays to take a picture of your chest, to check your lungs and heart.

MRI scan

This test uses magnetism to build up a detailed picture of areas of your body. The scanner is a powerful magnet so you may be asked to complete and sign a checklist to make sure it's safe for you. The checklist asks about any metal implants you may have, such as a pacemaker, surgical clips, bone pins, etc. You should also tell your doctor if you've ever worked with metal or in the metal industry as very tiny fragments of metal can sometimes lodge in the body. If you do have any metal in your body it's likely that you won't be able to have an MRI scan. In this situation another type of scan can be used.

Before the scan, you'll be asked to remove any metal belongings including jewellery. Some people are given an injection of dye into a vein in the arm, which doesn't usually cause discomfort. This is called a contrast medium and can help the images from the scan to show up more clearly. During the test you'll lie very still on a couch inside a long cylinder (tube) for about 30 minutes.

It's painless but can be slightly uncomfortable, and some people feel a bit claustrophobic. It's also noisy, but you'll be given earplugs or headphones. You can hear, and speak to, the person operating the scanner.

CT (computerised tomography) scan

A CT scan takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. The scan takes 10 to 30 minutes and is painless. It uses a small amount of radiation, which is very unlikely to harm you and will not harm anyone you come into contact with. You will be asked not to eat or drink for at least four hours before the scan.

Having a CT scan

You may be given a drink or injection of a dye, which allows particular areas to be seen more clearly. This may make you feel hot all over for a few minutes. It’s important to let your doctor know if you are allergic to iodine or have asthma, because you could have a more serious reaction to the injection.

You’ll probably be able to go home as soon as the scan is over.

PET-CT scan

This is a combination of a CT scan, which takes a series of x-rays to build up a three-dimensional picture, and a positron emission tomography (PET) scan. A PET scan uses low-dose radiation to measure the activity of cells in different parts of the body.

PET-CT scans give more detailed information about the part of the body being scanned. You may have to travel to a specialist centre to have one. You can’t eat for six hours before the scan, although you may be able to drink. A mildly radioactive substance is injected into a vein, usually in your arm. The radiation dose used is very small. The scan is done after at least an hour’s wait. It usually takes 30 to 90 minutes. You should be able to go home after the scan.

Examination under anaesthetic (EUA)

This is an examination of the vagina and cervix, done under a general anaesthetic. It allows your doctor to examine you thoroughly and check the extent of the cancer without causing you discomfort. They may also remove small samples of tissue (biopsy).

During the EUA, your doctor may look into your bladder (cystoscopy) and the lower end of your large bowel (proctoscopy) to see if the cancer has spread.

You may have some slight bleeding for a few days after an EUA. Your doctor or nurse can tell you more about the examination and what to expect afterwards.

Waiting for test results

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk with your partner, family or a close friend. Your specialist nurse or one of the organisations listed on our database, can also provide support. You can also talk things over with one of our cancer support specialists on **0808 808 00 00**.

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you is collected in a national database. This is called the cancer registry. It helps the NHS and other organisations plan and improve health and care services. Your hospital will give information about you, your cancer diagnosis and treatment to the registry automatically, unless you ask them not to. As with all medical records, there are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions about the registry. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out. You can find more information at **macmillan.org.uk/cancerregistry** To find details about the cancer registry in your area, see pages 113 to 114.

Staging

The stage of a cancer refers to its size and whether it has spread beyond the area of the body where it first started. Knowing the extent of the cancer helps the doctors decide on the most appropriate treatment for you.

Number stages

Cervical cancer is divided into four main stages. Each stage then has further sub-divisions:

Stage 1

The cancer cells are only within the cervix.

Stage 1 can be further divided into:

Stage 1A
The cancer can only be seen with a microscope or colposcope.

Stage 1A1
The cancer is 3mm or less deep. It is 7mm or less wide.

Stage 1A2
The cancer is more than 3mm deep but no more than 5mm deep. It is 7mm or less wide.

Stage 1B
The cancer is larger than stage 1A but still confined to the cervix.

Stage 1B1
The cancer is no larger than 4cm.

Stage 1B2

The cancer is larger than 4cm.

Stage 2

The cancer has spread into the upper part of the vagina or the tissues next to the cervix.

Stage 2 can be further divided into:

Stage 2A

The cancer has spread into the upper part of the vagina.

Stage 2A1

The cancer is no larger than 4cm.

Stage 2A2

The cancer is larger than 4cm.

Stage 2B

The cancer has spread into the tissues next to the cervix.

Stage 3

The cancer has spread to the lower part of the vagina, or the tissues at the sides of the pelvic area (called the pelvic sidewall). Stage 3 can be further divided into:

Stage 3A

The cancer has spread into the lower part of the vagina.

Stage 3B

The cancer has spread through to the pelvic sidewall or is pressing on the tubes that carry urine from the kidneys to the bladder (ureters). If the tumour is pressing on a ureter, urine may build up in the kidney.

Stage 4

The cancer has spread to the bladder or bowel or beyond the pelvic area.

Stage 4 can be further divided into:

Stage 4A

The cancer has spread to nearby organs, such as the bladder and bowel.

Stage 4B

The cancer has spread to organs further from the cervix, such as the lungs, liver or bone.

Name stages

Your doctors may use the following names to describe the stage of the cancer:

- **Early-stage cervical cancer** – this usually includes stages 1A to 1B1.
- **Locally advanced cervical cancer** – this usually includes stages 1B2 to 4A.
- **Advanced-stage or metastatic cervical cancer** – this usually means stage 4B.

If the cancer comes back after initial treatment, this is known as recurrent cancer.

TREATING CERVICAL CANCER

Treatment overview

Treatments for cervical cancer include surgery, radiotherapy and chemotherapy. You may have more than one of these treatments.

The treatment you have depends on:

- the stage of the cancer
- the size of the cancer
- your general health
- if you have been through the menopause
- if you want to have children in future.

You and your specialist doctor will decide on the right treatment plan for you. Your doctor is an expert in the most effective treatments. But you know most about your own situation and preferences.

Menopause

If you have not been through the menopause, your doctors may try to protect your ovaries so that you do not have an early menopause. An early menopause means having the menopause before the age of 45.

Fertility

If you want to have children in future, it is important to talk to your doctors about this. You may be able to have treatment that can protect your fertility. If this is not possible, your doctor can refer you to a fertility specialist. You can talk with the specialist about options such as having egg or embryo storage before treatment.

Early-stage cancer

Most cancers of the cervix are diagnosed at an early stage. Surgery is the main treatment. Radiotherapy or radiotherapy and chemotherapy (chemoradiation) is sometimes used:

- instead of surgery, if you are not fit for a big operation
- after surgery, to reduce the risk of the cancer coming back.

Locally advanced cancer

Chemoradiation is the main treatment for locally advanced cancer.

Advanced-stage cancer

Chemotherapy, and sometimes a targeted therapy called bevacizumab, may be used if the cancer has spread to distant parts of your body such as the liver or lungs. It may help to shrink and control the cancer and relieve symptoms. This is called palliative treatment.

How treatment is planned

If you have cervical cancer, your treatment will be planned by a specialist gynaecological cancer team. These teams are based in larger cancer centres, so you may have to travel for your treatment. They will meet to discuss and decide the best treatment for you. They will consider your wishes too.

This multidisciplinary team (MDT) will include:

- a **gynaecological oncologist** – a surgeon who specialises in gynaecological cancers
- **oncologists** – doctors who specialise in cancer treatments such as radiotherapy, chemotherapy and targeted therapy drugs
- a **gynae-oncology nurse specialist**
- a **radiologist** – a doctor who analyses x-rays and scans
- a **pathologist** – a doctor who examines cancer cells under a microscope and advises on the type and grade of the cancer.

It may also include other healthcare professionals, such as a **dietitian**, **physiotherapist**, **occupational therapist**, **radiographer**, **psychologist** or **counsellor**.

After the team has met, your specialist will discuss your treatment options with you. You can ask questions about anything you do not understand or are worried about. You should also be given a telephone number for your specialist nurse or key worker. You can contact them if you have any questions when you get home.

You can also talk to our cancer support specialists on **0808 808 00 00**.

Giving consent

Before you have any treatment, your doctor will explain its aims. They will ask you to sign a form saying that you give permission (consent) for the hospital staff to give you the treatment.

No medical treatment can be given without your consent.

Before you are asked to sign the form, you should be given full information about:

- the type and extent of the treatment
- its advantages and disadvantages
- any significant risks or side effects
- any other treatments that may be available.

If you don’t understand what you’ve been told, let the staff know straight away, so they can explain again. Some cancer treatments are complex, so it’s not unusual to need repeated explanations.

It’s a good idea to have a relative or friend with you when the treatment is explained, to help you remember the discussion.

You may also find it useful to write a list of questions before your appointment.

People sometimes feel that hospital staff are too busy to answer their questions, but it’s important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions.

You can always ask for more time if you feel that you can’t make a decision when your treatment is first explained to you.

You are also free to choose not to have the treatment. The staff can explain what may happen if you don't have it. It's essential to tell a doctor or the nurse in charge, so they can record your decision in your medical notes. You don't have to give a reason for not wanting treatment, but it can help to let the staff know your concerns so they can give you the best advice.

The benefits and disadvantages of treatment

Treatment can be given for different reasons and the potential benefits will vary depending upon your individual situation.

