



Walsall Healthcare
For One & All

Walsall Healthcare



NHS Trust

OG20 Cervical Cerclage

Expires end of April 2022

Local Information

The decision to undergo this procedure is your decision. It is important that you understand what it involves to help you make this choice. You will be asked to sign to confirm that you understand the procedure and agree to undergo the treatment proposed by your doctor. If you have any questions the Patient Relations Service at the Manor Hospital can help with a wide variety of queries and if necessary put you directly in touch with your doctor or nurse. Patient Relations can be contacted via:

Telephone **01922 656463** or email
patientrelations@walsallhealthcare.nhs.uk

Get more information and references at www.aboutmyhealth.org

Tell us how useful you found this document at www.patientfeedback.org

Do you require this leaflet in another language?



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਖ਼ਬਰਦਾਰ ਪੰਨਾ ਸਹੀ ਢੰਗ ਢਾਈਏ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



اگر آپ کو یہ کتابچہ اردو زبان میں مطلوب ہے تو براہ کرم پشٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.



Royal College
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Patient Information Forum

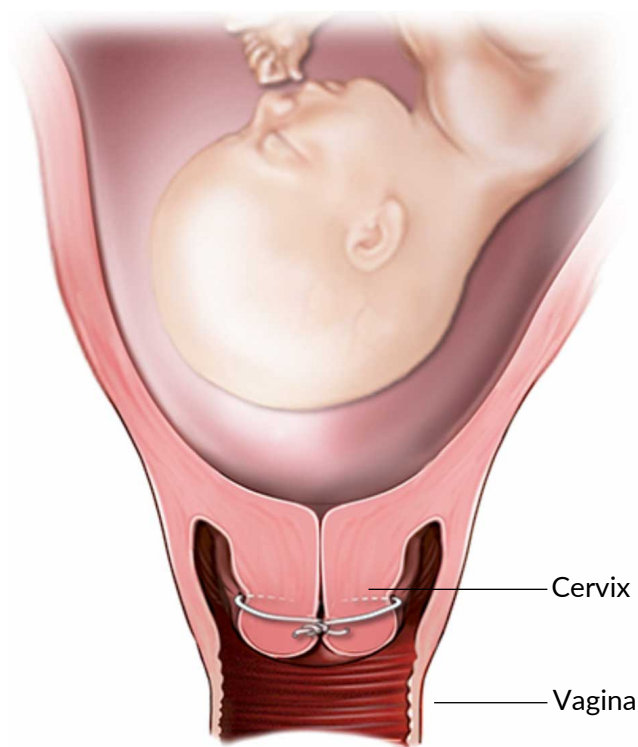
eidohealthcare.com



UNITED KINGDOM

What is a cervical cerclage?

A cervical cerclage is a procedure to place a special stitch in your cervix (neck of your womb) to help keep it closed during your pregnancy. Your obstetrician (surgeon who specialises in childbirth) is concerned that you have a condition called cervical incompetence, where your cervix is weak. Although an ultrasound scan may suggest there is a problem, unfortunately losing a baby early in a pregnancy can be the only sign that you may have a weak cervix. If you are aware that you have a cervical weakness, a cervical cerclage can usually be performed at between 12 and 24 weeks of your pregnancy. Your obstetrician will usually remove the stitch at about 36 weeks.



A cervical cerclage

Your obstetrician has suggested a cervical cerclage. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your obstetrician or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final

step in the decision-making process. However, you can still change your mind at any point.

What are the benefits of a cervical cerclage?

When you become pregnant, your cervix should close tightly and block off your uterus (womb) with a plug of mucus. As your baby grows, the pressure on your cervix increases.

If you have a weak cervix, your cervix may open without any pain and cause your membranes to bulge out and rupture (your waters breaking). A weak cervix may cause you to have a late miscarriage (when your pregnancy ends after 12 weeks and before 24 weeks) or to give birth early.

If you have had surgery to your cervix before, or problems in a previous pregnancy that involved surgery such as a miscarriage or termination, your cervix may have become weak. However, sometimes the tissues of your cervix are weak for no apparent reason.

You may need to have a transvaginal ultrasound scan from 12 weeks to check the length of your cervix and to find out if you have 'funneling', where the inside part of your cervix tends to open when pressure is applied to your womb.

