Transvaginal cervical cerclage (cervical suture)

This leaflet explains more about transvaginal cervical cerclage, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to your doctor, or the midwife caring for you.

What is transvaginal cervical cerclage?

A cervical cerclage is a suture, or stitch, which is placed around the cervix (neck of the womb) and tied in order to prevent the cervix opening too early in pregnancy. We reach your cervix through the entrance of your vagina (transvaginally).

Why should I have a transvaginal cervical cerclage?

If you have had premature labour (before 37 weeks) in a previous pregnancy, a late miscarriage or cervical surgery or trauma, you are more at risk of ‘cervical insufficiency’. This is a painless shortening and opening of the cervix which can lead to miscarriage or premature birth. You have been offered cervical cerclage because you have had a cervical cerclage in a previous pregnancy or a recent ultrasound scan has shown your cervix to be short (less than 25mm). Cervical cerclage reduces the likelihood of changes occurring to the cervix that can cause it to open too soon resulting in preterm labour.

What are the risks?

After cervical cerclage your chance of miscarriage or early delivery reduces, but there is still a small chance of this happening. Like any surgery, the cervical cerclage procedure has some risks that you need to be aware of.

**Bleeding:** Most women will experience increased vaginal discharge and light bleeding (spotting) for a few days after the procedure. If necessary, you should use a sanitary pad and not a tampon. If the bleeding is heavier (like a period), seek medical advice.

**Infection:** You have a small risk (less than 5% chance) of developing a vaginal or uterine infection. Your obstetrician may take a swab from your vagina and if there is evidence of an infection, give you a course of antibiotics.

**Bladder or cervix tearing:** There is also a very small risk of tearing to your bladder or your cervix (less than 1% chance). Your obstetrician would generally be able to repair any tearing to the cervix immediately. A tear to the bladder would require another operation by an urologist (a medical doctor with specialist training in problems affecting the urinary tract).
Both would require a few extra days stay in hospital. If you have any complications from the surgery you will be offered appropriate treatment and care. Your obstetrician will speak with you about the risks and benefits before you decide to have the surgery.

**Are there any alternatives?**

Your obstetrician will discuss with you any alternatives to the procedure that may be relevant in your case. For example, some women may be advised to take tablets or pessaries (dissolvable medication that is inserted into your vagina or rectum) which may reduce your chance of miscarriage and early delivery. You will still be monitored carefully by your obstetrician and midwife throughout your pregnancy, even if you decide not to have a cerclage. If you are unsure about whether to have the procedure, please discuss your concerns with your obstetrician. If you decide not to have cervical cerclage, there is still a good chance that you will give birth to a healthy baby at term.

**How can I prepare for my transvaginal cervical cerclage?**

**Domestic arrangements:** If you have children, you will need to arrange for them to be looked after overnight even if you are scheduled to go home after the procedure as you will be tired and need to rest. You are more likely to stay in hospital overnight after your procedure, so you will need to be prepared for that. You should preferably have help at home for the first few days as you will find lifting and domestic chores difficult and should avoid exerting yourself.

**Fasting or ‘nil by mouth’ instructions on the day of your operation**

Fasting means that you cannot eat or drink anything (except water) for six hours before surgery.

You are allowed to drink water up to two hours before surgery. We will give you clear instructions if you need to fast. It is important to follow the instructions given below. If there is food or liquid in your stomach during the anaesthetic it could come up to the back of your throat and damage your lungs.

**For morning surgery (coming to hospital at 07:00)** – Do not eat after 02:00. You may drink water (not fizzy) till 06:00.

**For afternoon surgery (coming to hospital at 11:00)** – Have a light breakfast of tea/coffee with toast/cereal before 07:00. Do not eat after 07:00. You may drink water (not fizzy) till 11:00.

**Medicines** – If you are taking medicines, you should continue to take them as usual on the day of surgery, with a sip of water before 06:00 for morning surgery and before 11:00 before afternoon surgery unless your anaesthetist or surgeon has asked you not to. If you take drugs to thin your blood (such as warfarin, aspirin, daltaprin), drugs for diabetes or herbal remedies, you will be given specific instructions.

**Antacid** – You will be asked to take a medicine called ranitidine on the night before your procedure at 22:00 and then again on the morning of your procedure at 07:00. This
counteracts the acid in your stomach so that if there are any problems with vomiting during the surgery, you will not inhale acid into your lungs. There is only a very small chance that this will happen. The obstetrician will give you a prescription if you need this medicine.

