Understanding Cervical Cancer
A guide for women with cancer, their families and friends

Cancer Council Helpline
13 11 20
www.cancercouncil.com.au
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Note to reader
Always consult your doctor before beginning any health treatment. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for your doctor’s or other health professional’s advice. However, you may wish to discuss issues raised in this booklet with them. All care is taken to ensure that the information in this booklet is accurate at the time of publication.

Cancer Council NSW
Cancer Council is the leading cancer charity in NSW. It plays a unique and important role in the fight against cancer through undertaking high-quality research, advocating on cancer issues, providing information and services to the public and people with cancer, and raising funds for cancer programs.

This booklet is funded through the generosity of the people of NSW. To make a donation to help defeat cancer, visit Cancer Council’s website at www.cancercouncil.com.au or phone 1300 780 113.

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Introduction

This booklet has been prepared to help you understand more about cervical cancer.

Many women feel understandably shocked and upset when told they have cervical cancer. We hope this booklet will help you understand how cervical cancer is diagnosed and treated. We also include information about support services.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about questions you want to ask your doctors or other health professionals.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. You may also like to pass this booklet to your family and friends for their information. Some medical terms that may be unfamiliar are explained in the glossary.

How this booklet was developed

The information in this booklet was developed with help from medical experts and women who have been affected by cervical cancer. The booklet is based on clinical practice guidelines for cervical cancer.

If you’re reading this booklet for someone who doesn’t understand English, let them know that the Cancer Council Helpline 13 11 20 can arrange telephone support in different languages.
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What is cancer?

Cancer is a disease of the cells, which are the body’s basic building blocks. The body constantly makes new cells to help us grow, replace worn-out tissue and heal injuries. Normally, cells multiply and die in an orderly way.

Sometimes cells don’t grow, divide and die in the usual way. This may cause blood or lymph fluid in the body to become abnormal, or form a lump called a tumour. A tumour can be benign or malignant:

**Benign tumour** – Cells are confined to one area and are not able to spread to other parts of the body. This is not cancer.

**Malignant tumour** – This is made up of cancerous cells, which have the ability to spread by travelling through the bloodstream or lymphatic system (lymph fluid).

How cancer starts

Cancer Council
The cancer that first develops in a tissue or organ is called the primary cancer. A malignant tumour is usually named after the organ or type of cell affected.

A malignant tumour that has not spread to other parts of the body is called localised cancer. A tumour may invade deeper into surrounding tissue and can grow its own blood vessels (angiogenesis).

If cancerous cells grow and form another tumour at a new site, it is called a secondary cancer or metastasis. A metastasis keeps the name of the original cancer. For example, cervical cancer that has spread to the lungs is called metastatic cervical cancer, even though the person may be experiencing symptoms caused by problems in the lungs.
The cervix

The cervix is part of the female reproductive system. The female reproductive system also includes the uterus (womb), ovaries, Fallopian tubes, vagina and vulva.

The cervix is the lower, cylinder-shaped part of the uterus that connects to the vagina. It is also called the neck of the uterus. It has an outer surface that opens into the vagina and an inner surface that faces into the uterus. The inner part is called the cervical canal.

The functions of the cervix include:
- producing moisture to lubricate the vagina
- producing mucus that helps sperm travel up to the Fallopian tube to fertilise an egg from the ovary
- holding a developing baby in the uterus during pregnancy
- widening so the baby can be born via the vagina (birth canal).

The cervix is covered by two kinds of cells, which line the surfaces of many organs and body systems. These are:
- **squamous cells** – flat, thin cells found in the outer layer of the cervix that opens into the vagina (ectocervix)
- **glandular cells or columnar cells** – column-shaped cells that produce mucus and are found in the cervical canal (endocervix).

Glandular cells from the cervical canal are constantly migrating outside the canal. When this happens, the cells undergo changes that convert them back to squamous cells. This change process is called squamous metaplasia, and the area where it takes place is known as the transformation zone.
The female reproductive system

- Fallopian tube
- Uterus (womb)
- Birth canal
- Ovary
- Cervix (neck of uterus)
- Vagina
- Vulva (external genitals)

Glandular cells
Transformation zone
Squamous cells
Cervical cell changes

Sometimes the cells in the cervix start to change and no longer appear normal. This may mean you have a precancerous lesion, which is not cancer but may lead to cancer. Cervical cell changes may be found during a routine Pap smear. This test is explained on page 13.

There are different types of early cell changes, which are also called epithelial abnormalities:

**Atypia** – The cervical cells have changed slightly. The cells may return to normal by themselves or the changes may worsen. If a cell shows signs of atypia, it does not necessarily mean you have cancer or will get cancer. Atypia can also be caused by infection or irritation.

**Squamous abnormalities** – The squamous cells of the cervix are abnormal. This may be classified as a low grade or a high grade abnormality on a Pap smear. High grade abnormalities are precancerous. Although they do not usually cause symptoms, abnormalities may progress to early cervical cancer over about 10–15 years if they are not detected and treated.

These squamous changes are also called cervical intraepithelial neoplasia (CIN) and are graded according to how severe they appear on a biopsy of the tissue (see page 16). Early changes are categorised as CIN 1, and they will usually disappear without treatment. Further abnormal changes are categorised as CIN 2 or CIN 3.
Glandular abnormalities – The glandular cells of the cervix are abnormal. These abnormalities on a Pap smear always require further assessment as they may be either precancerous or cancerous.

If the results from a Pap smear show that your cervix has some abnormal changes, your doctor will recommend that you have either:
• another Pap smear in 6–12 months, to monitor the cells
• a biopsy to look at the cervical cells in more detail, which is done using a microscope called a colposcope (see pages 15–16).

The doctor’s recommendation will be based on the grade of the abnormal changes.

“My doctor said that because I had regular Pap smears, the cancer was picked up while it was small. The treatment was straightforward and my body is intact.”

Ying
Key questions

Q: What is cervical cancer?
A: Cervical cancer is a malignant tumour found in the tissues of the cervix. It occurs when abnormal cells in the cervix turn into cancer cells. The cancer cells break through the surface cells (epithelium) and into the underlying tissue (stroma) of the cervix.

Cervical cancer most commonly begins in the cells of the transformation zone. At diagnosis, the cancer is often just within the cervix, but it may spread to tissues around the cervix (e.g. the vagina) or to other parts of the body.

Q: What types are there?
A: The two main types of cervical cancer are named after the cells they start in:

- **Squamous cell carcinoma** – The most common type, accounting for about 8 out of 10 cases.

- **Adenocarcinoma** – A less common type, starting in the glandular cells. It is more difficult to diagnose, as it is high in the cervix and hard to reach with tools used for testing.

Q: What are the risk factors?
A: The main cause of cervical cancer is an infection called human papillomavirus (HPV). There are also other known risk factors.
**HPV** – Most cases of cervical cancer occur many years after infection with a strain of human papillomavirus, which is the name for a group of wart viruses. HPV is a common infection affecting the surface of different body areas, such as the skin, vagina and cervix. About four out of five people will become infected with a type of HPV at some time in their lives.

Genital HPV is usually spread via the skin during sexual contact. In most women, the virus is cleared quickly by the immune system and no treatment is needed.

The precancerous cell changes caused by HPV can be found by a Pap smear. There is now also a vaccination against HPV – see page 14 for more information.

*Women who have HPV are often unaware they have it. This is because HPV usually doesn’t cause noticeable symptoms.*

**Smoking** – Chemicals in tobacco can damage the cells of the cervix and make cancer more likely to develop.

**Diethylstilbestrol (DES) exposure** – DES is a type of oestrogen-based medication, which was prescribed to women from the 1950s to the early 1970s to prevent miscarriage.

Although rare, studies have shown that the daughters of mothers who took DES have an increased risk of developing a rare type of adenocarcinoma.
Q: How common is it?
A: In Australia, about 780 women are diagnosed with the disease every year. About 1.5% of all cancers in Australian women are cervical cancer.

Since the mid-1990s, the incidence of cervical cancer has decreased significantly. This is because more women are having regular Pap tests as part of the National Cervical Screening Program. It’s expected that the National Immunisation Program will cause a further reduction in cervical cancer cases in the coming years.