You may be offered a choice of treatments. For example, some people are offered the choice between surgery or chemoradiation. Before you make a decision, it is important to know the possible advantages and disadvantages of each treatment and the side effects each may cause.

If the cancer is advanced and has spread to distant parts of the body, treatment may only be able to control it, improving symptoms and quality of life. However, for some people in this situation the treatment will have no effect on the cancer and they will get the side effects without any of the benefit.

If you've been offered treatment that aims to cure the cancer, deciding whether to accept it may not be difficult. However, if a cure is not possible and the purpose of treatment is to control the cancer for a period of time, it may be more difficult to decide whether to go ahead.

Making decisions about treatment in these circumstances is always difficult, and you may need to discuss in detail with your doctor whether you wish to have treatment. If you choose not to have it, you can still be given supportive (palliative) care, with medicines to control any symptoms.

> ‘Macmillan’s website is really informative, and the Macmillan Support Line. If I didn’t understand something the consultant said, I would remember it and look it up on the website later on. You know you are going to get really good, accurate information from there.’
>
> **Kate**

Second opinion

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion. Getting a second opinion may delay the start of your treatment, so you and your doctor need to be confident that it will give you useful information. If you do go for a second opinion, it may be a good idea to take a relative or friend with you. You may also find it helpful to have a list of questions ready so that you can make sure your concerns are covered during the discussion.

Surgery

Types of surgery

Surgery is the main treatment for stage 1 cervical cancer. It is also sometimes used to treat small stage 2A cancers.

There are different types of operation to remove cervical cancer. These are:

- cone biopsy
- hysterectomy
- trachelectomy.

The type of operation you have will depend on several factors, including:

- the stage of the cancer
- the size of the cancer
- whether you have gone through the menopause
- whether you wish to have children in future.

Whatever type of operation you have, the aim is to remove all of the cancer. The surgeon will remove the cancer and a margin of healthy tissue around it. Depending on the type of operation you have, they may also remove other tissue. After the operation, the surgeon will send all the tissue to a laboratory to be looked at under a microscope.

You may need further treatment to reduce the risk of the cancer coming back if cancer cells are found in:

- tiny blood vessels or lymph vessels inside the tumour
- lymph nodes
- tissue around the tumour.

Your surgeon will usually discuss these results with you at your first follow-up appointment after the operation.

Cone biopsy

A cone biopsy is a small operation to remove a cone-shaped piece of tissue from the cervix (see page 21). This operation is often used to treat the earliest stage of cervical cancer (stage 1A1).

Hysterectomy

A hysterectomy is an operation to remove the womb. It is the standard treatment for early-stage cervical cancer. If you have had the menopause, the surgeon will usually also remove your fallopian tubes and ovaries.

After a hysterectomy, you will no longer be able to become pregnant. Being told that your cancer treatment will mean you can no longer have children can be very difficult. If you are told you need to have a hysterectomy, you can ask your hospital doctor to refer you to a fertility specialist before your surgery. They will be able to discuss possible options for fertility with you (see pages 76 to 77). Women who are interested in surrogacy (another woman carrying a child in her womb for you) may want to store eggs or embryos (fertilised eggs).

Types of hysterectomy

There are two types of hysterectomy that may be done. The type you have will depend on the stage of the cancer.

Simple hysterectomy (also called total hysterectomy)

The surgeon removes your womb and cervix. They may also remove your pelvic lymph nodes. This operation may be done for very early-stage cancers that cannot be seen without a microscope (stage 1A).

Radical hysterectomy

The surgeon removes the upper part of your vagina, your cervix, your womb, the supporting tissue around your womb and cervix (parametrium), and your pelvic lymph nodes.

Trachelectomy

This operation is a type of fertility-sparing surgery. It may be an option for some women who want to have children in the future and who have early-stage cervical cancer.

The surgeon removes your cervix and the upper part of your vagina. They usually also remove the supporting tissues around your cervix. This is called a radical trachelectomy.

Lymph nodes in your pelvis are also removed. The surgeon usually does this through small cuts in your abdomen. This is called laparoscopic surgery (see page 42). It may be done a few days before or at the same time as the trachelectomy.

Your womb is left in place so that it is possible for you to become pregnant in future. The surgeon will usually put a stitch at the bottom of the womb after removing the cervix. This helps to keep the womb closed during pregnancy. After a trachelectomy, there is a higher chance of miscarrying during pregnancy. If you become pregnant, you will be referred to a local specialist maternity service for closer monitoring. The baby will need to be delivered by caesarean section. Your surgeon will explain more about this.

A trachelectomy is very specialised surgery and is not carried out in all cancer hospitals. If it is an option for you, you may need to be referred to another hospital to discuss the benefits and possible risks with a surgeon who specialises in this operation.

How the operation is done

A hysterectomy or trachelectomy can be done in different ways:

- **Abdominal surgery** – the surgeon makes one large cut (incision) in the tummy (abdomen). Afterwards, you have a wound that goes across your tummy close to the bikini line or that goes down from the tummy button to the bikini line.
- **Vaginal surgery** – the surgeon operates through a cut at the top of the vagina. The surgeon may combine this with laparoscopic surgery (see below).
- **Laparoscopic surgery** – the surgeon operates through small cuts in the tummy. They use small surgical instruments and a thin telescope with a video camera on the end (laparoscope). The laparoscope lets the surgeon see inside the body.
- **Robotic surgery** – this is like laparoscopic surgery, but the laparoscope and instruments are attached to robotic arms. The surgeon controls the robotic arms, which can move very delicately, steadily and precisely.

Your surgeon will talk with you about the type of surgery you will have.

Before your operation

If you smoke, try to give up or cut down before your operation. This will help reduce your risk of chest problems and will help your wound to heal after the operation. Your GP can help you if you want to give up smoking.

We have a booklet called **Giving up smoking**. You can order it by calling **0808 808 00 00** or visiting **be.macmillan.org.uk**

If you are having a hysterectomy or trachelectomy, you will go to a pre-assessment clinic a few days or weeks before the operation. You will have tests to check you are fit for surgery, such as blood tests and an echocardiogram (ECG) to check your heart.

A member of the surgical team and a specialist nurse will explain the operation to you. Make sure you discuss any questions or concerns you have about the operation with them. You will also see the doctor who will give you your anaesthetic (the anaesthetist). They will talk to you about the anaesthetic and explain how your pain will be controlled after the operation.

You will usually be admitted to hospital on the morning of your operation. You will be given elastic stockings (TED stockings) to wear during and after the operation. These prevent blood clots forming in your legs.

After your operation

Recovery

How quickly you recover will depend on the type of operation you have and if you had abdominal or laparoscopic surgery.

You will be encouraged to start moving around as soon as possible. While you are in bed, it is important to move your legs regularly and do deep breathing exercises. This is to help prevent chest infections and blood clots. A physiotherapist will show you how to do these exercises. You will also have daily injections of a blood thinning drug to reduce the risk of blood clots. If you have had lymph nodes removed from your groin, you will be encouraged to put your feet up when you are sitting. This helps to reduce leg swelling.

Pain

It is normal to have some pain or discomfort for a few days after surgery. But this can be controlled with painkillers. It is important to let your doctor or nurse know as soon as possible if the pain is not controlled, so that they can change your painkillers.

Immediately after your operation you may have strong painkillers. You may be given them through one of the following:

- By injection into a muscle – The nurses will do this for you.
- An epidural – This is a small, thin tube in your back that goes into the space around your spinal cord. An epidural will give you continuous pain relief.
- A patient-controlled analgesia pump (PCA pump) – The pump is attached to a fine tube (cannula), in a vein in your arm. You control the pump using a handset that you press when you need more of the painkiller. It is fine to press the handset whenever you have pain. The pump is designed so that you cannot give yourself too much painkiller

When you no longer need strong painkillers, you will be given milder painkillers as tablets. You may be given a supply to take home. Tell your nurse or doctor if you are still in pain, so they can adjust the dose or give you a different painkiller.

Going home

Before you go home, you will be given an appointment to attend an outpatient clinic to get the results of the operation and for your post-operative check-up.

A nurse will give you instructions on how to look after yourself as you recover.

If you need to go home with a urinary catheter, the hospital team can arrange for a district nurse to visit you at home to check how things are.

If you have any concerns, talk to the nurse about these. It is important that you follow the advice you are given.

> ‘When I got home from my operation, I found just going up the stairs could be uncomfortable and tiring. But my family was there for support, so I got lots of rest.’
>
> **Paulina**

Vaginal care

After a hysterectomy or trachelectomy, you may have a vaginal discharge for up to six weeks. This is usually reddish-brown in colour. Contact your doctor straight away if the discharge:

- becomes bright red
- is heavy
- smells unpleasant
- contains clots.

Your doctor or nurse will advise you to have a shower daily. They will also advise you not to have sex or place anything in your vagina (such as tampons) for about 6 weeks after your surgery. You should also avoid swimming. This is so the surgical area can heal properly and to reduce the risk of infection.

Sex

Your surgeon will usually advise you not to have sex for at least 6 weeks after your operation. This is to give your wound time to heal properly. After that, you will be able to get back to your usual sex life. But it is not unusual to need more time before you feel ready, especially if you are having other treatments as well (see page 79).