**Giving my consent (permission)**

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

**What happens during a transvaginal cervical cerclage?**

24 to 48 hours before the procedure you will be asked to attend the Phlebotomy Department (level 1 in clinic 21) to have blood taken to check your iron levels and clotting factors; this is normal procedure before any surgery in the hospital. On the morning of the procedure, you will be asked to attend Sara Ward on level 3 of the Rosie. Before your operation you will meet an anaesthetist who will discuss with you the type of anaesthetic he/she is going to use for your operation.

You will be asked the following:
- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any other allergies
- your teeth, whether you wear dentures, or have caps or crowns

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck, and will review your test results.

Shortly before your procedure a member of staff will ask you to change into a hospital gown and then walk to theatre accompanied by a member of staff. When you arrive in the theatre or anaesthetic room and **before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.**

Your partner, or companion, will not be able to be with you in the theatre but can wait for you in the recovery room.

Once the anaesthetic is working you will lie on the surgical bed. It may also be necessary for you to have a catheter placed in your bladder. This is a small tube that is passed into your bladder to allow the collection of urine into a bag.
Your legs will be eased into supports, and the table will be tilted to give the surgeon a better access to your cervix. Although you are awake, you will not see the procedure, as a screen will obscure your view.

You may be in the theatre for up to one hour, but the operation itself usually takes no more than 20 minutes.

Will I feel any pain?

At the Rosie, we perform nearly all of our elective vaginal cerclages under regional anaesthesia (spinal anaesthetic) because it is safer (see below)

This means you are awake during the entire procedure, but should not feel any pain from the waist downwards. Feeling touch and pressure during the operation, however, is normal. If you feel pain, at any time, your anaesthetist will alter the treatment to make you comfortable. You will also need a drip which will be gently inserted into a vein in the back of your hand or wrist to allow us to give you fluid if necessary.

Spinal Anaesthetic - The nerves and spinal cord that carry feelings from your lower body and control muscle movement are contained in a bag of fluid inside your backbone. Local anaesthetic and pain relieving drugs, similar to morphine, are injected inside this bag of fluid using a very fine needle. This method works fast and requires only a small dose of local anaesthetic.

Spinals can lower the blood pressure. This is 1 in every 5 women. This is easily treated with the fluids given through your drip and by giving you drugs to raise your blood pressure. Occasionally they make you feel shaky and sick. Rarely do they not work perfectly; so a general anaesthetic is needed.

Also they may cause:

- Itching during the operation from the morphine like pain killer used.
- Local tenderness in your back for a few days.
- Headache in less than 1 in 500 women following a spinal (uncommon) – this can be treated, occasionally by another injection in your back.
- Rarely tingling down one leg, residual numb patch on a leg or foot or a weak leg lasting for several weeks or months (in 1 in 7000) spinals/epidurals. Permanent nerve damage is even rarer.

What happens after the transvaginal cervical cerclage procedure?

After the procedure, you will be taken to a recovery room where a nurse or midwife will care for you. Your legs will be numb for four to six hours and during that time you will have a urinary catheter (as described earlier). You may also feel sick but if you do you will be given medication to help you.

Once you are able to walk and to pass urine, you may go home. However, you may spend the night in hospital if your procedure was in the afternoon or if the doctors have decided it is best to keep you for observation.

What do I need to do after I go home?

When you are discharged from hospital, you will need to rest for the first 48 hours. After the procedure, you may experience abdominal pain ('tightenings'), increased vaginal
discharge, or bleeding for a few days. We will prescribe you painkillers to help relieve your pain. If the pain and the bleeding continue for longer than 48 hours you should contact your obstetrician or GP. Within a week, you should be able to resume most of your normal activities. The obstetrician will advise you as to whether you need to restrict any activities (for example sexual intercourse, heavy lifting and so on).

**Will I have a follow-up appointment?**

You will be given a follow-up appointment before you leave hospital. If you need to change or enquire about that appointment please phone 01223 2176660.

**Will I need another procedure to remove the stitch?**

Yes, the stitch is usually removed at around 37 weeks into your pregnancy. Removing the stitch is a simpler procedure than putting it in place. We may need to remove the stitch earlier if your waters break, or if you go into labour before 37 weeks. If you think this may be happening you must come to the hospital immediately.

**Can I have a normal delivery after the stitch has been removed?**

Yes, once the stitch is removed you will be able to have a vaginal delivery. Very rarely, scar tissue can form around the stitch, which prevents the cervix from dilating (opening) enough during labour and makes a vaginal delivery more difficult. However, less than three percent of women need to have a caesarean section because of cervical scarring.

**Contacts/Further information**

If you have any questions or concerns about your transvaginal cerclage, please contact the preterm surveillance clinic midwife on 01223 217660. In emergency contact 01223 217217

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

**Other formats:**

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:
patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.
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