Q: What are the symptoms?
A: The early stages of cervical cancer usually have no symptoms. The only way to know if there are abnormal cells in the cervix, which may develop into cervical cancer, is to have a Pap smear (see opposite). If symptoms are present, they usually include:

- vaginal bleeding between periods, after menopause or after intercourse
- pain during intercourse
- unusual vaginal discharge
- excessive tiredness
- leg pain or swelling
- lower back pain.

These symptoms can also be caused by other conditions. However, see your general practitioner (GP) if you are worried or the symptoms are ongoing.
Q: What is a Pap smear?
A: The main role of a Pap smear (also called a Pap test) is to help prevent cancer by detecting abnormal precancerous cells in the cervix. Women who are or who have ever been sexually active should have a Pap smear every two years, at least until age 70.

During the test, a doctor uses an instrument such as a brush or spatula to remove some cells from the surface of the cervix. This may feel slightly uncomfortable, but it usually only takes a minute or two. The sample is placed onto a glass slide or put into a fluid, and then sent to a lab where it is examined under a microscope for any changes.

Occasionally, cancer cells are detected in a Pap smear, but this is uncommon. If you have an abnormal result, your GP may refer you to a specialist (gynaecologist) to discuss:
• whether you need further tests or treatment
• how you will be regularly monitored, including if you will have another Pap smear or more frequent Pap smears. (Women who have had abnormal cell changes should be tested more often, according to their doctor’s advice.)

To learn more, call 13 11 20 to request a free copy of An Abnormal Pap Smear Result: What this means for you.
The HPV vaccine

There is an HPV vaccine that provides protection against two strains of HPV that are known to cause about 70% of cervical cancers. The vaccine also offers some protection against other less common gynaecological cancers in women, including vaginal and vulval cancers.

As part of the National HPV Vaccination Program, the HPV vaccine is free for girls and boys aged 12–13 in Australia. Boys aged 14–15 will also receive the vaccine as part of a catch-up program.

Some older people who are already sexually active may still benefit from the vaccine – for information, including fees, talk to your GP.

The HPV vaccine cannot be given to treat cancer once a woman has already been diagnosed with precancerous cells or cancer. It also doesn’t provide protection against all types of HPV, so it is important to continue to have Pap smears even if you’ve been vaccinated.

For more details, talk to your GP or visit the websites www.immunise.health.gov.au or http://hpv.health.gov.au.
If your Pap smear results show a high-grade abnormality or you have symptoms of cervical cancer, you will need to have further tests to confirm the diagnosis.

Some tests allow your doctor to see the tissue in your cervix and surrounding areas more clearly. Other tests show your general health and whether the cancer has spread. You probably won’t need to have all the tests described in this chapter.

**Colposcopy**

A colposcopy can help identify where abnormal or changed cells are located and what they look like.

Before the procedure, the doctor may coat your vagina and cervix with a fluid that will highlight any abnormal areas. The doctor then puts an instrument called a speculum into your vagina to hold the walls slightly apart. Using an instrument called a colposcope, which looks like a pair of binoculars sitting on a large stand, the doctor can see a magnified picture of your cervix, vagina and vulva. See the diagram on page 16.

A tissue sample (biopsy) may be taken during the colposcopy – see the following page. Some colposcopes are fitted with a camera connected to a TV screen, so you can watch what the doctor is doing if you’d like to.

You may experience some mild discomfort for 10–15 minutes while the colposcopy is performed.
## Biopsy

A biopsy is when your doctor removes some tissue and sends it to the laboratory for examination under a microscope.

To allow the cervix to heal after a biopsy and to reduce the chance of infection, you will probably be advised not to have sexual intercourse or use tampons for 2–3 days. Check with your doctor.

### Side effects

You may feel uncomfortable for a short time when the tissue is removed. After the biopsy, you may experience some pain similar to menstrual cramping. You can ask for medication to relieve any pain. You may also have some bleeding or other vaginal discharge for a few hours after the procedure.

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## Colposcopy

The colposcope is used to view the cervix, vagina and vulva. It is not put into your body.
Large loop excision of the transformation zone (LLETZ)

LLETZ is another type of procedure to remove some cervical tissue for examination. A loop of wire carrying an electric current is used to cut out the abnormal tissue from the cervix. Sometimes the doctor can remove all visible abnormal cells.

The procedure takes about 10 minutes. It may be done under a local anaesthetic in the doctor’s office or under a general anaesthetic at hospital.

Laser surgery is another type of technique used to remove cells. Local anaesthetic is injected into the cervix, then a laser beam is used to remove some tissue. Laser surgery has the same success rates as the LLETZ, and may be a better option if the precancerous cells extend into the vaginal wall or if the lesion on the cervix is very large.

Side effects

After LLETZ or laser surgery, you may have some vaginal bleeding and cramping. This will usually ease in about two weeks. To give your cervix time to heal and to prevent infection, you shouldn’t have sex or use tampons for 4–6 weeks. These procedures do not usually affect your ability to become pregnant in the future, but you may have a slightly increased risk of an early birth.

The doctor may do the LLETZ procedure at the same time as a colposcopy (see page 15).
Cone biopsy

A cone biopsy is used to determine how deeply cancer cells have spread into tissue beneath the surface of the cervix. It is also used to treat very early and very small tumours. If the cancer is large, you may have a cone biopsy followed by further treatment.

The biopsy is done under a general anaesthetic and involves a day or overnight stay in hospital. Results are usually available in a week.

Side effects

Afterwards, it’s common to have some light bleeding or cramping for a few days. Avoid doing anything strenuous for a few weeks, as this could restart the bleeding or make you bleed more heavily. If the bleeding lasts longer than two weeks, becomes heavy or has a bad odour, see your doctor. To allow your cervix to heal and to prevent infection, you should not have sexual intercourse or use tampons for 4–6 weeks.
A cone biopsy may weaken the cervix. If you would like to become pregnant, talk to your doctor before having the cone biopsy. It is usually still possible to become pregnant, but you may be at a higher risk of having a miscarriage or a premature baby. Women who become pregnant may have supportive stitches inserted into the cervix to strengthen it. The stitches are usually removed before birth.

**Further tests**
If a biopsy shows you have cervical cancer, other tests may be needed. These will help determine if the cancer has spread to other parts of the body. This is called staging – see page 21. You may have one or more of the tests on pages 19–21.

**Blood tests and chest x-ray**
Blood samples may be taken to check your general health. The doctor may also take an x-ray of your chest to check your lungs for any signs of cancer.

**CT scan**
A CT (computerised tomography) scan is a type of x-ray procedure that takes pictures of the inside of your body.

Before the scan, you may be asked to drink a liquid called contrast fluid or to insert a tampon into your vagina. This makes the scan pictures clearer and easier to read. Sometimes a liquid is also put into your rectum before the scan. You may also be given an injection of contrast fluid into a vein, which may make you feel hot all over for a few minutes.
People who are allergic to iodine, fish or dye may also be allergic to the dye used in a CT or MRI scan. Make sure you tell your doctor or nurse before the scan about the allergy.

**MRI scan**

An MRI (magnetic resonance imaging) scan uses a powerful magnet linked to a computer to take detailed pictures of areas inside your body. The pictures are taken while you lie on a table that slides into a metal cylinder. The scan takes less than an hour, and most people are able to go home as soon as it is over.

An MRI scan is painless, but some women find that lying in the cylinder is noisy and makes them feel claustrophobic. Let your doctor or nurse know if you feel uncomfortable. They can give you medication to ease this feeling.

**PET scan**

Before a PET (positron emission tomography) scan, you will be injected with a sugar (glucose) solution containing some radioactive material. You will be asked to sit quietly for 30–60 minutes while the solution spreads throughout your body. Cancer cells absorb the solution more than normal cells. When your body is scanned, areas of active cancer show up clearly. The scan takes about one hour.
Examination under anaesthetic
You will be given a general anaesthetic so the doctor can examine your vagina, cervix, bladder and rectum. Your doctor will insert a narrow instrument called a cystoscope into your urethra to examine your bladder. During this examination, you may also have a biopsy (see page 16).