Physical activity

It is important to avoid strenuous physical activity for several weeks after your operation. This is usually for about 6 weeks after laparoscopic surgery and for about 12 weeks after abdominal surgery. You will need to avoid strenuous activities, such as:

- activities that make you breathless
- anything that involves heavy lifting, pushing, pulling or stretching.

Your physiotherapist or nurse will be able to give you advice about physical activity.

Driving

Some women find it uncomfortable to drive for a few weeks after their surgery. Ask your nurse or doctor for advice on when it will be safe for you to start driving again. Some insurance companies have guidelines about this. You may want to contact your insurer to check you are covered to drive.

Getting support

Some women take longer than others to recover from their operation. If you are having problems, it may be helpful to talk to someone. Your clinical nurse specialist or our cancer support specialists (**0808 808 00 00**) are always happy to talk to you. They may be able to put you in touch with a counsellor or a support group in your area, so you can discuss your experiences with other women who are in a similar situation. You can also go to our Online Community (**community.macmillan.org.uk**) to share experiences and information with other women going through the same thing.

Possible long-term complications of surgery

Some women may have bladder, bowel or sexual problems after a radical hysterectomy or radical trachelectomy. This can happen if nerves that control the bladder, bowel or sexual response are damaged during the operation. Your surgeon may use nerve-sparing or nerve-preserving surgery to reduce the risk of these complications.

If your lymph nodes have been removed, there is a risk you will develop swelling in one or both legs. This is called lymphoedema (see pages 64 to 65). It is caused by a build-up of lymph fluid that cannot drain away because the lymph nodes have been removed. It is more likely to happen if you have radiotherapy or chemoradiation to the pelvic area after surgery.

If you develop any problems after your surgery, tell your surgeon or nurse so that you can get the right kind of help.

Most women will not have long-term complications after surgery for cervical cancer. However, if you have radiotherapy or chemoradiation as well as surgery, you are more likely to develop long-term complications.

Having radiotherapy

Radiotherapy

Radiotherapy treats cancer by using high-energy x-rays. These destroy the cancer cells while doing as little harm as possible to normal cells. Radiotherapy is often given with chemotherapy. This is called chemoradiation (see page 66).

When radiotherapy is used

You may have radiotherapy:

- if you have early or locally advanced cervical cancer
- after surgery if there is a high risk of the cancer coming back
- to help relieve symptoms such as bleeding.

Early menopause

Radiotherapy for cervical cancer affects the ovaries. If you are still having periods, radiotherapy will bring on an early menopause. You may have a period during the course of radiotherapy but no more after this. Your healthcare team will discuss this with you before your treatment starts. They can also give you information about treatments to manage menopausal symptoms (see pages 77 to 78).

Some women have an operation to move their ovaries higher up out of the radiotherapy site. Doctors call this ovarian transposition. You have it before radiotherapy starts. The aim is to prevent an early menopause. Whether it can be done will depend on the stage of the cancer and the risk of cancer having spread to the ovaries. Your cancer doctor can talk this over with you.

The ovaries can be moved using laparoscopic (keyhole) surgery (see page 42). Sometimes they are moved during a hysterectomy for cervical cancer. The surgeon may do this if radiotherapy might be needed after surgery. Ovarian transposition is not always successful at protecting the ovaries. Some women will still have an early menopause.

Fertility

As well as affecting the ovaries, radiotherapy for cervical cancer also affects the womb. Afterwards, the womb cannot carry a child. If you would like to have children in future, your cancer doctor can refer you to a fertility specialist. They can see you before you begin treatment to talk through your fertility options (see pages 76 to 77).

How radiotherapy is given

Radiotherapy for cancer of the cervix may be given:

- externally, from a machine outside the body
- internally, from radioactive material that is put into the treatment area – doctors call this brachytherapy.

You may have both external and internal radiotherapy. The doctor who plans your treatment will discuss this with you.

External radiotherapy

External radiotherapy uses a machine called a linear accelerator. It is like a large x-ray machine. A radiographer gives you the treatment in the radiotherapy department at the hospital. You have it as an outpatient once a day from Monday to Friday, with a rest at the weekend. Each session of treatment takes a few minutes. It usually takes about 5 to 5.5 weeks to have the full course of treatment.

External radiotherapy is painless. It will not make you radioactive and it is safe for you to be around other people. This includes children and pregnant women.

Planning your treatment

Your radiotherapy will be planned by your clinical oncologist with the support of a technical team. The planning is done to make sure that:

- the radiotherapy targets the cancer accurately
- it causes as little damage as possible to nearby tissue.

Cervical cancer is often treated with image-guided radiotherapy (IGRT). This means that, as well as a first planning visit, you will have further planning done at each treatment. This involves having images taken before each treatment to check the size and position of the tumour. Then adjustments can be made to allow for any changes.

First planning visit

Your first planning visit will take 30 to 60 minutes. The staff in the radiotherapy department will explain what to expect. It is important you feel involved in your treatment, so ask as many questions as you need to. The staff will tell you beforehand if you need to prepare in any way. For example, they may ask you to drink plenty of water or give you an enema to empty your bowel.

You will usually have a CT scan of the area to be treated. This helps your doctor and radiotherapy team plan the precise area for your radiotherapy. Before your scan, they may ask you to remove some of your clothes and to wear a gown.

You may have an injection of dye into a vein when you have the CT scan. This allows particular areas of the body to be seen more clearly. You may also be asked to have a full bladder for the scan and use an enema.

Instead of a CT scan, some people have an MRI scan or a PET/CT scan to help with planning their treatment.

During your scan, you need to lie still on a hard couch. If you feel uncomfortable when the radiographers position you on the couch, let them know so they can make you more comfortable. This is important because, once you are comfortable, the details of your position will be recorded. You will need to lie in the same position on a similar couch for your treatments.

The information from the scan is fed into a planning computer. Your radiotherapy team will use this to work out the precise dose and area of your treatment. It can take up to 2 weeks to plan your treatment.

The radiographer may need to make some small marks on your skin. This is to help them position you accurately and to show where the rays will be directed. These marks must stay visible throughout your treatment. They are usually permanent marks, like tiny tattoos. These will only be done with your permission. It may be a little uncomfortable while they are done.

Treatment sessions

At the beginning of each session, your radiographer will explain to you what you will see and hear. They may ask you to have a full bladder for each treatment. They may also ask you to take off some of your clothes and wear a gown. This lets the radiographers see the tiny marks made on your skin so that they can position you correctly. If you are having IGRT, the radiographer will take images just before each treatment. These images are used to make sure the radiotherapy is targeted precisely at the treatment area.

Once you are comfortable and in the correct position, the radiographers will ask you to keep as still as possible. They will leave the room for a few minutes while you have your treatment. You can talk to your radiographer, who will watch you from the next room via closed-circuit TV (CCTV). The radiotherapy machine does not touch you and the treatment is painless. You may hear a slight buzzing noise from it while you are having your treatment.

Once your treatment session has finished, the radiographers will come back and help you off the treatment couch. You will then be able to go home or, if you are staying in hospital, back to the ward.

Internal radiotherapy

Internal radiotherapy is called brachytherapy. It gives radiation directly to the cervix and the area close by. It is usually given after external radiotherapy.

You have one or more hollow tubes, called applicators, put into your womb or vagina. The radiotherapy is given through these tubes. How you have your treatment depends on whether you have had your womb removed.

Brachytherapy if you have not had a hysterectomy

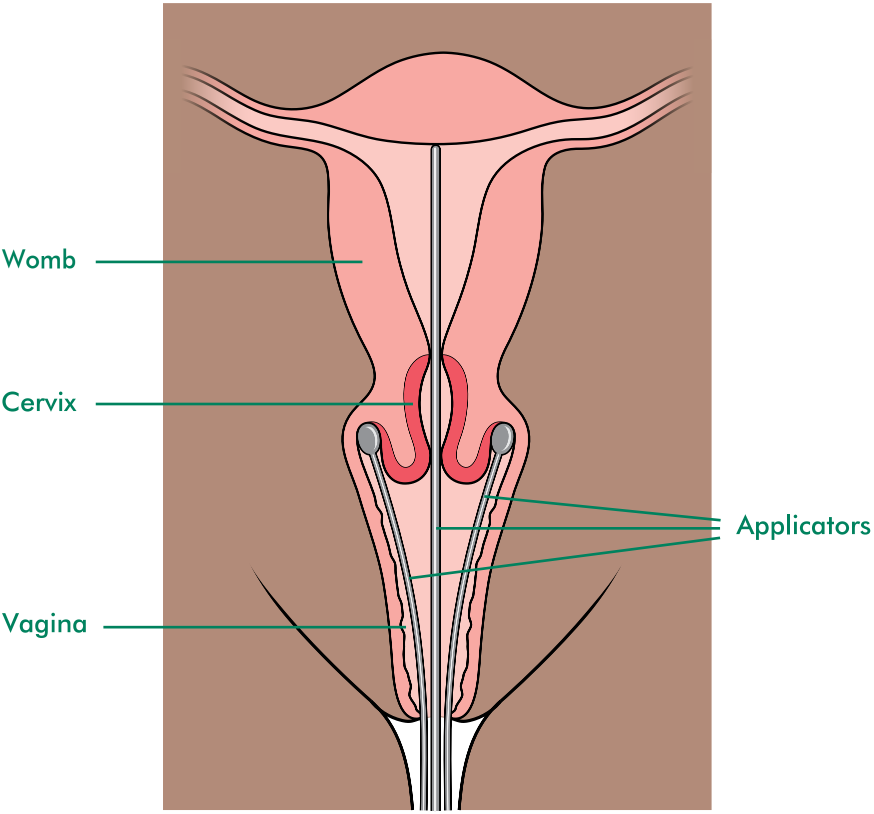
If you have not had a hysterectomy, you will have intrauterine brachytherapy. You have a general anaesthetic or a spinal anaesthetic first. Your doctor will explain this to you.

