Understanding

Cancer of the Cervix

Caring for people with cancer
Understanding Cancer of the Cervix

This booklet has been written to help you understand about cancer of the cervix. It has been prepared and checked by surgeons, cancer doctors, nurses, radiation therapists and patients. The information in this booklet is an agreed view on this cancer, its diagnosis and treatment and key aspects of living with it.

If you are a patient, your doctor, nurse or radiation therapist may wish to go through the booklet with you and mark sections that are important for you. You can also make a note below of the contact names and information you may need quickly.

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This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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Contents
4 Introduction

About cancer of the cervix
5 What is cancer?
6 What is the cervix?
6 What is cancer of the cervix?
7 What causes cancer of the cervix?
9 What is cervical screening?
11 What are the symptoms of cervical cancer?
12 How is cervical cancer diagnosed?
15 What are the types of cervical cancer?
16 What are the stages of cervical cancer?

Treatment and side-effects
19 How is cervical cancer treated?
23 Surgery
29 Radiotherapy
35 Chemotherapy
39 How can I cope with fatigue?
39 Will treatment affect my sex life?
42 Will treatment affect my fertility?
44 What follow-up do I need?
44 What if the cancer comes back?
46 Research – what is a clinical trial?
47 Cancer and complementary therapies

Coping and emotions
49 How can I cope with my feelings?
55 How can my family and friends help?
56 How can I talk to my children?
57 What else can I do?

Support resources
61 Who else can help?
62 Health cover
67 Irish Cancer Society services
71 Useful organisations
77 Helpful books
78 What does that word mean?
81 Questions to ask your doctor
Understanding cancer of the cervix

Introduction

This booklet has been written to help you understand more about cancer of the cervix. It is divided into four parts.

- **About cervical cancer** gives an introduction to cancer of the cervix, including symptoms and diagnosis.
- **Treatment and side-effects** looks at the different treatments used for cervical cancer and possible side-effects.
- **Coping and emotions** discusses your feelings and the emotional effects of having cancer of the cervix.
- **Support resources** gives information on further sources of help and support. This includes helpful organisations, books, support groups and websites. You will also find an easy-to-read explanation of words and terms used throughout this booklet.

We hope the booklet answers some of your questions and encourages you to discuss them with your doctors and nurses. Talk to your doctor about your treatment and care, as the best choice for you will depend on your particular cancer and your individual circumstances.

Reading this booklet

Remember you do not need to know everything about cancer of the cervix straight away.

Read a section about a particular item as it happens to you. Then when you feel relaxed and want to know more, read another section.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the National Cancer Helpline on Freefone 1800 200 700. It is open Monday to Thursday 9am–7pm and Friday 9am–5pm. Or you can also visit a Daffodil Centre. See page 68 for more about Daffodil Centres.

About cancer of the cervix

What is cancer?

Cancer is a word used to describe a group of diseases, not just one. There are more than 200 different types of cancer. Each is named after the organ or type of cell in which the cancer first grows. For example, prostate cancer, breast cancer or leukaemia. All cancers are a disease of the body’s cells, which are the building blocks of your body. Normally, cells grow and divide in a controlled way and replace old cells to keep the body healthy. But with cancer, the abnormal cells grow without control. Groups of abnormal cells can form a growth or tumour.

Tumours can be either benign or malignant. Benign tumours do not spread to other parts of your body but malignant tumours do. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph vessels to other tissues and organs in your body. This is called a metastasis or secondary tumour.

What is the lymphatic system?

The lymphatic system is made up of groups of lymph nodes throughout the body. Lymph nodes are found mainly in the neck, armpit, groin and tummy. Lymph nodes are connected by a network of lymph vessels. These lymph vessels are tiny tubes, which usually lie just under the skin. The lymph vessels transport lymph fluid, which carries extra fluid and waste from body tissues. Sometimes cancer cells spread into lymph nodes or start in the lymph nodes themselves. If this happens the lymph nodes become swollen.