Sometimes if the cancer has spread into the tissues around the cervix, the tubes from the kidneys (ureters) can be blocked. The ureters may then need plastic or metal tubes (stents) inserted to keep the urine draining from the kidneys. These stents may be temporary or permanent.

Staging cervical cancer
The tests used to diagnose cervical cancer show how far the cancer has spread (the stage). Knowing this helps doctors plan the best treatment for you. One of the following stages will be used to describe the cancer:

<table>
<thead>
<tr>
<th>Cervical cancer stages</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>The cancer is found only in the tissue of the cervix.</td>
</tr>
<tr>
<td>Stage 2</td>
<td>The tumour has spread beyond the cervix and uterus to the vagina or other tissue next to the cervix.</td>
</tr>
<tr>
<td>Stage 3</td>
<td>The cancer has spread to the tissue on the side of the pelvis (pelvic sidewall).</td>
</tr>
<tr>
<td>Stage 4</td>
<td>The cancer has spread to the bladder or rectum, or beyond the pelvis to the lung, liver or bones.</td>
</tr>
</tbody>
</table>
I was embarrassed to tell people I had a gynaecological cancer. If you have breast, bowel or lung cancer, people seem to know what to expect. When my body healed and I had time to process it, I felt less self-conscious. Kim

**Prognosis**

Prognosis means the expected outcome of a disease. You will need to discuss your prognosis and treatment options with your doctor, but it is not possible for any doctor to predict the exact course of your disease. However, the sooner cervical cancer is diagnosed, the better the prognosis. Most women with early stage cervical cancer will be cured.

Test results, the type of cancer you have, the rate and depth of tumour growth, how well you respond to treatment, and other factors such as age, fitness and medical history are all important factors in working out your prognosis.

**Which health professionals might I see?**

Your GP will arrange the first tests to assess your symptoms. If these tests do not rule out cancer, you will usually be referred to a gynaecological oncologist for more tests and treatment.

You will be cared for by a range of health professionals who specialise in different aspects of your treatment. This multidisciplinary team (MDT) will probably include:
<table>
<thead>
<tr>
<th>Health professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>gynaecological oncologist</td>
<td>a doctor who has completed specialist training in cancers of the female reproductive system and their treatment</td>
</tr>
<tr>
<td>medical oncologist</td>
<td>a doctor who prescribes and coordinates the course of chemotherapy</td>
</tr>
<tr>
<td>radiation oncologist</td>
<td>a doctor who prescribes and coordinates the course of radiotherapy</td>
</tr>
<tr>
<td>nurses</td>
<td>give treatment and provide care and support while you’re in hospital</td>
</tr>
<tr>
<td>cancer nurse coordinator or cancer care coordinator</td>
<td>supports patients and families throughout treatment and liaises with other staff</td>
</tr>
<tr>
<td>dietitian</td>
<td>recommends an eating plan for you to follow while you are in treatment and recovery</td>
</tr>
<tr>
<td>social worker, psychologist, physiotherapist and occupational therapist</td>
<td>link you to support services and help you and your family address emotional, physical or practical problems</td>
</tr>
</tbody>
</table>
Key points

• A Pap smear is not used to diagnose cancer, but it shows whether there are early cell changes in the cervix that may lead to cancer.

• Examining tissue from the cervix will show if cells are cancerous and allow the doctor to make a diagnosis.

• A colposcopy allows the doctor to look at abnormal cells in the cervix through a viewing instrument called a colposcope.

• A biopsy is when tissue is removed from the cervix for examination under a microscope.

• During a cone biopsy, a cone-shaped piece of tissue is removed from the cervix. This is done in hospital under general anaesthetic.

• A cone biopsy may be used to treat early, small tumours.

• A large loop excision of the transformation zone (LLETZ) or laser surgery removes a sample of tissue from the cervix.

• Further scans or examinations may be done to find out whether the cancer has spread to other parts of the body.

• The cancer will be assigned a stage to describe how far it has spread in the body. Knowing the stage of the cancer allows the doctor to recommend the best treatment for you.

• Prognosis is the estimated outcome of the disease. Generally, the sooner cervical cancer is diagnosed, the better the prognosis.

• You will usually see a gynaecological oncologist, and other health professionals who work together in a multidisciplinary team (MDT).
Your doctor will advise you on the best treatment for the cancer. This will depend on the results of your tests, the location of the cancer and whether it has spread, your age and general health.

The most common treatments for cervical cancer are surgery or a combination of chemotherapy and radiotherapy.

**Surgery**

Surgery is common for women who have small tumours found only within the cervix. The type of surgery will depend on the extent of the cancer.

If the tumour is very small, a cone biopsy may be the only treatment you need (see page 18).

**Hysterectomy**

A hysterectomy is the surgical removal of the uterus and cervix. There are two main types of hysterectomy, which are both performed under a general anaesthetic:

**Total hysterectomy** – The uterus and cervix are removed. This may be done by keyhole surgery (laparoscopy) or by an open cut (laparotomy). Your surgeon will advise you on the best method for you, which will depend on the stage and size of the cancer, the availability of surgeons and your own preference. You will probably spend 2–5 days in hospital.
Radical hysterectomy – The uterus, about 2cm of the upper vagina, and the soft tissue around the cervix are removed. This surgery may damage the nerves in this area, which can affect your bowel or bladder function.

Depending on the extent of the cancer, you may also need to have a bilateral salpingo oophorectomy. This is when the ovaries and the Fallopian tubes are removed. They will be taken out at the same time as the hysterectomy. Women who have a bilateral salpingo oophorectomy and/or a hysterectomy will no longer be able to have children naturally (infertile). For more information on infertility, see page 44.

Removing lymph nodes
Your doctor may decide to surgically remove some lymph nodes in your pelvic and/or abdominal area to see if the cancer has spread beyond the cervix. This is called a lymph node dissection or a lymphadenectomy. If cancer is found in your lymph nodes, your doctor may advise you to have additional treatment.

A lymph node dissection may cause one or both of your legs to swell (lymphoedema). For ways to manage this condition, see the next page.

Trachelectomy
A radical trachelectomy is the removal of only the cervix. This is not a common procedure, but it may be done in young women who have early stage cancer (e.g. a tumour less than 2cm). A trachelectomy preserves a woman’s ability to become pregnant (fertility).
The side effects of a radical trachelectomy are similar to those of a hysterectomy, but it will not cause menopause – you will still have periods (menstruate) after the operation.

**Side effects**

After a hysterectomy and/or bilateral salpingo oophorectomy, you may experience some of the following side effects:

**Problems with bladder or bowel function** – You may feel the sensation of not being able to empty your bladder completely, or emptying your bladder or bowel too slowly. These problems will improve with time. Some women may need to use a small tube inserted into the urethra to help empty their bladder, but this is rare.

**Menopause** – If you have a bilateral salpingo oophorectomy and have not been through menopause before the surgery, the removal of your ovaries will cause you to stop menstruating. See page 40.

**Sexuality issues** – The physical and emotional changes you experience may also affect how you feel about sex. See page 43.

**Lymphoedema** – If some of your lymph nodes are taken out, your legs may swell because your lymphatic system is not working properly. This is called lymphoedema.
Symptoms of lymphoedema may appear straightaway or years after surgery.

You may be able to reduce the swelling by having a form of massage called manual lymphatic drainage, wearing compression garments and doing gentle exercise. A physiotherapist trained in lymphoedema management will be able to give you further advice. You can also call Cancer Council Helpline 13 11 20 for a copy of Cancer Australia’s booklet *Lymphoedema – what you need to know*.

**After the operation**

During the operation, you will be in an operating theatre. When you wake up afterwards, you will probably be in a recovery room.

**Tubes and drips** – You will have several tubes in place. You may have an intravenous (IV) drip to give you fluid and medication, 1–2 tubes in your abdomen to drain fluid from the operation site, and a small plastic tube (catheter) in your bladder will drain urine. These tubes are usually removed 3–5 days after the operation.