Your doctor inserts applicators into your vagina. They pass them up through your cervix into your womb. They may also place applicators alongside the cervix.

The doctor may place padding inside your vagina. This is to help protect your back passage (rectum) and prevent the applicators moving. You will also have a catheter put into your bladder to drain off urine.

The applicators can be uncomfortable, so you may need to take painkillers while they are in.

Brachytherapy



Brachytherapy if you have had a hysterectomy

If you have had a hysterectomy, a doctor may place one or two applicators into your vagina. This is called vaginal brachytherapy.

If your treatment involves just one applicator, you will not need an anaesthetic or sedation. But if you are to have two applicators placed, this will be done under a general anaesthetic.

Vaginal brachytherapy is a simpler treatment than brachytherapy if you have not had a hysterectomy. You do not need any particular preparation for the treatment. It is unlikely to cause any immediate side effects.

Having brachytherapy

You will have a scan or x-rays to check the position of the applicators. When it is confirmed that the applicators are in the right position, they are connected to the brachytherapy machine. The machine is operated by a radiographer. It places a radioactive capsule, called a source, into the applicators. The machine then gives the planned dose of radiation.

Internal radiotherapy can be given as high-dose-rate, low-dose-rate or pulsed-dose-rate treatment. Most centres in the UK use high-dose-rate equipment. These different ways of giving internal radiotherapy all work equally well. The type you have will depend on the system your hospital uses. Your cancer specialist and specialist nurse will explain more so that you know what to expect.

High-dose-rate treatment

This is the most common way of giving brachytherapy to the cervix. You have each treatment over a few minutes. You will have several treatments. How high-dose-rate treatments are given varies from hospital to hospital. Usually, each treatment takes about 10 to 15 minutes.

If you stay in hospital, you will have your treatments over several days. The applicators may be removed between treatments. Or they may be left in place and removed after your final treatment.

If you have your treatment as an outpatient, you go to the hospital three or four times over several days or a week. A nurse will remove the applicators before you go home.

You may have a tube (catheter) put into your bladder to drain urine during high-dose rate treatment. A nurse will take this out before you go home.

Low-dose-rate treatment

If you have this treatment, you will usually be in hospital for 12 to 24 hours. But sometimes it may be given over a few days. Your doctor, nurse or radiographer will tell you more about low-dose-rate treatment.

Pulsed-dose-rate brachytherapy

This treatment is given over the same length of time as low-dose-rate treatment. But the radiation dose is given in pulses rather than as a continuous dose. Your doctor, nurse or radiographer will give you more information.

Side effects of radiotherapy

You may develop side effects over the course of your treatment. These usually improve over a few weeks or months after treatment finishes. Your doctor, nurse or radiographer will discuss this with you, so you know what to expect. Tell them about any side effects you have during or after treatment. There are often things that can help.

The side effects of radiotherapy are made worse by smoking. If you smoke, stopping smoking will help. If you want help or advice on how to give up, talk to your clinical oncologist, GP or a specialist nurse. Organisations such as QUIT can also offer advice and support.

We have a booklet called **Giving up smoking** that you may find helpful. You can order a copy at **be.macmillan.org.uk**

Skin changes

Your skin in the area being treated may get dry and irritated. Avoid perfumed soaps or body washes during your treatment. They could irritate your skin. You will be given advice on looking after your skin. Your doctor, radiographer or nurse can give you cream to soothe it if it becomes sore.

You may lose some of your pubic hair. After treatment, it will usually grow back, but it may be thinner than before.

Tiredness

This is a common side effect. It may continue for some months after treatment is over. During treatment, you may need to rest more than usual. But it is good to do gentle exercise, such as walking, when you feel able. Once your treatment is over, gradually increase your activity. Try to balance rest periods with exercise such as walking. This will help build up your energy levels.

> ‘You are just lying there during radiotherapy and almost feel like nothing is happening, but it really drains your energy.’
>
> **Nisha**

Bowel changes

Radiotherapy to the pelvis may irritate your bowel and cause tummy (abdominal) cramps. If you have cramps, tell your doctor, nurse or radiographer. They can give you medication to help.

You may need to open your bowels more often and you may have diarrhoea. Drink plenty of fluids if you have diarrhoea. Your doctor may also prescribe medication to help manage it. Your doctor, nurse or radiographer may suggest you follow a low-fibre diet during treatment and for a few weeks after it. This means avoiding:

- wholemeal bread and pasta
- raw fruit
- cereals
- vegetables.

Changes in your blood

External radiotherapy can reduce the number of blood cells made by your bone marrow. This is more likely to happen if you are having chemoradiation. If your white blood cells are low, you are more prone to infection and may need antibiotics. If your red blood cell count is low, you may feel tired and you may need a blood transfusion. Your hospital team will arrange for you to have regular blood tests if needed.

Bladder changes

Radiotherapy can irritate the bladder. You may feel like you need to pass urine more often. You may also have a burning feeling when you pass urine. Your doctor can prescribe medicines to make passing urine more comfortable. Try drinking at least 2 litres (3.5 pints) of water or other fluids each day to help with the symptoms.

Vaginal discharge

You may have a light vaginal discharge after treatment has finished. If it continues or becomes heavy, tell your clinical oncologist or specialist nurse.

Possible late effects

Radiotherapy to the pelvic area can sometimes cause effects months or years after treatment. These are called late effects. They may be permanent. If they happen, there are lots of ways they can be managed or treated.

We have a booklet called **Managing the late effects of pelvic radiotherapy in women** that you may find helpful. Call us on **0808 808 00 00** or visit **be.macmillan.org.uk** to order a copy.

It is always important to tell your GP or cancer doctor about any new symptoms that develop a long time after treatment. They need to be investigated, as they may not be caused by radiotherapy.

Effects on the vagina

Radiotherapy can make your vagina narrower and less stretchy. The vaginal walls may be dry and thin, and can stick together. This can make penetrative sex and internal examinations uncomfortable.

Your hospital team may recommend you use vaginal dilators to help. Dilators are tampon-shaped plastic tubes of different sizes, which you use with a lubricant.

Although dilators are commonly used, there is no strong evidence about how effective they are. Rarely, they may cause damage to the vagina, especially if they are not used correctly. Your specialist nurse or doctor will explain the best way to use them.

Vaginal dryness

This can feel uncomfortable, particularly during sex. Creams, gels, lubricants or pessaries (small pellets that are put inside the vagina) can help.

There are lots of products you can try. You can buy them in chemists or online, or your doctor can prescribe them.

Moisturisers work by drawing moisture into the vaginal tissue. You apply them regularly.

You can also use lubricants when you have sex to make it feel more comfortable and pleasurable. Lubricants can be water-based or oil-based. You can buy them from chemists, some supermarkets or online.

Vaginal dryness can make you more likely to get infections, such as thrush, so let your doctor know if you have symptoms such as itching or soreness.

Vaginal bleeding

After pelvic radiotherapy, the blood vessels in the lining of the vagina can become fragile. This means they can bleed more easily, especially after sex. Bleeding may also be caused by the vaginal tissue sticking together, or scar tissue causing the vagina to narrow.

If you have any bleeding, always let your cancer doctor or nurse know. They will examine you and explain whether it is likely to be caused by the radiotherapy. If the bleeding is minor, you may find that it does not trouble you much once you know the cause.

Bowel or bladder changes

After radiotherapy, some women may develop changes to the bowel or bladder. It is common to have some mild changes, but much less common to have severe side effects that affect your quality of life.

If your bowel is affected, you may have to go to the toilet more often or more urgently than usual, or you may have diarrhoea.

If the bladder is affected, you may need to go to the toilet more often or more urgently.

The blood vessels in the bowel and bladder can become more fragile. This can cause blood in your urine or bowel movements. If you have bleeding, always tell your cancer doctor or GP so that it can be checked.

Lymphoedema

Pelvic radiotherapy may increase the risk of swelling in one or both legs. This is called lymphoedema. It is not common, but the risk is higher if you have surgery to remove the lymph nodes as well as radiotherapy.

You can reduce the risk of lymphoedema by:

- taking care of the skin on your feet and legs
- avoiding cuts and insect bites on your feet and legs
- treating any cuts, bites or grazes promptly
- seeing your GP without delay if you have any signs of infection in your feet or legs
- doing regular, gentle exercise such as walking
- keeping to a healthy weight.

We have more information about lymphoedema in our booklet **Undestanding lymphoedema** and on our website.

Changes to the pelvic bones

Radiotherapy can cause thinning of the bone in the pelvis. This often does not have any symptoms, but is seen on scans. In some women it may cause fractures in the pelvis called insufficiency fractures. These can cause pain in the lower back or pelvis. If this happens, it can be treated with painkillers and physiotherapy.

Chemoradiation

Radiotherapy is often given with chemotherapy (see pages 67 to 73). Doctors call this chemoradiation. The chemotherapy drugs make the cancer cells more sensitive to radiotherapy. The combination of treatments can be more effective than having radiotherapy alone.