National Cancer Helpline Freefone 1800 200 700
develop into cancer. A regular smear test every 3–5 years can show abnormal changes in the cells. After more tests, it can be treated and so reduce the chance of developing cancer.

When cancer occurs, the cells in the cervix form a tumour. These cells may then break away and spread to other areas. They can involve tissues outside the cervix, including organs in the pelvis such as the bladder and bowel, and lymph nodes around the pelvis.

What causes cancer of the cervix?

There is strong evidence that cancer of the cervix is caused by a virus called the human papilloma virus (HPV). Smoking can also increase your risk of CIN. Cancer of the cervix is not infectious and so cannot be passed on to others. Your risk of cervical cancer is not increased if someone else in your family has had this cancer. Cervical cancer can happen at any age but is more common in women in their 40s and 50s.

Human papilloma virus (HPV)

The human papilloma virus is a common infection spread by sexual contact. Most women who have sex will have HPV at some point in their lives. In fact, this virus is so common that even if you have only one sexual partner in your lifetime, you could still be infected. Condoms do not give full protection against it.

To sum up

- Cancer is a disease of the cells of your body.
- With cancer, the cells do not behave as normal. They keep on growing even when there is no need.
- If a tumour is malignant, cells can break away and be carried by your bloodstream or lymph vessels somewhere else. This is called a metastasis or secondary tumour.
- Lymph nodes can help to spread cancer cells.
It is important to remember that having HPV is not a problem in itself and most women have had it. Most of them get rid of the virus within a short time. Because it has no symptoms, they are unaware they have had it. But a small number of women have trouble getting rid of it, especially if they smoke. These women are at a higher risk of cervical cancer.

There are over 100 types of HPV and most do not cause any problems. The high-risk ones that can cause cervical cancer are types 16 and 18. The low-risk ones that can also cause genital warts are types 6 and 11.

Some women can be upset when told that cervical cancer is caused by a virus passed on by sexual contact. This may give rise to many feelings and emotions. See page 53 for more about blame and guilt.

Smoking
Smoking increases your risk of abnormal changes (CIN). Chemicals in cigarettes can affect how your cervix fights HPV infection. For this reason, if you smoke, you can have trouble getting rid of the HPV infection.

Other risks
One of the biggest risks for cervical cancer is not having regular smear tests (see page 9 for more about cervical screening). Regular smear tests mean abnormal cells can be found and treated early. Your risk of cervical cancer is also increased if you have sex from an early age and if you have had many sexual partners. If you are concerned that you may be at high risk, talk to your doctor. You can also contact the National Cancer Helpline on 1800 200 7000 or visit a Daffodil Centre for advice in confidence.

National Cancer Helpline Freephone 1800 200 700
National screening programme
In Ireland, CervicalCheck provides free smear tests to women aged 25 to 60. Women are called/recalled every 3 or 5 years for a free smear test, depending on their age. For women aged 25 to 44, it is every 3 years and for those aged 45 to 60, it is every 5 years. For more details, see the CervicalCheck website www.cervicalcheck.ie or freefone 1800 45 45 55.

Diagnosing early changes to the cervix
When abnormal cells are found on the surface of the cervix, it is called cervical intraepithelial neoplasia (CIN). These abnormal changes can be low grade or high grade.

Low grade changes means there are some minor changes in the cells of your cervix. These are early changes in the size, shape and number of cells on the surface of your cervix. It can also be called mild dyskaryosis. These cells will often return to normal by themselves and it does not mean you have cancer. You will have a free repeat smear test in 6 months to check the cells again. If the low grade changes persist, you may be referred to a colposcopy clinic at the hospital.

High grade changes means there are a larger number of abnormal cells in your cervix. This can also be called moderate to severe dyskaryosis. These changes are less likely to return to normal by themselves. This does not mean you have cancer but you will be referred to a colposcopy clinic.

Sometimes the grades are called CIN 1, 2 or 3. If left untreated or not rechecked, these changes might develop into cancer cells over time.