After the catheter is removed from your bladder, the nurses will test that your bladder is emptying properly. This test of bladder function is done by measuring the amount of urine you pass each time you go to the toilet, and then checking how empty your bladder is with an ultrasound scan. It is a quick, painless test that is done in the ward.

**Pain and discomfort** – As with all major operations, you may be in pain afterwards. You will be given pain relief medication through
a drip or with an injection of drugs into the spine (epidural). Let your doctor or nurse know if you feel uncomfortable.

**Moving your legs** – While you are in bed, your doctors, nurses and physiotherapist will show you how to move your legs to prevent blood clots and help drain any lymph fluid. As soon as you are able, you should get out of bed and walk around.

**Going home** – If you have a hysterectomy, you may be in hospital for about a week. You can go home when the medical team is satisfied with your recovery and the bladder function test results. Most women feel better within six weeks, but recovery may take longer for some women.

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**tips**

- Rest as much as you need to. Take things easy and only do what is comfortable.
- Walk regularly, if you are comfortable, and wear compression stockings for two weeks, if possible, to reduce the risk of blood clots.
- Drink plenty of water and eat lots of fresh vegetables and fruit so you don’t become constipated. Your doctor may ask you to take laxatives for a few weeks.
- Avoid heavy lifting for at least three months. Ask others for help around the house or access support services – see page 57.
- Check with your doctor when you can drive again. You may have to wait 2–4 weeks after the operation.
- Don’t have penetrative sexual intercourse for about six weeks after the operation to give the wound time to heal properly.
Anne’s story

At age 48, I’d been feeling unwell for what felt like ages: lower back pain, very bloated, tired and nauseous.

I went to my doctor several times, but she initially couldn’t work out what was wrong. I’d had a Pap smear, but it came back normal. Further examinations/scans showed that there were tumours in my cervix and uterus.

I had a cone biopsy to remove some tissue around my cervix. This was day surgery. The tissue that was removed was sent to a pathologist.

When my GP followed up with the pathologist, I found out I had cervical and uterine cancer. It was devastating and frightening news.

Because of the two cancers, I had a radical hysterectomy to remove the affected reproductive organs.

After the operation, I had radiation therapy daily from Monday to Friday for six weeks. The treatment made me feel very tired and also affected my bowels and bladder. However, I didn’t need to have chemotherapy.

For me, the hardest part of cancer and treatment is the ongoing emotional side of it. The physicality of having treatment is one thing, but the emotional rollercoaster was the worst part.

My doctors have told me to be vigilant about anything abnormal, such as any vaginal bleeding or pain. Even five years later, there is a lot of uncertainty.

Sometimes I panic when I feel unwell and rush to my doctor for reassurance. Mostly now, it feels like it was a bad dream, and I focus on living my life to the full.

*It is rare to be diagnosed with two cancers. Call 13 11 20 for support.*
Radiotherapy
Radiotherapy uses x-rays to kill cancer cells or injure them so they cannot multiply. The radiation is targeted at cancer sites and treatment is carefully planned to do as little harm as possible to the healthy body tissues.

Radiotherapy is usually given if you are not well enough for a major operation or if the cancer has spread into the tissues or lymph nodes surrounding the cervix. It may also be used after surgery or in combination with chemotherapy (see page 35).

Many women have both external and internal radiotherapy.

External radiotherapy
In external radiotherapy, x-rays from a machine are directed at the cervix and other parts of your body that need treatment.

The planning session takes about 45 minutes. During this time, a CT scan is used to work out where to direct the x-ray beams.

Preparation before each treatment and the treatment session only take a few minutes. You will lie on a metal table under the radiotherapy machine. Once the machine is turned on, you will be alone in the room, but you will still be able to talk to the radiation therapist through an intercom. The treatment itself is painless.

You will probably have radiotherapy from Monday to Friday for 4–6 weeks as an outpatient. You will have regular blood tests to make sure your red blood cell levels are not getting low (anaemia).
**Internal radiotherapy (brachytherapy)**

You will be given high-dose rate (HDR) brachytherapy. This is when a highly concentrated radiation source is placed inside your body close to the cancer. This means the radiation will be less likely to affect the surrounding organs.

You usually need several sessions every few days or weekly. Each treatment takes a few hours and you can go home the same day.

You will have a CT scan, x-ray, ultrasound or MRI scan to check the location of the tumour and to determine the best dose. During this scan, you may have a small ‘marker’ tube placed in your rectum. This is a temporary tube that helps make the scan clearer.

You will be given a general anaesthetic, then the radiotherapy device (implant) will be inserted into the vagina and cervix. You may have gauze packing and a stitch put into the lips of your vagina (labia) to keep the implant in place. You will have a small tube inserted into your bladder to drain urine (catheter).

You will have another scan to check that the implant has been placed correctly. The implant may feel uncomfortable, but you will be offered pain-relievers. You won’t be able to sit up in bed while the implant is in place.

I had radiotherapy for six weeks, which I found quite difficult. I felt a burning inside my abdomen that is hard to describe.  

Angelica
While the brachytherapy is delivered, you will be lying down alone in the treatment room for 15–30 minutes. You may feel anxious, but talking on the phone or listening to music can help you pass the time. Nurses or other visitors may come into the room during treatment, but when they are in the room, the brachytherapy shuts off automatically. Once people leave the room, the treatment will start again.

Your doctors will monitor you for bleeding following treatment.

**Side effects of radiotherapy**

Side effects vary depending on the strength of the radiotherapy dose and the length of your treatment. Most side effects occur during or soon after you receive treatment, however some women experience long-term side effects.

**Tiredness and loss of appetite** – The radiotherapy will make you feel tired and you may lose your appetite. If you don’t feel like eating, you can replace some meals with nutritious high-calorie drinks available from the chemist. It’s helpful to discuss this with a dietitian.

**Hair loss** – If radiotherapy is aimed at your cervix, you may lose your pubic hair. This hair may grow back after the treatment ends, but it will usually be thinner.
**Diarrhoea** – Radiation can affect bowel function, which can cause diarrhoea. For suggestions on how to manage diarrhoea, see page 40.

**Burning when passing urine (cystitis)** – Radiation passes through the bladder to reach the cervix, which can cause cystitis. You may need to do a urine test to rule out infection, so talk to your doctor about your symptoms. Drinking water, cranberry juice and Ural® (available from chemists), can help relieve cystitis. You can also be given pain relief.

**Menopause** – Radiotherapy will cause your ovaries to stop working permanently (if they weren’t surgically removed). If you haven’t already been through menopause, you will experience menopausal symptoms. See page 40.

**Shortening and narrowing of the vagina** – Radiotherapy may cause internal scar tissue to form, which sometimes shortens and narrows the vagina. This is called vaginal stenosis. For more information about how treatment may affect your sexuality, see pages 43–44.

To understand more about radiotherapy, chemotherapy and coping with side effects, call Cancer Council Helpline 13 11 20 for free copies of the booklets *Understanding Radiotherapy*, *Understanding Chemotherapy* and *Nutrition and Cancer*, or download them from your local Cancer Council website.
Chemotherapy

Chemotherapy uses drugs to kill or slow the growth of cancer cells. The aim is to destroy fast-growing cancer cells while causing the least possible damage to healthy cells. However, some healthy, fast-growing cells in your body, such as hair and bone marrow cells, may be affected.

Chemotherapy is usually given through a vein (intravenously). You may need to stay overnight in hospital or you may be treated as an outpatient. The number of chemotherapy sessions you have will depend on the type of cancer and what other treatment you are undergoing. If your only treatment is chemotherapy, you will probably have it up to six times every 3–4 weeks over several months. If you require chemoradiation (see page 36), you will usually receive chemotherapy every week.

Side effects

The side effects of chemotherapy vary according to the drugs used. You may experience nausea or vomiting, feel tired, or lose some hair from your body or head. Some women’s periods stop for a while and they may experience premature menopause.

While you’re having treatment, the chemotherapy may also reduce the number of blood cells in your body. Depending on the type of blood cells affected, you may feel very tired and be more prone to infections such as colds and flu.