The chemotherapy drug most commonly used is cisplatin. It is usually given once a week throughout your radiotherapy.

The side effects of chemoradiation are similar to radiotherapy side effects. But they can be more severe. Your doctor, radiographer or specialist nurse can give you more information about chemoradiation and the possible side effects of treatment.

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. These drugs disrupt the way cancer cells grow and divide, but they also affect normal cells.

You may have chemotherapy:

- with radiotherapy as your main treatment – this is called chemoradiation (see page 66)
- after surgery and with radiotherapy (chemoradiation) if there is a high risk of the cancer coming back
- if the cancer comes back after treatment
- if the cancer spreads to other parts of your body.

How you have chemotherapy

You may have chemotherapy in the chemotherapy day unit or on the ward. The drugs are usually given into a vein (intravenously).

You will usually have chemotherapy through a small tube (cannula) in your hand or arm.

Sometimes it is given through a soft, plastic tube called a central line or PICC line. These lines go into a large vein in your chest. Chemotherapy can also be given into a thin, plastic tube with a rubber disc (port) under the skin on your upper chest.

Chemotherapy is given into your vein during one or more sessions of treatment. The length of each session will vary depending on the combination of chemotherapy drugs you have. After each session, you will have a rest period. The chemotherapy session and the rest period is called a cycle of treatment.

The length of a cycle depends on the chemotherapy drugs you have, but most cycles are 1 to 3 weeks long. Your doctor or nurse will tell you how many cycles of treatment you will have.

Chemotherapy drugs for cervical cancer

A number of different drugs may be used to treat cervical cancer. Your doctor will explain to you which drugs are best for you. You may be given one chemotherapy drug or two or more in combination. Drugs that may be used include:

- cisplatin
- 5-fluorouracil (5-FU)
- doxorubicin or liposomal doxorubicin
- paclitaxel
- topotecan
- carboplatin
- gemcitabine.

We have more information about these drugs on our website (**macmillan.org.uk**).

Having chemotherapy

Side effects

Chemotherapy may cause side effects. Many of these can be well controlled with medicines and usually go away when treatment finishes. Your doctor or nurse will tell you more about what to expect. Always tell them about any side effects you have, as there are usually ways they can help.

Risk of infection

Chemotherapy can reduce the number of white blood cells in your blood. These cells fight infection. If the number of white blood cells is low, you are more likely to get an infection. A low white blood cell count is called neutropenia.

If you have an infection, it is important to treat it as soon as possible. Contact the hospital straight away on the 24-hour contact number you have if:

- your temperature goes over 37.5°C (99.5°F)
- you suddenly feel unwell, even with a normal temperature
- you have symptoms of an infection – these can include feeling shaky, a sore throat, a cough, diarrhoea or needing to pass urine a lot.

It is important to follow any specific advice your chemotherapy team gives you.

The number of white blood cells will usually return to normal before your next treatment. You will have a blood test before having more chemotherapy. If your white blood cell count is low, your doctor may delay your treatment for a short time.

Bruising and bleeding

Chemotherapy can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot. If you develop any unexplained bruising or bleeding, such as nosebleeds, bleeding gums, blood spots or rashes on the skin, contact your doctor or the hospital straight away.

Anaemia (reduced number of red blood cells)

If chemotherapy reduces the number of red blood cells in your blood, you may become very tired and feel you have no energy. You may also become breathless and feel dizzy and light-headed. These symptoms happen because the red blood cells contain haemoglobin, which carries oxygen around the body.

If your haemoglobin is low you may be offered a blood transfusion. You'll feel more energetic and any breathlessness will be eased.

Feeling sick

Some chemotherapy drugs can make you feel sick (nauseated) or possibly be sick (vomit). Your cancer specialist will prescribe anti-sickness (anti-emetic) drugs to prevent this. Let your doctor or nurse know if your anti-sickness drugs are not helping, as there are several different types you can take. We have a fact sheet about nausea and vomiting.

Tiredness (fatigue)

You're likely to become tired and have to take things slowly. Try to pace yourself and save your energy for things that you want to do or that need doing. Balance rest with some physical activity – even going for short walks will help increase your energy levels.

Our booklet **Coping with fatigue** has more helpful tips. You can order a copy from **be.macmillan.org.uk** or by calling **0808 808 00 00**.

Changes in how your kidneys work

Some chemotherapy drugs can affect how well your kidneys work (kidney function).

Before each treatment your kidneys will be checked with a blood test. You'll be given fluid through a drip (infusion) before and after the treatment to keep your kidneys working normally. The nurses may ask you to drink plenty of fluid and to record what you drink and the amount of urine you pass.

Sore mouth

Your mouth may become sore or dry, or you may notice small ulcers during treatment. Drinking plenty of fluids, and cleaning your teeth regularly and gently with a soft toothbrush, can help to reduce the risk of this happening. Tell your nurse or doctor if you have any of these problems, as they can prescribe mouthwashes and medicine to prevent or clear mouth infections.

Loss of appetite

Some people lose their appetite while they're having chemotherapy. This can be mild and may only last a few days. If you don't feel like eating during treatment, you could try replacing some meals with nutritious drinks or a soft diet. If it doesn't improve you can ask to see a dietitian.

Effects on the nerves

Some chemotherapy drugs can affect the nerves in your hands or feet. This can cause tingling or numbness, a sensation of pins and needles or muscle weakness. It is called peripheral neuropathy.

It is important to tell your doctor if this happens. They may need to change the chemotherapy drug if it gets worse. Usually, peripheral neuropathy gradually gets better when chemotherapy is over, but sometimes it is permanent.

Hair loss

Some chemotherapy drugs may cause hair loss. Some people may have complete hair loss including eyelashes and eyebrows. Others may only experience partial hair loss or thinning. It depends on what chemotherapy drugs you are having (your doctor or nurse can tell you more about what to expect). If you do experience hair loss your hair should start to grow back within about 3 to 6 months of the end of treatment. It may grow back straighter, curlier, finer, or a slightly different colour than it was before. Your nurse can give you advice about coping with hair loss and how to look after your scalp.

Contraception

It is not advisable to become pregnant while having chemotherapy, as the drugs may harm the unborn baby. It is important to use effective contraception during your treatment and for some time afterwards. Your doctors can advise you about this.

Sex

Use condoms if you have sex within the first 48 hours after chemotherapy. This is to protect your partner from any of the drug that may be in vaginal fluid.

Targeted therapy

Bevacizumab (Avastin®) is a targeted therapy treatment sometimes used to treat cervical cancer. It may be used if cervical cancer:

- is advanced
- has come back after treatment.

It cannot cure the cancer, but it may help to control it for a time.

Bevacizumab works by stopping the cancer from making blood vessels. This means that the cancer does not get the oxygen and nutrients it needs and may shrink or stop growing. The treatment is usually given in combination with chemotherapy drugs.

Bevacizumab is given into a vein as an infusion. It is usually given over about 60 minutes. The first dose can sometimes cause an allergic reaction, so it is given more slowly over about 90 minutes.

Side effects are usually mild to moderate. They can include:

- high blood pressure
- headaches
- feeling sick
- a sore mouth
- tiredness
- diarrhoea.

An uncommon but more serious side effect is an area of tissue breaking down in the vagina, bladder or bowel. This can cause a hole, which makes a new opening or fistula between two parts of the body, such as the vagina and bladder. If you have had radiotherapy to the pelvis, there is a higher risk of this happening with bevacizumab.

Your doctor or nurse can tell you more about possible side effects and how they can be managed.

Fertility, menopause and sex

Treatments for cervical cancer may affect your fertility and bring on an early menopause. They may also affect your sex life.

Fertility

If you have pelvic radiotherapy or a hysterectomy, your fertility will be affected. This can be difficult to cope with, even if you have had a family or did not plan to have children. If you have a partner, it is important to discuss your feelings about this together so that you can support each other. Some people find it helpful to talk to someone other than their family and friends. There are support organisations you can contact to share experiences with other people in a similar situation (see pages 111 to 119). You may consider counselling. Your doctor or specialist nurse may be able to arrange this for you. Or there are counselling organisations you can contact.

It is important to discuss any concerns you have about your fertility with your healthcare team before treatment starts. They can tell you what options might be available if you would like to have a child in the future. For example, you may be able to have your eggs or embryos (fertilised eggs) frozen and stored for future use. This would have to happen before treatment starts. Embryo storage may be available on the NHS, but you often have to pay privately for other treatments.

After a hysterectomy or pelvic radiotherapy, you will no longer be able to carry a baby in your womb. But surrogacy may be possible. Surrogacy means that another woman carries the baby for you.

If you need fertility advice or fertility treatment before your cancer treatment, your hospital team will refer you to a fertility specialist.

Menopause

If you have not had a menopause and your ovaries are removed or affected by radiotherapy, you will have an early menopause.

This can cause menopausal symptoms such as:

- hot flushes
- night sweats
- joint and muscle pain
- effects on mood (for example, low mood)
- lower energy levels
- poor sleep
- lack of concentration
- vaginal dryness
- reduced sexual desire.

These symptoms are caused by a low oestrogen level. An early menopause can also increase your risk of bone thinning and heart disease. Your doctor or specialist nurse can talk with you about what can help with menopausal symptoms and what you can do to help protect your bone health and heart health.

We have more information about the menopause, bone health and heart health on our website.