Placing a special stitch in your cervix should help to prevent you from losing your baby because of a weak cervix. The procedure is successful in treating a weak cervix in 9 in 10 pregnancies. However, the procedure itself can cause your membranes to rupture early or you to go into premature labour. You should discuss the benefits and risks carefully with your obstetrician.

Are there any alternatives to a cervical cerclage?

Depending on your medical history, your obstetrician may discuss an alternative treatment called progesterone. This is a hormone which is inserted through your vagina instead of using a cervical stitch. A cervical cerclage can be placed through the abdomen. This is usually used if a vaginal cerclage has not worked in the past.

If these options are not suitable for you, your obstetrician will monitor you closely by performing regular ultrasound scans. If your obstetrician

notices a change in your cervix, they will discuss your options with you again.

What will happen if I decide not to have a cervical cerclage?

Your obstetrician will arrange for you to have regular ultrasound scans. There is a risk you may have a late miscarriage or premature delivery.

What does the procedure involve?

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to your obstetrician and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

The procedure is usually performed under a spinal anaesthetic. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. A cervical cerclage usually takes 20 to 30 minutes.

Your legs will be put in 'stirrups'. Your obstetrician will use antiseptic to clean your vagina. They will place instruments in your vagina and use them to place a stitch, using a thick synthetic tape, into and around your cervix.

What should I do about my medication?

Continue your normal medication unless specifically told otherwise by your doctor.

What can I do to help make the procedure a success?

If you smoke, stop smoking now. Smoking while you are pregnant can harm your unborn baby. Smoking once your baby is born will put your child's health at risk throughout their childhood. Stopping several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Regular exercise should help to prepare you for the operation, help you to recover and improve

your long-term health. Exercising while you are pregnant will make you feel and look better. Exercise will help prepare your muscles, heart and lungs for labour and the delivery of your baby. It will also help you to cope better with labour and pain. Before you start exercising, ask the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death. You should ask your obstetrician if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

The possible complications of a cervical cerclage are listed below.

Cervical cerclage complications

- Discomfort or mild cramping. This can be safely and easily relieved with simple painkillers such as paracetamol and usually settles within a few days. If you get severe pain or contractions, let your doctor know straight away.
- Vaginal spotting or bleeding. This is usually minor and settles within a few days. If the bleeding is heavy, let your doctor know straight away.
- Premature rupture of your membranes (risk: 1 in 12). This can be serious, depending on how early it happens in your pregnancy. If you think your waters have broken, let your doctor know straight away.
- Premature labour. This can be serious, depending on how early it happens in your pregnancy. You may be given medication to prevent you from having contractions. If you get severe pain, contractions or think you may be going into labour, let your doctor know straight away.

- Infection (risk: 1 in 15). This can happen after the operation or later when you have had your baby. You may be given a course of antibiotics after the procedure or during your pregnancy to reduce this risk. If your membranes get infected, you may go into premature labour or have a miscarriage. Let the healthcare team know if you get a high temperature, an unpleasant-smelling discharge or bleeding that settles and then gets worse.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your healthcare team know if you have any allergies or if you have reacted to any medication or tests in the past.
- Miscarriage, because of the procedure itself, from infection, premature labour or premature rupture of your membranes.
- Damaged cervix, if you go into labour while the stitch is still in place. If you get severe pain, bleeding or contractions, let your doctor know straight away.

Covid-19

Coming into hospital increases your risk of catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk increases further if the procedure involves your nose or throat. Practise social distancing, hand washing and wear a face covering when required.

How soon will I recover?

In hospital

After the procedure you will be transferred to the recovery area and then to the ward.

You should be able to go home on the same day. However, your doctor may recommend that you stay a little longer.

It is normal to have a small amount of bleeding for a few days.

Returning to normal activities

Rest for a few days and then gradually return to normal activities. You should be able to return to normal activities, including having sex, after 7 to 10 days. Do not do strenuous exercise.

If you get any pain, bleeding, contractions or think you may be going into labour, let your doctor know straight away.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

Your obstetrician and midwife will carefully plan your antenatal visits to give you and your baby the best possible care. Your obstetrician will remove the stitch at about 36 weeks, usually in the delivery suite. The procedure is usually simple and does not usually need an anaesthetic.

Summary

A cervical cerclage involves placing a special stitch in your cervix to help keep it closed during your pregnancy. The procedure should help to prevent you from losing your baby because of a weak cervix.

However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Andrew Woods (MBBS, MRCOG, FRANZCOG)
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