Most side effects are temporary and there are ways to prevent or reduce them. Tell your medical team if you experience side effects.
Palliative treatment

Palliative treatment helps to improve people’s quality of life by alleviating symptoms of cancer without trying to cure the disease. It is particularly important for people with advanced cancer. However, it is not just for end-of-life care and it can be used at any stage of cancer.

Often treatment is concerned with pain relief and stopping the spread of cancer, but it also involves the management of other physical and emotional symptoms. Treatment may include radiotherapy, chemotherapy or other medication.

For more information, visit your local Cancer Council website to read Understanding Palliative Care or Living with Advanced Cancer.
Key points

- If you have a cone biopsy or a large loop excision of the transformation zone (LLETZ) for early cancer, you may not need other treatment.

- When the cancer is more extensive, you will usually need surgery and/or a combination of chemotherapy and radiotherapy.

- You may have a hysterectomy, which is the surgical removal of the uterus and cervix. Some women also need a bilateral salpingo oophorectomy, which is an operation to remove the ovaries and Fallopian tubes.

- A trachelectomy removes only the cervix. This is not a common procedure and is used more often for young women with cervical cancer.

- Sometimes the doctor takes out the lymph nodes in the pelvic region too. This is a lymphadenectomy.

- It may take many weeks to recover from surgery. Avoid heavy lifting, driving and sexual activity for a period of time.

- Radiotherapy uses x-rays to kill or damage cancer cells. You may have external or internal radiotherapy (brachytherapy), or both.

- Chemotherapy drugs are used to kill or weaken cancer cells. Drugs are usually given intravenously every 3–4 weeks.

- Chemoradiation is a combination of chemotherapy and radiotherapy. It is usually given to women with advanced cervical cancer.

- Treatment can cause temporary or permanent side effects. Your medical team can help you manage your side effects.

- Palliative treatment can treat symptoms and side effects at any stage of cancer.
Managing side effects

Recovery from treatment for cervical cancer may take some time. As well as causing physical changes, you may find that cancer has also affected you emotionally.

Side effects vary from person to person. Some women don’t experience any side effects; others may experience a few. Side effects last from a few weeks to many years. Fortunately, there are ways to reduce or manage the discomfort that side effects cause, and most go away in time.

This chapter provides information on side effects that are common to more than one type of treatment for cervical cancer. See also Cancer Council’s booklets Understanding Radiotherapy and Understanding Chemotherapy for more information.

Tiredness

Many women who are treated for cervical cancer find that tiredness or fatigue is a major issue, particularly if they have radiotherapy and chemotherapy. The tiredness may continue for some time, even after treatment has finished. Some women find it takes them several months or even a year or two to feel really well again.

Feeling tired is not only a side effect of the treatments. Travelling to hospitals and clinics for treatment can be exhausting. If you work during your treatment or if you have a family to care for, this can also make you feel very tired. It may be frustrating if other people don’t understand how you’re feeling.
Bladder problems
Bladder sensations or control may change after surgery or radiotherapy. Some women find they need to pass urine more often, or feel that they need to go in a hurry. Others may lose a few drops when they cough, sneeze, strain or lift. Accidental or involuntary loss of urine is called urinary incontinence.

If you experience urinary incontinence, there are ways to manage it or cure it. Speak to the physiotherapist or continence nurse at your hospital or contact the Continence Foundation of Australia on 1800 33 00 66 or www.continence.org.au.

The blood vessels in the bowel and bladder can become more fragile after radiotherapy. This can cause blood to appear in urine or stools, even months or years after treatment. Let your doctor know so the appropriate treatment can be given.
Bowel problems
After surgery and/or radiotherapy, some women find their bowel habits change. You may experience abdominal pain, constipation or diarrhoea. The following tips may help you to manage these side effects:

- Drink peppermint or chamomile tea to reduce abdominal or wind pain.
- Drink plenty of liquids (but not alcohol or a lot of caffeine) to replace fluids lost through diarrhoea or to help soften stools if you have constipation.
- Limit caffeine, spicy and greasy foods as these can make diarrhoea and constipation worse.
- Talk to your doctor or a dietitian about making changes to your diet or if taking medication is an option.
- Call the Helpline for a copy of Nutrition and Cancer booklet, which has more tips for managing digestive problems and eating well during and after cancer treatment.

Menopause
The ovaries produce the hormones oestrogen and progesterone, as well as eggs (ova). When oestrogen and progesterone are no longer made by the body, women stop menstruating (their periods stop). This is called menopause. For most women, menopause is a natural and gradual process that starts between the ages of 45–55.
If you’ve had surgery to remove your ovaries or radiotherapy to your ovaries, they will no longer produce oestrogen and progesterone. If you were not already menopausal, this change will occur quite suddenly. The symptoms are usually more severe than a natural menopause because the body hasn’t had time to get used to a decrease in hormone levels gradually.

As can happen during a natural menopause, you may experience hot flushes, mood swings, trouble sleeping (insomnia) and tiredness. The vagina can also lose elasticity and become dry because it needs oestrogen to stay moist. The following tips may help:

- **Hormone replacement therapy (HRT) can help reduce symptoms of menopause.** HRT has benefits and some risks, depending on your age, your general health, and, sometimes the type of cancer you have had. Speak with your doctor about the benefits and risks in your specific situation.

- **Locally applied oestrogen, contained in creams or pessaries, can be inserted into the vagina to relieve dryness.** These creams have few side effects.

- **Try using vaginal moisturisers without oestrogen to help relieve dryness.**

- **If you are thinking about using complementary therapies to help ease your symptoms, it is important to check with your doctor to see whether they are safe.** For example, some herbal medicines should not be taken before surgery or during chemotherapy.

- **Talk to your doctor or health care team for more information about dealing with menopausal symptoms.**
Side effects of menopause

Menopause may cause other changes in the body. For example, your bones may become weak and brittle, and break more easily. This is called osteoporosis.

Your cholesterol levels may also change, which can increase your risk of heart disease. Lifestyle changes can reduce your risk of heart attack and stroke.

tips

Osteoporosis

- Eat three serves of calcium-rich food daily (e.g. yoghurt, milk, tofu, green vegetables).
- Limit alcohol to no more than two standard drinks a day and do not smoke.
- Get vitamin D from sun exposure before 10am or after 3pm, a few minutes per day in summer and 2–3 hours per week in winter.
- Do weight-bearing exercise, such as walking or dancing. Ask your GP what is suitable.
- Contact Osteoporosis Australia on 1800 242 141 or www.osteoporosis.org.au.

Heart disease

- Ask your doctor to check your cholesterol levels. If they are high, seek advice about medications and/or diet.
- Eat lots of fruit, vegetables and fibre, and occasionally lean meat and oily fish.
- Reduce your saturated fat intake (e.g. found in meat, palm oil and butter).
- Maintain a healthy weight.
- Increase your fitness.
- Don’t smoke. If you do smoke, talk to your doctor about quitting.
**Sexuality issues**

Having cervical cancer can affect your sexuality in physical and emotional ways. The impact of these changes depends on many factors, such as your treatment and its side effects, whether you have a partner, and your self-confidence.

Knowing the potential challenges and addressing them will help you adjust to these changes. Sexual intercourse may not always be possible, but closeness and communication are vital to a healthy relationship.

**Low libido** – A lack of interest or loss of desire for sex is common because of the physical and emotional effects of treatment.

If you do not feel like having sex, or if you find penetration uncomfortable, let your partner know. It is normal to take some time for sex to be comfortable again.

**Vaginal changes** – The main side effect of treatment will be to your vagina. If the ovaries have been affected by surgery or radiotherapy, they will no longer produce oestrogen. This will cause dryness in your vagina and it may not expand as easily during sexual intercourse.

Radiotherapy can also cause the vagina to narrow or shorten (vaginal stenosis). Although vaginal stenosis can make penetrative sex uncomfortable, it should not affect your ability to reach orgasm. See the tips on the following page for ways to keep your vagina open and more elastic.
Infertility

Because treatment for cervical cancer affects the reproductive organs, it will no longer be possible to become pregnant after some procedures, such as a hysterectomy. This is called infertility.