Most specialists recommend that women with early menopause have oestrogen replacement to protect their bones and heart, and to treat menopausal symptoms. Oestrogen replacement can be taken as hormone replacement therapy (HRT) or as a combined oral contraceptive pill. This treatment is usually taken until the average age for women to have the menopause, which is 50 to 52 years old.

Some women worry about taking HRT because of the risk of breast cancer. But when taken to treat an early menopause, HRT does not increase this risk. However, if you have had breast cancer, HRT may not be suitable for you. Your cancer doctor can talk with you about this.

When you are deciding whether to have HRT, it is important to discuss the potential benefits and risks with your doctor. This will help you to decide if HRT is right for you.

An organisation called the Daisy Network (see page 111) supports women who have an early menopause. You may find it helpful to contact them if you need more support.

Sex after treatment

Cervical cancer, its treatments and their side effects may affect your sex life and how you feel about yourself as a woman. This often gradually improves after treatment, although for some women it may take longer.

Cuddles, kisses and massages are affectionate and sensual ways of showing how much you care for someone, even if you do not feel like having sex. You can wait until you and your partner feel ready.

It is common to feel nervous about sex after cancer treatment, but it is perfectly safe for both you and your partner. At first, it may be easier to take more time to help you relax and for your partner to be very gentle.

After radiotherapy or a radical hysterectomy, some women find it harder to get aroused or take longer to orgasm. This might be because of effects on the nerves in the pelvic area. But it may be because of a change in the way you feel about yourself sexually. A sex therapist or counsellor may be able to help you with these issues. Your doctor can refer you to a sex therapist or you can contact a therapist through the College of Sexual and Relationship Therapists (see page 114).

Tell your doctor or nurse if you are having problems with your sex life. They may be able to offer help and support. Many people find it difficult to talk about sexual difficulties because they feel embarrassed or self-conscious. Your doctor or nurse will be used to talking about these issues. But if you feel uncomfortable talking to your doctor or nurse, you can call our cancer support specialists on **0808 808 00 00**.

Research – clinical trials

Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are carried out on patients are known as clinical trials. These may be carried out to:

- test new treatments, such as new chemotherapy drugs or targeted therapies
- look at new combinations of existing treatments, or change the way they are given to make them more effective or reduce side effects
- compare the effectiveness of drugs used to control symptoms
- find out how cancer treatments work
- find out which treatments are the most cost-effective.

Trials are the only reliable way to find out if a different type of surgery, chemotherapy, hormone therapy, radiotherapy, or other treatment is better than what is already available.

Taking part in a trial

You may be asked to take part in a treatment research trial. There can be many benefits in doing this. Trials help to improve knowledge about cancer and develop new treatments. You will be carefully monitored during and after the study.

Usually, several hospitals around the country take part in these trials. It's important to bear in mind that some treatments that look promising at first are often later found not to be as good as existing treatments or to have side effects that outweigh the benefits.

If you decide not to take part in a trial, your decision will be respected and you don't have to give a reason. However, it can help to let the staff know your concerns so that they can give you the best advice. There will be no change in the way that you're treated by the hospital staff, and you'll be offered the standard treatment for your situation.

Clinical trials are described in more detail in our booklet **Understanding cancer research trials (clinical trials)**. We can send you a free copy.

Blood and tumour samples

Blood and tumour samples may be taken to help make the right diagnosis. You may be asked for your permission to use some of your samples for research into cancer. If you take part in a trial you may also give other samples, which may be frozen and stored for future use when new research techniques become available. Your name will be removed from the samples so you can't be identified.

The research may be carried out at the hospital where you are treated, or at another one. This type of research takes a long time, and results may not be available for many years. The samples will be used to increase knowledge about the causes of cancer and its treatment, which will hopefully improve the outlook for future patients.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AFTER YOUR TREATMENT

Follow-up

After your treatment has finished, you will have regular check-ups with your cancer doctor or nurse. These may include a physical examination, blood tests, x-rays or scans.

You can talk to your doctor or nurse about any problems or worries at these check-ups. But if you notice new symptoms or have problems between appointments, contact your doctor or nurse for advice.

Many people find that they get anxious before their appointments. You may worry about the cancer coming back. This is natural. It can help to get support from family, friends or your specialist nurse. Or you can speak to our cancer support specialists on **0808 808 00 00**. Some other organisations also offer support to people affected by cancer of the cervix (see page 111).

Well-being and recovery

After treatment, you may just want to get back to everyday life. But you may still be coping with the side effects of treatment, adjusting to physical changes or dealing with some difficult emotions. Recovery takes time, so do not rush it and try to be kind to yourself.

Some people choose to make lifestyle changes to improve their health and well-being. Even if you had a healthy lifestyle before cancer, you may be more focused on making the most of your health.

Eat healthily

A healthy, balanced diet gives you more energy and will help you to recover. Talk to your GP, specialist nurse or a dietitian if you have any special dietary or medical needs.

We have a booklet called **Healthy eating and cancer** that you may find helpful. Call us on **0808 808 00 00** or visit **be.macmillan.org.uk** to order a copy.

Be physically active

Being physically active after cancer treatment can:

- boost your energy levels
- help you keep to a healthy weight
- reduce stress and fatigue.

It can also reduce your risk of:

- bone thinning, if you have had an early menopause
- health problems such as diabetes, heart disease and some cancers.

Your GP or cancer doctor may be able to refer you to an exercise group for people with cancer. Ask them for advice about what is available in your local area.

We have more information about keeping active on our website and in our booklet **Physical activity and cancer**.

> ‘Once I began to feel better, I took up running and started to walk more. I felt that it did me so much good physically and psychologically.’
>
> **Mia**

Stop smoking and stick to sensible drinking

If you smoke, giving up is the healthiest decision you can make. Stopping smoking reduces your risk of heart and lung disease, bone thinning (osteoporosis), and smoking-related cancers. If you want to stop, your GP can give you advice. We have more information about giving up smoking in our booklet **Giving up smoking**.

Alcohol has also been linked to a higher risk of some types of cancer and to weight gain. If you drink alcohol:

- do not regularly drink more than 14 units in a week
- spread the amount you drink in a week over three or more days
- try to have several alcohol-free days every week.

There is more information about drinking alcohol at **drinkaware.co.uk**

Complementary therapies

Some people use complementary therapies to help them relax or cope with treatment side effects. Some hospitals or support groups offer therapies such as relaxation or aromatherapy. Ask your cancer doctor or nurse what is available in your area.

We have more information about complementary therapies in our booklet **Cancer and complementary therapies**. You can order a copy at **be.macmillan.org.uk** or by calling **0808 808 00 00**.

‘I think, as horrible as cancer is, it has made our family that little bit closer.’

Kate

YOUR FEELINGS AND RELATIONSHIPS

Your feelings

It's common to feel overwhelmed by different feelings when you're told that you have cancer. We talk about some of these here. Partners, family and friends may also have some of the same feelings.

You might have different reactions to the ones we describe here. There is no right or wrong way to feel. You'll cope with things in your own way. Talking to people close to you or other people affected by cancer can often help.

Shock and disbelief

You may find it hard to believe it when your doctor tells you that you have cancer. It's common to feel shocked and numb. You may not be able to take in much information and find that you keep asking the same questions again and again. At first, you might find it hard to talk to family and friends about the cancer. This usually gets easier as the shock wears off and it becomes more real to you. You may find you can't think or talk about anything but the cancer. This is because your mind is trying to process what you're going through.

Fear and anxiety

People can be very anxious or frightened about whether treatment will work and what will happen in the future. This uncertainty can be one of the hardest things to cope with. It can help to try to focus on what you can control. You may want to find out more about the cancer, its treatment and how to manage side effects. It can also help to talk about your feelings and to take time to do things that are important to you and that you enjoy.

Doctors often know roughly how many people can benefit from a type of treatment. But they can’t be sure what will happen to an individual person. Although they may not be able to answer your questions fully, they can usually talk through any problems with you and give you some guidance.

Avoidance

Some people cope by not wanting to know very much about the cancer and by not talking about it. If you feel like this, let your family and friends know that you don’t want to talk about it right now. You can also tell your doctor if there are things you don’t want to know or talk about yet.

Occasionally, this avoidance can be extreme. Some people may not believe that they have cancer. This is sometimes called being in denial. It may stop them making decisions about treatment. If this happens, it’s very important for them to get help from their doctor.

Sometimes, avoidance is the other way around. Family and friends may seem to avoid you and the fact that you have cancer. They may not want to talk about it or they might change the subject. This is usually because they are also finding the cancer difficult to cope with, and they may need support too. Try to let them know how this makes you feel and that talking openly with them about your illness will help you.

Anger

You may feel angry about your illness and sometimes resent other people for being well. These are normal reactions, especially when you feel frightened, stressed, out of control or unwell. You may get angry with the people close to you. Let them know that you are angry at your illness and not at them. Finding ways to help you relax and reduce stress can help with anger. This can include talking about or writing down how you feel, gentle exercise, breathing or relaxation therapy, yoga or meditation.

Guilt and blame

Some people feel guilty or blame themselves or others for the cancer. You may try to find reasons for why it has happened to you. Most of the time, it's impossible to know exactly what has caused a person's cancer. Over time, several different factors may act together to cause a cancer. Doctors don't fully understand all of these factors yet. Instead, try to focus on looking after yourself and getting the help and support you need.

