

Patient Information - Transvaginal Cervical Cerclage

Transvaginal Cervical Cerclage

Patient information leaflet

Gynaecology

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This sort of stitch is not removed, and your baby would need to be born by caesarean section.

What happens during the procedure?

You will be asked to come in on the day your procedure is planned for. The procedure will be done in a surgical theatre by an obstetrician, with an anaesthetist, midwife and other operating department staff. The anaesthetist will usually recommend that you have a spinal (numb from the waist down) anaesthetic. Sometimes there may be a health reason where it would be better to put you to sleep (general anaesthetic). Before the start of your procedure the anaesthetist will usually give you a dose of antibiotics to reduce the risk of infection. The Obstetrician will then place a catheter to empty your bladder. Then she will insert a speculum (metal device used to open the vagina and look at the neck of the womb). After that the surgeon will use a stitch to close the neck of your womb. Depending on the type of stitch used there may be a need to make some small cuts near the cervix as well. The operation commonly takes between 15 minutes and 1 hour to carry out. After the procedure, the catheter will be removed when the anaesthetic wears off.

When can I go home?

If you had it done as planned procedure because of your previous history or an ultrasound scan, you will usually be allowed to go home that same day or the next day.

You need to be able to walk around and pass urine before you go home.

If you needed a 'rescue' stitch you would be observed in hospital for at least a 24-hour period. If your doctor thinks you may benefit from being monitored for longer in hospital, she will inform you of this.

For the first day or two after the operation it is common to have some vaginal bleeding which will gradually change to brown and then stop. You may also be in a small amount of tummy pain that you should be able to manage with Paracetamol. However, once you are home there are a few things you need to look out for:

- ☐ Contractions or severe cramping type abdominal pain
- ☐ Vaginal bleeding that is heavy or goes on for more than two to three days.
- ☐ Waters breaking
- ☐ Foul-smelling vaginal discharge.

- Fever - If this does happen you should contact the emergency number provided or come in to the maternity assessment unit

Transvaginal Cervical Cerclage.

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.

- A cervical stitch is more commonly put in vaginally (transvaginal) and less commonly by an abdominal route (transabdominal). occasionally it may be done at later stages in pregnancy.
- A cervical stitch is usually removed at 36-37 weeks of pregnancy unless you go into labour before this.

Why is it done?

Babies born early (before 37 weeks of pregnancy) have an increased risk of short- and long-term health problems.

It is usually done between 12 and 24 weeks of pregnancy, although 8 in 100 babies are born before 37 weeks and 1 in 100 babies are born between 22 and 28 weeks of pregnancy

There are many possible causes for giving birth early. One possible cause is because your cervix shortens and opens too soon. A cervical stitch may help to prevent this.

- □ □ You should be referred to a specialist early in your pregnancy if:
you have had a miscarriage after 16 weeks of pregnancy you have had a previous birth before 34 weeks of pregnancy your waters broke before 37 weeks in a previous pregnancy
- you have had certain types of treatment to your cervix (e.g, LLETZ for treatment of an abnormal smear).

Your healthcare team may arrange for you to have internal vaginal ultrasound scans (TVS) to measure your cervix.

If it is found to be short (less than 25mm long), you may be offered:

- ☐ A cervical stitch
- ☐ A hormonal treatment with progesterone pessaries.
- ☐ A combination of the two treatments above
- ☐ Close monitoring by your healthcare team.

The risks associated with the suture include:

- ☐ Infection
- ☐ Vaginal bleeding
- ☐ Cervical tear (especially if labour occurs with the stitch in place)
- ☐ Anaesthetic risk
- ☐ Bladder or bowel damage during insertion of the suture
- ☐ Breaking of waters during insertion of the suture (especially during a 'rescue' suture).

When would a suture not be put in?

- ☐ You have any signs of infection
- ☐ You are having vaginal bleeding
- ☐ You are having contractions
- ☐ Your waters have already broken.
- ☐ After 24 weeks gestation It may also not be appropriate in a multiple pregnancy (twins or more).

What is a rescue stitch?

Occasionally, you may be offered a stitch as an emergency procedure after your cervix has already opened, to help prevent having a late miscarriage or preterm birth. This is called a 'rescue stitch' and your healthcare team will discuss the risks and benefits of this with you. This type of stitch has higher risks and does not always work.

What is an abdominal stitch?

This involves an operation to put a stitch around your cervix, through your abdomen

(tummy), and is also called a 'transabdominal cerclage'. It is an uncommon procedure but may be recommended if a vaginal cervical stitch has not worked in the past or if it is not possible to insert a vaginal stitch. It is done either before you become pregnant or in early pregnancy. It may be done through a cut on your abdomen or via keyhole surgery. If your birth plan is to have a vaginal delivery, then your cerclage will normally be removed between 36 and 37 weeks.

If you go into preterm labour, the cerclage will be removed if you are expecting to deliver vaginally. If you are going to have an elective Caesarean section, then the cerclage can be removed at this time.

If the suture is removed as a planned procedure at 36-37 weeks, it is rare to go into labour straight away.

The commonest time to go into labour is approximately 2 weeks later. However some women may not go into labour until past 40 weeks gestation.

Giving my consent (permission)

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.

Contact information

If you think you may be going into preterm labour (increased vaginal discharge, bleeding, leakage of the waters or regular tightening's) please call the Triage department at Darent Valley Hospital on: 01322428100/8280/8278 for further advice.

There is a midwife available on this number 24 hour a day, seven days a week.

Further information can be obtained from

NHS Direct,

Telephone :08454647 or go to www.nhsdirect.nhs.uk

This leaflet has been developed in partnership with the Patient Information Group and our DGT Patient Partners

Patient Information

Further patient leaflets are available from the Dartford and Gravesham NHS Trust website: <https://www.dgt.nhs.uk/patients-and-visitors/patient-information-leaflets> Please ask a member of staff if you require information in another language or format.

Complaints, Comments, Concerns and Compliments

Please speak to the staff in the ward or department caring for you if you have any concerns or questions relating to your care or that of a loved one.

Compliments can be shared by visiting: <https://www.dgt.nhs.uk/contact-us/compliments>

Alternatively, please contact the Patient Advice and Liaison Service (PALS) on 01322 428382 Email: dgn-tr.PALS@nhs.net

Patient Property

Please do not bring large sums of money or valuable items into the hospital. Dartford and Gravesham NHS Trust accepts no responsibility for the loss or

damage to personal property unless it is handed into Trust staff for safe-keeping.

Dartford and Gravesham NHS Trust operate smoke-free hospitals. This means that smoking is not permitted anywhere on hospital grounds. For help to quit smoking please visit www.kentcht.nhs.uk/service/one-you-smokefree/

Use of alcohol or illicit drugs is not permitted anywhere on the hospital site. For drug and alcohol support please speak to your nurse or doctor or

Visit: www.changegrowlive.org/westkent/help

Call: 0330 128 1113

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