Many women experience a sense of loss when they learn that their reproductive organs will be removed or will no longer function. You may feel devastated if you are no longer able to have children and may worry about the impact of this on your relationship. Even if your family is complete, you may have mixed emotions.

As well as talking to your partner about your feelings, speaking to a counsellor or a gynaecological oncology nurse may help. For some women there may be options for having children after treatment:

**Dealing with vaginal side effects**

- You may be given vaginal dilators to help keep your vagina open and to prevent vaginal stenosis. A dilator is a tube-shaped device made of plastic or rubber that is designed to gently stretch the vagina. Ask your nurse or radiation therapist for information on how to use it.
- Apply a vaginal lubricant to relieve dryness and tenderness. Some women find olive oil is a good form of lubrication.
- Have regular gentle sex to help widen the vagina, if you are ready and able to.
- Ask your doctor about short-term hormone replacement therapy (HRT), which may help with side effects caused by a loss of oestrogen.
• If you have not been through menopause, talk to your doctor or a fertility specialist about ways to preserve your fertility before having treatment. One option may be to store eggs or embryos before treatment for use in the future by a surrogate.

• If you require radiotherapy but your ovaries do not need to be treated, you may be able to have a surgical procedure to move the ovaries upwards into your abdomen. This may help to avoid the effects of radiation.

• It may still be possible to become pregnant if you have a radical trachelectomy. However, mid-trimester miscarriage and premature delivery are more common. Discuss these risks with your doctor.

**Julie’s story**

I was diagnosed with cervical cancer when I was pregnant with my first baby, but I was lucky it was caught early. I had a Pap smear that came back with an abnormal result and a biopsy confirmed that I had cancer. The doctor told me that I’d lose my baby, which was absolutely devastating. I got a second opinion from a surgeon who recommended I have a cone biopsy to remove the cancer. There was a risk of miscarriage, but I had the operation when I was 14 weeks pregnant and I recovered quickly. Although I worried the whole pregnancy that the baby would fall out, I gave birth to a beautiful boy. All my tests came back clear and I haven’t had to undergo any further treatment. My baby is now aged 18!
Key points

- Many women experience side effects following treatment for cervical cancer. These may be caused by surgery, radiotherapy or chemotherapy. Side effects can last a few weeks, for many years or permanently.

- Tiredness is a common problem. Try to plan activities around your energy levels and talk to your family and friends about ways they can help you.

- Bladder and bowel problems may occur after treatment. Your doctor can give you suggestions on how to cope with these problems, or refer you to a continence nurse or physiotherapist if necessary.

- Surgery or radiotherapy to the ovaries can cause menopause. Chemotherapy may also cause temporary or permanent menopause. You may have symptoms such as hot flushes, mood swings and insomnia.

- Your doctor may be able to prescribe medication to help ease menopausal symptoms.

- Menopause increases the risk of heart disease and osteoporosis. Ask your doctor for advice on reducing your risk or managing these problems. Making some simple changes to your diet and activity levels can help.

- Sexuality issues following treatment are common. You and your partner will need to adjust to these changes. Communication is important, and a counsellor or sexual health physician can help you with other strategies.

- Some women are not able to have children after treatment for cervical cancer. This is called infertility, and it can be very upsetting. Speak to your doctor about your options for preserving fertility.
Sometimes it is difficult to decide on the right treatment. You may feel that everything is happening so fast you don’t have time to think things through. If you are feeling unsure about your options, check with your doctor on how soon your treatment should start, and take as much time as you can before making a decision.

Understanding details about the disease, the available treatments and their possible side effects will help you make a well-informed decision. What you decide will also take into account your personal values and the things that are important to you and your family. It is common to feel overwhelmed by information so it may help if you read and talk about the cancer gradually.

- Weigh up the advantages and disadvantages of different treatments, including the impact of any side effects.

- If only one type of treatment is recommended, ask your doctor why other choices have not been offered.

- If you have a partner, you may want to discuss the treatment options together. You can also talk to friends and family.

You have the right to accept or refuse any treatment offered by your doctors and other health care professionals. Some people with advanced cancer choose treatment even if it only offers a small benefit for a short period of time. Others want to make sure the benefits outweigh the side effects so that they have the best possible quality of life. Some people choose options that focus on reducing symptoms and make them feel as well as possible.
Talking with doctors

When your doctor first tells you that you have cancer you may not remember all the details about what you are told. You may want to see the doctor again before deciding on treatment. Ask for the time and support to make your decision.

If you have questions, it may help to write them down before you see the doctor. You can also check the list of suggested questions on page 61. Taking notes or recording the discussion can help too. Many people like to have a family member or friend go with them to take part in the discussion, take notes or simply listen.

If your doctor uses medical terms you don’t understand, ask for an explanation in everyday language. You can also check a word’s meaning in the glossary (see page 62).

A second opinion

Getting a second opinion from another specialist may be a valuable part of your decision-making process. It can confirm or clarify your doctor’s recommendations and reassure you that you have explored all of your options.

Some people feel uncomfortable asking their doctor for a second opinion, but specialists are used to people doing this.
Your doctor can refer you to another specialist and send your initial results to that person. You can get a second opinion even if you have started treatment or still want to be treated by your first doctor. Alternatively, you may decide you would prefer to be treated by the doctor who provided the second opinion.

**Taking part in a clinical trial**

Your doctor may suggest you consider taking part in a clinical trial. Doctors run clinical trials to test new or modified treatments and ways of diagnosing disease to see if they are better than current methods. Over the years, trials have improved treatments and led to better outcomes for people diagnosed with cancer.

If you join what is called a randomised trial for a new treatment, you will be chosen at random to receive either the best existing treatment or the promising new treatment.

To help you decide whether or not to participate, you can talk to your specialist or the clinical trials nurse. If you’re still unsure, you can also ask for a second opinion from an independent specialist. If you do decide to take part, you have the right to withdraw from the trial at any time; doing so will not jeopardise your ongoing treatment for cancer.

For more information about clinical trials and other research, including questions to ask your doctor and how to find a suitable study, call Cancer Council Helpline 13 11 20. You can also find trials on the website www.australiancancertrials.gov.au.
Looking after yourself

Cancer can cause physical and emotional strain. It can also impact on your body image, relationships and outlook for the future. It’s important to take time to look after yourself by eating well, exercising, reducing stress and improving your wellbeing.

Healthy eating
Eating nutritious food will help you keep as well as possible and cope with cancer and treatment side effects. Depending on your treatment, you may have special dietary needs. A dietitian can help you manage any eating difficulties, and choose the best foods and meals for your situation. Cancer Council Helpline 13 11 20 can send you free information about nutrition and cancer.

Staying active
Research shows it is helpful to stay active and exercise regularly if you can. Physical activity, even if gentle or for a short duration, helps to improve circulation, reduce tiredness and elevate mood. The amount and type of exercise you do will depend on what you are used to, how well you feel and what your doctor advises.

If you aren’t used to exercise or haven’t exercised for a while, make small changes to your daily activities. You could walk to the shops, join a gentle exercise class, take the stairs or do some gardening. If you want to do more vigorous or weight-bearing exercise, ask your medical team what is best for you. You may also want to read Exercise for People Living with Cancer – call the Helpline for a free copy or see your local Cancer Council website.
Complementary therapies

Complementary therapies are treatments that may help you cope better with side effects such as pain. They may also increase your sense of control over what is happening to you, decrease your stress and anxiety, and improve your mood.

There are many types of complementary therapies, such as herbal medicine, acupuncture, massage, relaxation and meditation. Some cancer treatment centres offer these therapies as part of their services, but you may have to go to a private practitioner. Self-help CDs or DVDs can also guide you through different techniques.

Let your doctor know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment. For example, herbs and nutritional supplements may interact with your medication or surgery, resulting in harmful side effects. Massage, acupuncture and exercise therapies should also be modified if you have lowered immunity, low platelets or fragile bones.

Call Cancer Council Helpline 13 11 20 for more information about complementary therapies and alternative therapies.