Treating early changes to the cervix
If your GP has concerns about the results of your smear test or repeated smears, you will be referred to a nurse specialist and/or gynaecologist for further tests at the hospital. A colposcopy will be done to check if you have precancerous changes (see page 12 for more about colposcopy). Depending on the grade and your age, your nurse or gynaecologist may decide to repeat the smear or treat the abnormal cells using LLETZ, laser treatment, cryosurgery or cone biopsy. The most common treatment is LLETZ.

LLETZ stands for large loop excision of the transformation zone. A thin wire loop is used to remove the abnormal cells in the transformation zone with an electric current. In a cone biopsy, a cone-shaped section of your cervix containing the abnormal cells is removed.

For more information about the treatment of CIN, contact the National Cancer Helpline on 1800 200 700 for a free copy of Understanding Cervical Smear Test Results. You can also pick up a copy from a Daffodil Centre or download the booklet from www.cancer.ie

What are the symptoms of cervical cancer?
When cervical cancer occurs, there are a number of symptoms. These can include:

- Abnormal vaginal bleeding:
  - Periods may be heavier and last longer
  - Bleeding in between periods
  - Bleeding after sex
  - Bleeding after the menopause
- Vaginal discharge that may have a foul odour
- Discomfort or pain during sex or in the pelvis

Even though these symptoms can be caused by conditions other than cancer, it is important to have them checked out by your doctor.

To sum up
- Cervical cancer is mainly caused by the human papilloma virus (HPV). Smoking increases your risk of developing it too.
- Regular smear tests will reduce your risk of developing cervical cancer.
- Being vaccinated against HPV if you have not already been exposed to HPV can reduce your risk of developing cervical cancer.
- The symptoms of cervical cancer are abnormal vaginal bleeding, a foul-smelling vaginal discharge and discomfort or pain in the pelvis.
How is cervical cancer diagnosed?

If your GP has concerns about you, he or she will examine your cervix with a speculum to see if it is healthy. After that, you may be referred to a hospital to see a gynaecologist and have further tests. At the hospital you will first be asked some questions about:

- Your periods
- The type of contraception you use
- Any operations or illnesses you have had
- Any relevant questions about your general health

After that, you will have a physical exam involving a speculum. The doctor will also do another type of physical exam. He or she will put two gloved fingers into your vagina to check your womb as well. You may feel uncomfortable during these physical exams but it is all part of looking after you and your health.

Other tests

If you have had an abnormal smear test, your gynaecologist may look at your cervix using colposcopy. A sample of cervical cells (biopsy) can also be taken.

Colposcopy

A colposcopy is an exam of the cervix using a bright light and a colposcope. This is a large magnifying glass or binoculars that help the doctor look closely at the surface of your cervix. It can be linked up to a computer screen to see the cervix more clearly.

A speculum is placed in your vagina like when you have a smear test. The doctor uses the colposcope to look at your cervix through the speculum. The test can be a little uncomfortable. But the colposcope does not touch or go inside you. The test usually lasts about 10 to 15 minutes.

Special tests after diagnosis

If the tests show that you have cervical cancer, you will need more special tests. Your doctor will arrange for them to be done at the hospital. These tests will check your general health as well as finding out the size and location of the cancer:

- Blood tests
- Chest X-ray
- Examination under anaesthetic (EUA) – see page 14. In this small operation, a section of the cells is taken. It is done in theatre under general anaesthetic. You may have to stay overnight in hospital.
- MRI scan
- CT scan
- PET-CT scan

Many of the tests will focus on your pelvic area (pelvis). This is the lower part of your abdomen found between your hip bones. The scans help the team of doctors looking after you to plan your treatment more precisely.

Blood tests: Bloods tests may be done to check your general health. This will include a blood count and tests to see how well your kidneys and liver are working.
Chest X-ray: This is taken to check your general health.

Examination under anaesthetic (EUA): In this test your doctor can look at your cervix and vagina while you are asleep under general anaesthetic. This is done to check the size of your womb and see if the cancer is found only in your cervix. A EUA is often done if women have large tumours, but it usually does not need to be done.