Feeling alone

Some people feel alone because they don't have enough support. Family and friends may live far away, have other commitments or feel uncomfortable because of their own fears about cancer. Try to let your family and friends know how you feel and how they could support you more.

If you need more support, you can call the Macmillan Support Line free on **0808 808 00 00** and talk to one of our cancer support specialists. Our website can help you find out about local support groups – visit **macmillan.org.uk/supportgroups** You can also talk to other people going through the same thing on our Online Community at **macmillan.org.uk/community**

It's normal to have times when you want to be left alone to sort out your feelings. But if you find you're avoiding people a lot of the time, then try to talk to your doctor or nurse.

If you need more help

These feelings can be very difficult to cope with and sometimes people need more help. This happens to lots of people and doesn't mean you're not coping.

If you feel anxious, panicky or sad a lot of the time, or think you may be depressed, talk to your doctor or nurse. They can refer you to a doctor or counsellor who can help. They may also prescribe medicine to help with anxiety or an antidepressant drug.

Our booklet **How are you feeling? The emotional effects of cancer** discusses the feelings you may have in more detail, and has suggestions for coping with them.

If you are a relative or friend

Some people find it hard to talk about cancer or share their feelings. You might think it's best to pretend everything is fine, and carry on as normal. You might not want to worry the person with cancer, or you might feel you're letting them down if you admit to being afraid. Unfortunately, denying strong emotions can make it even harder to talk, and may lead to the person with cancer feeling very isolated.

Partners, relatives and friends can help by listening carefully to what the person with cancer wants to say. It may be best not to rush into talking about the illness. Often it's enough just to listen and let the person with cancer talk when they are ready.

You may find some of the courses on our Learn Zone website helpful. There are courses to help with listening and talking, to help friends and family support their loved ones affected by cancer. Visit **macmillan.org.uk/learnzone** to find out more.

Our booklet **Talking to someone who has cancer** has more suggestions if you have a friend or relative with cancer.

If you're looking after a family member or friend with cancer, you may find our booklet **Looking after someone with cancer** helpful. It's based on carers' experiences and has lots of practical tips and information.

We have more information about supporting someone with cancer at **macmillan.org.uk/carers**

Talking to children

Deciding what to tell your children or grandchildren about your cancer is difficult. An open, honest approach is usually best. Even very young children can sense when something is wrong, and their fears can sometimes be worse than the reality.

How much you tell your children will depend on their age and how mature they are. It may be best to start by giving only small amounts of information, and gradually tell them more to build up a picture of your illness.

Teenagers

Teenagers can have an especially hard time. At a stage when they want more freedom, they may be asked to take on new responsibilities and they may feel over-burdened. It's important that they can go on with their normal lives as much as possible and still get the support they need.

If they find it hard to talk to you, you could encourage them to talk to someone close who can support and listen to them, such as a grandparent, family friend, teacher or counsellor. They may also find it useful to look at the website **riprap.org.uk** which has been developed especially for teenagers who have a parent with cancer.

> ‘Telling our little girl was something the Macmillan nurse really helped with. We kind of broke it down into little bite-sized pieces for her.’
>
> **Kate**

Who can help?

Many people are available to help you and your family.

District nurses work closely with GPs and make regular visits to patients and their families at home if needed.

The hospital social worker can give you information about social services and benefits you may be able to claim. These may include meals on wheels, a home helper or money to help with hospital transport fares. The social worker may also be able to arrange childcare for you during and after treatment.

In many areas of the country, there are also specialist nurses called palliative care nurses. They are experienced in assessing and treating symptoms of advanced cancer. Palliative care nurses are sometimes known as Macmillan nurses. However, many Macmillan professionals are nurses who have specialist knowledge in a particular type of cancer. You may meet them when you're at a clinic or in hospital.

Marie Curie nurses help care for people approaching the end of their lives in their own homes. Your GP or hospital specialist nurse can usually arrange a visit by a palliative care or Marie Curie nurse.

There's also specialist help available to help you cope with the emotional impact of cancer and its treatment. You can ask your hospital doctor or GP to refer you to a doctor or counsellor who specialises in supporting people with cancer and their families. Our cancer support specialists on **0808 808 00 00** can tell you more about counselling and can let you know about services in your area.

WORK AND FINANCIAL SUPPORT

Financial help and benefits

If you are struggling to cope with the financial effects of cancer, help is available.

If you cannot work because you are ill, you may be able to get Statutory Sick Pay. Your employer will pay this for up to 28 weeks of sickness. If you qualify for it, they cannot pay you less.

Before your Statutory Sick Pay ends, or if you do not qualify for it, check whether you can get Employment and Support Allowance (ESA). This benefit is for people who cannot work because they are ill or disabled. There are two different types of ESA:

- contribution-based (contributory) – you can get this if you have paid enough national insurance
- income-related (means tested) – you can get this if you don’t qualify for contribution based ESA or if your income is low.

ESA is gradually being replaced by a new benefit called Universal Credit. This benefit is for people below retirement age who are out of work or on a low income.

Personal Independence Payment (PIP) is a new benefit for people aged between 16 and 64. It is for people who have problems moving around and looking after themselves. You must have had these difficulties for at least three months and expect them to last for at least nine months. PIP replaces an older benefit called Disability Living Allowance (DLA) for adults.

Attendance Allowance (AA) is for people aged 65 or over who have problems looking after themselves. You may qualify if you have problems with personal care, for example getting out of bed, having a bath or dressing yourself. You don't need to have a carer, but you must have had these problems for at least six months. If you are terminally ill, and may be expected to live for less than six months, you can apply for PIP, DLA or AA under the special rules. It does not have to be certain and it does not matter if you live longer than six months. This means your claim will be dealt with quickly and you will get the benefit you applied for at the highest rate.

Help for carers

Carer's Allowance is a weekly benefit that helps people who look after someone with a lot of care needs. If you don't qualify for it, you can apply for Carer's Credit. This helps you to build up qualifying years for a State Pension.

More information

The benefits system can be hard to understand, so it's a good idea to talk to an experienced welfare rights adviser. You can speak to one by calling the Macmillan Support Line on **0808 808 00 00**.

We've just listed some benefits here, but there may be others you can get. You can find out about state benefits and apply for them online at **gov.uk** (England, Wales and Scotland) and **nidirect.gov.uk** (Northern Ireland). These websites have information about financial support, your rights, employment and independent living. You can also get information about these issues from the relevant Department for Work and Pensions helplines or Citizens Advice (see pages 116 to 117).

Our booklet **Help with the cost of cancer** has more detailed information. You might also find our video at **macmillan.org.uk/gettingfinancialhelp** useful.

Insurance

People who have, or have had, cancer may find it hard to get certain types of insurance, including life and travel insurance. A financial adviser can help you look at your needs and find the best deal for you. You can find a financial adviser by contacting one of the organisations on pages 116 to 117.

Our booklets **Insurance** and **Travel and cancer** may also be helpful.

Work

You may need to take time off work during your treatment and for a while afterwards. It can be hard to judge the best time to go back to work, and this will depend mainly on the type of work you do and how much your income is affected. It's important to do what's right for you.

Getting back into your normal routine can be very helpful, and you may want to go back to work as soon as possible. It can be helpful to talk to your employer about the situation – it may be possible for you to work part-time or job share.

On the other hand, it can take a long time to recover fully from cancer treatment, and it may be many months before you feel ready to return to work. It's important not to take on too much, too soon. Your consultant, GP or specialist nurse can help you decide when and if you should go back to work.

Employment rights

The Equality Act 2010 protects anyone who has, or has had, cancer. Even if a person who had cancer in the past has been successfully treated and is now cured, they are still covered by the act. This means their employer must not discriminate against them for any reason, including their past cancer. The Disability Discrimination Act protects people in Northern Ireland.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful. There's also lots more information at **macmillan.org.uk/work**

FURTHER INFORMATION

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

Online information

All of our information is also available at **macmillan.org.uk/information-and-support** There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats** If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk** You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open 7 days a week, 8am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

> 'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'
>
> **Mal**

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area.

Visit **macmillan.org.uk/financialsupport** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **macmillan.org.uk/work**

My Organiser app

Our free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Cervical cancer support organisations

Daisy Network: Premature Menopause Support Group

Email
info@daisynetwork.org.uk
www.daisynetwork.org.uk
A support group for women who have early ovarian failure. The website gives information about premature menopause and related issues. It also has a mailing list for subscribers and details of other helpful groups.

Jo's Cervical Cancer Trust (Jo's Trust)

Tel 020 3096 8100
Helpline 0808 802 8000
Email info@jostrust.org.uk
www.jostrust.org.uk
The only UK charity dedicated to women and their families affected by cervical cancer and cervical abnormalities. Offers information, support and friendship to women of all ages.

Women's Health Concern

Tel 01628 890199
www.womens-health-concern.org
Provides unbiased information to women about their health, well-being and lifestyle concerns, to help them work in partnership with their medical practitioners and health advisers.

General cancer support organisations

Cancer Black Care

Tel 020 8961 4151
Email
info@cancerblackcare.org.uk
www.cancerblackcare.org.uk
Offers UK-wide information and support for people with cancer, as well as their friends, carers and families, with a focus on those from BME communities.