Alternative therapies are often defined as those used instead of conventional medical treatments. These therapies may be harmful if people with cancer delay or stop using medical treatment in favour of them. Examples are coffee enemas and magnet therapy.
Relationships with others

For many people, the experience of having cancer and any ongoing challenges causes them to make some changes in their life. You may also have a new outlook on your values, priorities, or life in general. Some people find that these changes can affect their relationships. However, sharing your thoughts and feelings with family, friends and colleagues may help to strengthen your relationships with them.

If you feel uncomfortable talking about your feelings, take your time and approach others when you are ready. People usually appreciate insight into how you are feeling and guidance on providing support during and after treatment.

Calling Cancer Council Helpline may help you build your confidence to discuss your feelings with others.

Give yourself time to adjust to your cancer diagnosis, and do the same for friends and family. People often react in different ways, for example being overly positive, playing down fears, or keeping a distance. They are also dealing with the diagnosis and the changes.

If someone’s behaviour upsets you, it might help to discuss how you both feel about the situation.

“The cancer made my relationship with my husband stressful at times. But it also gave him a chance to really help out and show me how much he cared.” — Carol
Changing body image

Cancer treatment can change the way you feel about yourself (your self-esteem). You may feel less confident about who you are and what you can do. This is common whether your body has changed physically or not.

Give yourself time to adapt to any changes. Try to see yourself as a whole person (body, mind and personality) instead of focusing only on the parts of you that have changed. For practical suggestions about hair loss, weight changes and other physical changes, call Cancer Council Helpline.

Look Good...Feel Better program

Cancer treatments, such as chemotherapy and radiotherapy, can sometimes cause side effects like hair loss and skin irritation. These changes can make you feel self-conscious.

Look Good...Feel Better is a free two-hour program for both men and women to teach them techniques using skin care, hats and wigs to help restore appearance and self-esteem during and after treatment.

Call **1800 650 960** or visit [www.lgfb.org.au](http://www.lgfb.org.au) for more information and to book into a workshop.

I did the Look Good...Feel Better program before treatment. It helped me prepare mentally for losing my hair during chemotherapy. **Ann**
Life after treatment

Life after cancer treatment can present its own challenges. You may need to take some time to adjust to any physical and emotional changes.

You may have mixed emotions. Beforehand, you may have been busy with appointments and focused on treatment, but afterwards you may feel anxious or vulnerable. You might worry about every ache and pain and wonder if the cancer is coming back.

Some people say that after cancer they have changed priorities and see life in a new way. For example, you may decide to travel, spend more time with family, or do volunteer work.

Although you might feel pressure to return to normal life, you may find that you don’t want your life to return to how it was before cancer.

You might find it helpful to:
• take time to adjust to physical and emotional changes
• re-establish a new daily routine at your own pace
• spend time on a leisure activity you enjoy
• maintain a healthy diet and lifestyle
• schedule regular check-ups with your doctor
• share your concerns with family and friends and tell them how they can support you
• call Cancer Council Helpline 13 11 20 to connect with other people who have had cancer, or to request a free booklet about life after cancer.
If you have continued feelings of sadness, have trouble getting up in the morning or have lost motivation to do things that previously gave you pleasure, you may be experiencing depression. This is quite common among people who have had cancer.

Talk to your GP, as counselling or medication – even for a short time – may help. Some people are able to get a Medicare rebate for sessions with a psychologist. Ask your doctor if you are eligible. Your local Cancer Council may also offer a counselling program.

The organisation beyondblue has information about coping with depression and anxiety. Go to www.beyondblue.org.au or call 1300 224 636 to order a fact sheet.

**After treatment: follow-up**

After treatment, you will need regular check-ups to make sure the cancer hasn’t come back. Blood tests, x-rays or other scans may be done. Check-ups will become less frequent if you have no further problems. Let your doctor know immediately of any health problems between appointments.

**What if cervical cancer returns?**

For some people, cervical cancer does come back after treatment, which is known as a relapse. This is why it is important to have regular check-ups.

If it does return, you will usually be offered chemotherapy or surgery. You may not be able to have further radiotherapy if you had it the first time you had treatment.
Seeking support

When you are first diagnosed with cancer, and during different stages of treatment and recovery, you may experience a range of emotions, such as fear, sadness, anxiety, anger or frustration. If sadness or anxiety is ongoing or severe, talk to your doctor.

It may help to talk about your feelings. Your partner, family members and friends can be a good source of support, or you might prefer to talk to:
• your treatment team
• a counsellor, social worker or psychologist
• your religious or spiritual adviser
• a support group or someone who has had a similar experience to you – see page 58
• Cancer Council Helpline.

If you need practical assistance, such as help around the house, it may be hard to tell people what would be useful. You might prefer to ask a family member or friend to coordinate offers of help.

You may find that while some people you know are supportive, others struggle to know what to say to you. If you have children, the prospect of telling them you have cancer can be unsettling. Cancer Council has a range of free resources to help people talk about cancer and deal with the emotions that cancer may bring up. Publications are available for people with cancer, partners, carers, children, friends and colleagues.

Call 13 11 20 for resources and support. You can also download booklets from the Cancer Council website.
Practical and financial help
A serious illness can cause practical and financial difficulties. Many services are available so you don’t have to face these problems alone:

- Financial or legal assistance – through benefits, pensions and programs – may help pay for prescription medicines, transport costs to medical appointments, utility bills or basic legal advice.

- Meals on Wheels, home care services, aids and appliances can be arranged to help make life easier at home.

- Subsidised travel and accommodation may be available if you need to travel long distances for treatment.

- Home nursing care may be available through community nursing services or local palliative care services.

Ask Cancer Council Helpline or your hospital social worker, occupational therapist or physiotherapist which services are available in your area and if you are eligible to receive them.

Cancer Council library*
Following a cancer diagnosis many people look for information about new types of treatment, the latest research findings and stories about how other people have coped. Cancer Council has a range of books, CDs, DVDs and medical journals that may be helpful for you. Call the Helpline for more information.

* Not available in Victoria and Queensland
Talk to someone who’s been there

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone. There are many ways for you and your family members to connect with others for mutual support and to share information.

In these support settings, people often feel they can speak openly and share tips with others. You may find that you are comfortable talking about your diagnosis and treatment, your relationships with friends and family, and your hopes and fears for the future.

Ask your nurse, social worker or Cancer Council Helpline about suitable support groups and peer support programs in your area.

Types of support services*

Face-to-face support groups – often held in community centres or hospitals

Online discussion forums – where people can connect with each other at any time – see www.cancerconnections.com.au

Telephone support groups – for certain situations or types of cancer, which trained counsellors facilitate

Peer support programs – match you with a trained volunteer who has had a similar cancer experience, e.g. Cancer Connect.

* Not available in all areas
You may be reading this booklet because you are caring for someone with cancer. Being a carer can be stressful and cause you much anxiety. Try to look after yourself – give yourself some time out and share your worries and concerns with somebody neutral such as a counsellor or your doctor.

Many cancer support groups and cancer education programs are open to carers, as well as people with cancer. Support groups and some types of programs can offer valuable opportunities to share experiences and ways of coping.

Support services such as Home Help, Meals on Wheels or visiting nurses can help you in your caring role. There are also many groups and organisations that can provide you with information and support, such as Carers Australia, the national body representing carers in Australia. Carers Australia works with the Carers Associations in each of the states and territories. Phone 1800 242 636 or visit www.carersaustralia.com.au for more information and resources.

You can also call Cancer Council Helpline 13 11 20 to find out more about different services and to request free information for carers and families looking after someone with cancer.
Useful websites

The internet has many useful resources, although not all websites are reliable. The websites listed below are good sources of information.

**Australian**

Cancer Council Australia........................................ www.cancer.org.au
HPV Vaccine.......................................................... http://hpv.health.gov.au
Health Insite ......................................................... www.healthinsite.gov.au
Gynaecological Cancer Society ..................... www.gcsau.org
Gynaecological Cancer Support .... www.gynaecancersupport.org.au
Gynaecological Awareness Information Network ...... www.gain.org.au
Immunise Australia Program .................. www.immunise.health.gov.au
Osteoporosis Australia................................. www.osteoporosis.org.au
Heart Foundation........................................... www.heartfoundation.org.au

**International**

American Cancer Society............................... www.cancer.org
Macmillan Cancer Support.......................... www.macmillan.org.uk
HysterSisters: Woman-to-Woman
Hysterectomy Support .......................... www.hystersisters.com
Be Cervix Savvy ............................................. www.becervixsavvy.co.uk
Question checklist

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your disease and treatment. If your doctor gives you answers that you don't understand, ask for clarification.