A sample of cells (biopsy) from the lining of your womb can be taken to see if cancer cells are present. Normally, you may have some slight bleeding or mild pain for a few days afterwards. Your doctor can advise you on what painkillers to take.

During the test, your doctor can also check your bladder (cystoscopy) using a thin, lighted tube to see if the cancer has spread. A biopsy can be taken of any abnormal areas during the test as well. Your doctor and nurse will let you know what is involved and give you advice on what to do afterwards.

MRI scan: This is a special scan that uses magnetic energy to build up a picture of the tissues inside your body. It does not hurt but can be very noisy. You will be given earplugs to wear during it. You may feel anxious about the scan, but every effort will be made to put you at your ease.

You may have an injection before the scan to show up certain parts of your body. You cannot wear metal jewellery during the scan and patients who have medical devices implanted, like pacemakers, are not suitable for the test. Usually most people go home after the scan.

CT scan (CAT scan): This is a special type of X-ray that gives a detailed picture of the tissues inside your body. The scan is painless. For some CT scans you may be asked to fast for 4 hours beforehand. For others you may be given a special drink which helps show up parts of your body on the scan. Preparation for a CT scan can vary but your doctor or nurse will tell you what to do. The test is usually done as an outpatient.

PET CT scan: This is a CT scan given after you have an injection into your vein of a glucose solution. The injection contains a very small amount of radioactive material that shows up where the cancer is in your body.

Waiting for results

It may take some time for all the test results to come back. Naturally, this can be an anxious time for you. It can help to talk things over with the specialist nurse or with a relative or close friend. You may also wish to call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre to speak to one of our specially trained nurses.

What are the types of cervical cancer?

Cervical cancers are recognised by how they look under a microscope. Squamous cell carcinoma is the most common type of cervical cancer. It develops in the thin flat cells called squamous cells, which are found on the surface of your cervix and vagina. These cells are like skin cells.

Cervical adenocarcinomas are less common. They develop in the gland cells that make mucus in the cervical canal. These cells are shaped like columns.

Adenosquamous carcinomas, mixed carcinomas, clear-cell and small-cell carcinomas are rarer forms of cervical cancer.

If you would like to know more about your type of cancer, ask your doctor to explain it to you.
What are the stages of cervical cancer?

Your doctor will arrange some tests to stage the cancer. Staging means finding out the size of the tumour and seeing if it has spread to other parts of your body. Some of these staging tests are mentioned on pages 13–15.

Staging is very important as it allows your doctor to decide the best treatment for you. The stages of cervical cancer are usually numbered 0 to 4 and can be further subdivided into A and B.

**Stage 0**
Cancer cells are found in the surface layer of the cervix only.

**Stage 1**
Cancer cells are found in the cervix only.

**Stage 2**
Cancer cells have spread to the top of the vagina or side of the cervix.

**Stage 3**
Cancer cells have spread to the pelvis.

**Stage 4**
Cancer cells have spread to other body organs and tissues.

**Stage 2**
In stage 2, the cancer has started to spread beyond the cervix to nearby tissues, but is still inside the pelvis.
- **Stage 2A** The cancer is in the upper part of the vagina but has not spread into the womb.
- **Stage 2B** Cancer cells have spread to the tissues at the side of the cervix.

**Stage 3**
In this stage, the cancer has spread further away from the cervix. It has moved into the lower part of the vagina and to the side wall of the pelvis.
- **Stage 3A** The cancer has spread to the lower third of the vagina but not the pelvic wall.
- **Stage 3B** The tumour has spread to the side wall of the pelvis. When this happens, it can block the tubes that drain the kidneys (ureters).

**Stage 4**
In this stage, the cancer involves other body organs.
- **Stage 4A** The cancer has spread to nearby organs such as the bladder or back passage (rectum).
- **Stage 4B** The cancer has spread to distant organs, such as the lungs. Stage 4B cervical cancer is also called metastatic cervical cancer.