Cancer Focus Northern Ireland

Helpline 0800 783 3339
(Mon to Fri, 9am to 1pm)
Email
nurseline@cancerfocusni.org
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

Cancer Research UK

Helpline 0808 800 4040
(Mon to Fri, 9am to 5pm)
www.cancerresearchuk.org
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Cancer Support Scotland

Tel 0800 652 4531
(Mon to Fri, 9am to 5pm)
Email
info@cancersupportscotland.org
www.cancersupportscotland.org
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's Centres

Tel 0300 123 1801
Email
enquiries@maggiescentres.org
www.maggiescentres.org
Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK

Helpline 0303 3000 118
(Mon to Fri, 9.30am to 5pm)
Email
helpline@pennybrohn.org.uk
www.pennybrohn.org.uk
Offers a combination of physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Riprap

www.riprap.org.uk
Developed especially for teenagers in the UK who have a parent with cancer. Has an online forum where teenagers going through similar experiences can talk to each other for support.

Tenovus

Helpline 0808 808 1010
(Daily, 8am to 8pm)
Email
info@tenovuscancercare.org.uk
www.tenovuscancercare.org.uk
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

Cancer registries

The cancer registry

A national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services. There is one in each country in the UK:

National Cancer Registration and Analysis Service

Tel 020 7654 8000
Email enquiries@phe.gov.uk
www.ncras.nhs.uk
Tel (Ireland) 021 4318 014
www.ncri.ie (Ireland)

Scottish Cancer Registry

Tel 013 1275 7777
Email nss.csd@nhs.net
www.isdscotland.org/Health-Topics/Cancer/Scottish-Cancer-Registry

Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel 029 2037 3500
Email
general.enquiries@wales.nhs.uk
www.wcisu.wales.nhs.uk

Northern Ireland Cancer Registry

Tel 028 9097 6028
Email nicr@qub.ac.uk
www.qub.ac.uk/nicr

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)

Tel 01455 883 300
Email bacp@bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor at **itsgoodtotalk.org.uk**

College of Sexual and Relationship Therapists

Tel 020 8543 2707
Email info@cosrt.org.uk
www.cosrt.org.uk
Promotes high standards of professional practice among sexual and relationship therapists. Has a list of therapists throughout the UK.

UK Council for Psychotherapy (UKCP)

Tel 020 7014 9955
Email info@ukcp.org.uk
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Samaritans

Helpline 116 123
Email jo@samaritans.org
www.samaritans.org
Samaritans branches are located across England, Ireland, Scotland and Wales. Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial or legal advice and information

Benefit Enquiry Line Northern Ireland

Helpline 0800 220 674
(Mon, Tues, Wed and Fri, 9am to 5pm, Thurs, 10am to 5pm)
Textphone 028 9031 1092
www.nidirect.gov.uk/money-tax-and-benefits
Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use their online webchat or find details for your local office in the phone book or by contacting:

England

Helpline 03444 111 444
www.citizensadvice.org.uk

Wales

Helpline 03444 77 2020
www.citizensadvice.org.uk/wales

Scotland

Helpline 0808 800 9060
www.citizensadvice.org.uk/scotland

Northern Ireland

Helpline 0800 028 1181
www.citizensadvice.co.uk

Civil Legal Advice

Helpline 0345 345 4345
(Mon to Fri, 9am to 8pm, Sat, 9am to 12.30pm)
Minicom 0345 609 6677
www.gov.uk/civil-legal-advice
Has a list of legal advice centres in England and Wales and solicitors that take legal aid cases. Offers a free translation service if English isn't your first language.

Department for Work and Pensions (DWP)

Personal Independence Payment (PIP) Helpline
0345 850 3322
Textphone 0345 601 6677
(Mon to Fri, 8am to 6pm)
Carer's Allowance Unit
Tel 0345 608 4321
Textphone 0345 604 5312
(Mon to Thurs, 8.30am to 5pm, Fri, 8.30am to 4.30pm)
www.gov.uk/browse/benefits

Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

GOV.UK

www.gov.uk

Has information about social security benefits and public services in England, Scotland and Wales.

The Money Advice Service

Helpline
0800 138 7777 (English)
0800 138 0555 (Welsh)
(Mon to Fri, 8am to 8pm, Sat, 9am to 1pm)
Typetalk
18001 0300 500 5000
Email enquiries@moneyadviceservice.org.uk
www.moneyadviceservice.org.uk

Runs a free financial health check service and gives advice about all types of financial matters across the UK. Has an online chat service for instant money advice.

Money Advice Scotland

Tel 0141 572 0237
Email info@moneyadvicescotland.org.uk
www.moneyadvicescotland.org.uk

Use the website to find qualified financial advisers in Scotland.

National Debtline (England, Wales and Scotland)

Tel 0808 808 4000
(Mon to Fri, 9am to 8pm,
Sat, 9.30am to 1pm)
www.nationaldebtline.org
A national helpline for people with debt problems. The service is free, confidential and independent. Has an online chat service with an expert debt advisor.

Personal Finance Society – 'Find an Adviser' service

www.thepfs.org/yourmoney/find-an-adviser
Use the website to find qualified financial advisers in your area of the UK.

Unbiased.co.uk

Helpline 0800 023 6868
Email contact@unbiased.co.uk
www.unbiased.co.uk
You can search the website for qualified advisers in the UK who can give expert advice about finances, mortgages, accounting or legal issues.

General health information

British Complementary Medical Association

www.the-cma.org.uk
Tel 0845 129 8434
Promotes ethical, responsible and professional complementary medical care. Has lists of registered therapists throughout the UK.

Health and Social Care in Northern Ireland

www.hscni.net
Provides information about health and social care services in Northern Ireland.

Healthtalk

Email
info@healthtalk.org
www.healthtalk.org
www.healthtalk.org/young-peoples-experiences (site for young people)
Has information about cancer, and videos and audio clips of people's experiences. Also provides advice on topics such as making decisions about health and treatment.

NHS UK

www.nhs.uk
The UK's biggest health information website. Has service information for England.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk
NHS health information site for Wales.

NHS Inform

Helpline 0800 22 44 88
(Daily, 8am to 10pm)
www.nhsinform.scot
NHS health information site for Scotland.

Patient UK

www.patient.info
Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health- and illness-related websites.

Support for carers

Carers Trust

Tel 0300 772 9600
(Mon to Fri, 9am to 5pm)
Email info@carers.org
www.carers.org
Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

Carers UK

Helpline (England, Scotland, Wales)
0808 808 7777
(Mon to Wed, 10am to 4pm)
Helpline (Northern Ireland)
028 9043 9843
Email advice@carersuk.org
www.carersuk.org
Offers information and support to carers across the UK. Has an online forum and can put people in contact with support groups for carers in their area.

Support with hearing loss

Action on Hearing Loss

Helpline 0808 808 0123
(Mon to Fri, 9am to 5pm)
Textphone 0808 808 9000
SMS 07800 000 360
Email information.line@hearingloss.org.uk
www.actiononhearingloss.org.uk
Offers support and practical advice to people in the UK with hearing loss and tinnitus.

Support for older people

Age UK

Helpline 0800 678 1174
(Daily, 8am to 7pm)
www.ageuk.org.uk
Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

Support with sight loss

Royal National Institute of Blind People (RNIB)

Helpline 0303 123 9999
(Mon to Fri, 8.45am to 5.30pm)
Email helpline@rnib.org.uk
www.rnib.org.uk
Offers support and advice to blind and partially sighted people in the UK.

You can search for more organisations on our website at **macmillan.org.uk/organisations** or call us on **0808 808 00 00**.

YOUR NOTES AND QUESTIONS

Disclaimer

Thanks

This booklet has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Professor Nick Reed, Consultant Clinical Oncologist.

With thanks to: Sara Elias, Gynaeoncology Clinical Nurse Specialist; Jane Evans, Macmillan Gynaecological Oncology Clinical Nurse Specialist; Dr Rosie Harrand, Consultant Clinical Oncologist; Dr Alexandra Lawrence, Consultant Gynaecological Oncologist; Ms Eva Myriokefalitaki, Consultant Gynaecological Oncology Surgeon; and Dr Alexandra Taylor, Consultant Clinical Oncologist. Thanks also to the people affected by cancer who reviewed this edition, and to those who shared their stories.

We welcome feedback on our information. If you have any, please contact **cancerinformationteam@macmillan.org.uk**

Sources

We've listed a sample of the sources used in the publication below. If you'd like further information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

ESMO Clinical Practice Guidelines for cervical cancer 2017.
NICE Menopause 2017.
RCOG Fertility Sparing Treatments in Gynaecological Cancers February 2013.

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 WAYS YOU CAN HELP SOMEONE WITH CANCER

Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

This booklet is about cancer of the cervix, which is also called cervical cancer. It is for anyone who has been diagnosed with cervical cancer. There is also information for carers, family members and friends.

The booklet explains the signs and symptoms of cervical cancer, and how it is diagnosed and treated. It also has information about emotional, practical and financial issues.

We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you. For information, support or just someone to talk to, call **0808 808 00 00** (7 days a week, 8am to 8pm) or visit **macmillan.org.uk**.

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

MACMILLAN
CANCER SUPPORT
RIGHT THERE WITH YOU

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The Information Standard
Certified member
This organisation has been certified as a producer of reliable health and social care information.
www.theinformationstandard.org

What's this logo? Visit **macmillan.org.uk/ourinformation**

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Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

FR Registered with FUNDRAISING REGULATOR

If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

27530