- What type of cervical cancer do I have?
- How far has the cancer spread? How fast is it growing?
- What treatment do you recommend and why?
- Are there other treatment choices for me? If not, why not?
- What are the risks and possible side effects of each treatment?
- How long will treatment take? Will I have to stay in hospital?
- How much will treatment cost? How can the cost be reduced?
- Will I have a lot of pain with the treatment? What will be done about this?
- Are the latest tests and treatments for this type of cancer available in this hospital?
- Are there any clinical trials or research studies I could join?
- How frequently will I need check-ups after treatment?
- Who should I go to for my check-up appointments?
- Are there any complementary therapies that might help me?
- Should I change my diet during or after treatment?
- If the cancer comes back, how will I know?
You may come across new terms when reading this booklet or talking to health professionals. You can check the meaning of other health-related words at www.cancercouncil.com.au/words or www.cancervic.org.au/glossary.

**adenocarcinoma**
A cancer that starts in the glandular cells.

**advanced cancer**
Cancer that has spread deeply into the surrounding tissues or away from the original site (metastasised) and is less likely to be cured.

**anaesthetic**
A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs part of the body; a general anaesthetic causes a person to lose consciousness for a period of time.

**atypia**
Slight changes in the cells of the cervix that could be precancerous abnormalities.

**benign**
Not cancerous or malignant.

**bilateral salpingo oophorectomy**
Surgical removal of both ovaries and Fallopian tubes.

**biopsy**
The removal of a small sample of tissue from the body, for examination under a microscope, to help diagnose a disease.

**brachytherapy**
A type of internal radiotherapy in which an implant of radioactive material is placed into or near cancerous cells.

**catheter**
A hollow, flexible tube through which fluids can be passed into the body or drained from it.

**cells**
The building blocks of the body. Humans are made of billions of cells that are adapted for different functions.
cervical intraepithelial neoplasia (CIN)
Abnormal changes in the surface layers of the cervix. These changes are not cancer but are precancerous cells. Also called dysplasia.
cervix
The end of the uterus that forms a canal and extends into the vagina.
chemoradiation
Treatment that combines chemotherapy and radiotherapy.
chemotherapy
The use of cytotoxic drugs to treat cancer by killing cancer cells or slowing their growth.
colposcope
An instrument that enables the doctor to see an enlarged view of the cervix, vagina and vulva from outside the body.
colposcopy
Examination of the cervix using a magnifying instrument called a colposcope.
cone biopsy
Removal of a cone-shaped piece of the cervix for examination under a microscope.
CT scan
A computerised tomography scan. This type of scan uses x-rays to create a picture of the body.
cystoscope
A lighted viewing instrument that is inserted into the urethra and advanced into the bladder.
diethylstilbestrol (DES)
A medication given to women to prevent miscarriage from the 1950s–1970s. It is now linked to some rare forms of cancer.
dysplasia
See cervical intraepithelial neoplasia (CIN).
ectocervix
The outer layer of the cervix.
endocervix
The cells lining the cervical canal.
endometrium
The inner lining of the uterus.
epithelial abnormality
Changes in the cells of the cervix.
epithelium
Layers of cells covering internal and external surfaces of the body, including the cervix.

glandular cell
A type of cell found in the cervical canal (endocervix).

grade
A score showing how abnormal cells are when compared to normal tissue.

gynaecological oncologist
A doctor who specialises in treating cancers of the female reproductive system.

hormone replacement therapy (HRT)
Drug therapy that supplies the body with hormones that it no longer produces naturally.

hormones
Chemicals in the body that send information between cells.

human papillomavirus (HPV)
A group of viruses that can cause infection on different surfaces of the body including the genitals.

Some strains increase the risk of cervical cancer. Also called a wart virus.

hysterectomy
The surgical removal of the uterus and cervix.

intravenous (IV)
Inserted into a vein.

invasive cervical cancer
Cervical cancer that has spread deep into tissues at the primary site (cervix), and/or to other parts of the body.

laparoscopy
Surgery done through small cuts in the abdomen using a laparoscope for viewing. Also called keyhole surgery.

large loop excision of the transformation zone (LLETZ)
A procedure used to remove cervical tissue for examination.

laser surgery
Using a laser beam to remove tissue.

lesion
An area of abnormal tissue.
lymphadenectomy
Removal of the lymph glands from a part of the body. Also called a lymph node dissection.

lymphatic system
A network of capillaries, ducts and nodes that removes excess fluid from tissues, absorbs fatty acids and transports fat, and produces immune cells.

lymph nodes
Small, bean-shaped glands that form part of the lymphatic system. Also called lymph glands.

lymphoedema
Swelling caused by a build-up of lymph fluid.

malignant
Cancerous cells that can spread (metastasise) and can eventually cause death if they cannot be treated.

menopause
When a woman stops having periods (menstruating).

metastasis
A cancer that has spread from a primary cancer in another part of the body. Also known as secondary cancer.

MRI scan
A magnetic resonance imaging scan. It uses magnetism and radio waves to take detailed cross-sectional pictures of the body.

oestrogen
A female sex hormone produced mainly by the ovaries that helps mature and regulate the female reproductive system.

outpatient
A person who receives medical treatment without being admitted into hospital.

Pap smear (Pap test)
A test in which cervical cells are removed and sent to a laboratory for examination.

pelvic sidewall
A structure of bone and ligament on the side of the pelvis.

PET scan
A positron emission tomography scan. This uses radioactive glucose to identify cancer cells.
prognosis
The expected outcome of a person’s disease.

radiotherapy
The use of radiation, usually x-rays or gamma rays, to kill cancer cells or injure them so they cannot grow and multiply.

side effect
The unintended effects of a drug or treatment.

speculum
An instrument used to hold open the walls of the vagina.

squamous cell
A type of cell found in the outer layer of the cervix (ectocervix).

squamous cell carcinoma
A type of cancer that starts in the squamous cells of the cervix.

squamous metaplasia
The process of glandular cells undergoing changes to become squamous cells.

staging
Performing tests to determine how far a cancer has spread.

tissue
A collection of cells that make up a part of the body.

tracelectomy
The surgical removal of the cervix and the tissue around it.

transformation zone
The area in the cervix where squamous metaplasia occurs.

tumour
An abnormal growth of tissue on or in the body.

uterus
The hollow muscular organ in which a fertilised egg or foetus grows. Also called the womb.

vagina
The passage leading from the vulva to the uterus in females.

vaginal stenosis
Shortening and narrowing of the vagina.

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How you can help

At Cancer Council we’re dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia’s Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.
Cancer Council Helpline is a telephone information service provided by Cancer Council NSW for people affected by cancer.

For the cost of a local call (except from mobiles), you can talk about any concerns confidentially with oncology health professionals. Helpline consultants can send you information and put you in touch with services in your area. If you need information in a language other than English, an interpreting service is available.

You can call the Helpline, Monday to Friday, 9am to 5pm.

If you have difficulty communicating over the phone, contact the National Relay Service (www.relayservice.com.au) to help you communicate with a Cancer Council Helpline consultant.

For more information, go to www.cancercouncil.com.au.

### Regional offices

**Central and Southern Sydney**
Woolloomooloo  
02 9334 1900

**Hunter and Central Coast**
Charlestown  
02 4923 0700

**North Sydney**
Crows Nest  
02 9334 1600

**Northern**
Byron Bay  
02 6639 1300

**Southern**
North Wollongong  
02 4223 0200

**Western**
Wagga Wagga  
02 6937 2600

**Western Sydney**
Parramatta  
02 9354 2000
For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a confidential service.

For further information and details please visit our website: www.cancercouncil.com.au