Recurrent cervical cancer
If the cancer returns after treatment it is called recurrent cervical cancer. Local recurrence is when the cervical cancer returns in the pelvis. When it returns to distant organs, it is called distant recurrence. See page 45 for more information.
Treatment and side-effects

How is cervical cancer treated?

The way cervical cancer is treated mainly depends on the stage of the disease at diagnosis. In general, there are a number of things that will affect what type of treatment you receive. These are:

- The size and stage of your cancer
- The type of cancer
- If it has spread or not
- Your general state of health
- Your age and fertility

Often cervical cancer is treated with a combination of chemotherapy and radiotherapy. This is sometimes called chemoradiation. Surgery and radiotherapy are also used. Rarely, chemotherapy on its own may be used.

Cancer treatment

In Ireland, cervical cancer is treated in specialist cancer centres. The staff at these centres have expertise and experience in managing patients with cervical cancer and are led by a gynaecological oncologist or a gynaecologist with a specialist interest in cancer. As a result, you may be transferred to a cancer centre once you have received your diagnosis. There, a group of specialists in gynaecological surgery, radiotherapy and chemotherapy will work together to draw up the treatment plan that best suits you. This is called a multidisciplinary team (MDT).

Surgery: Surgery involves an operation to remove the cancer cells with the minimum risk of them returning. The types of surgery can include a cone biopsy, hysterectomy, radical hysterectomy, bilateral oophorectomy, lymphadenectomy and radical trachelectomy. See page 23 for more details about surgery.

Radiotherapy: Radiotherapy is the use of special X-rays to destroy the cancer cells. It can be given externally or internally. It can be used as the main (primary) treatment or as an extra treatment (adjuvant) after surgery. See page 29 for more about radiotherapy.

To sum up

- Tests to diagnose cervical cancer include colposcopy and biopsy.
- Tests to show the stage of cervical cancer include a pelvic examination under anaesthetic (EUA), MRI scan and CT scan.
- Squamous cell carcinoma is the most common type of cervical cancer.
- Cervical cancers can be staged 0 to 4 or recurrent cancer.
**Radiotherapy and chemotherapy:** Radiotherapy and chemotherapy may be given together. Chemotherapy can make the radiotherapy more effective. Sometimes chemotherapy is given alone. See page 35 for more about chemotherapy.

Often cervical cancer is treated with chemotherapy and radiotherapy together.

At this time you may be anxious about what is going to happen next. Do not be afraid to ask your doctor. He or she will discuss your treatment options with you.

Ask as many questions as you like, no matter how small or trivial you think they are. You may want to use the fill-in page at the back of this booklet to write down your questions and the answers you receive.

**Who will be involved in my care?**

Some of the following healthcare professionals may be involved in your care at the hospital. Usually, a team of cancer care doctors will decide your treatment.

- **Gynaecologist / Gynaecological oncologist**
  - A doctor who specialises in treating cancers of the female reproductive system.

- **Radiation oncologist**
  - A doctor who specialises in treating cancer using radiotherapy.

- **Medical oncologist**
  - A doctor who specialises in treating cancer using chemotherapy and other drugs.

- **Gynaecology clinical nurse specialist**
  - A specially trained nurse who cares for patients who have cervical cancer and other cancers of the reproductive system.

- **Liaison oncology nurse / clinical nurse specialist**
  - A specially trained nurse who works in a cancer care unit. She or he gives information and reassurance to patients and their families from diagnosis and throughout treatment.

- **Physiotherapist**
  - A therapist who treats injury or illness with exercises and other physical treatments related to the illness.

- **Dietitian**
  - An expert on food and nutrition. They are trained to give advice on diet during illness and use diet to help symptoms.

- **Occupational therapist (OT)**
  - A therapist who specialises in helping people who are ill or disabled learn to manage their daily activities, e.g. self-care.

- **Medical social worker**
  - A person specially trained to help you and your family with all your social issues and practical needs. They are skilled in giving counselling and emotional support to children and families at times of loss and change. They can give advice on benefits, entitlements and services available to you when you go home.

- **Psychologist**
  - A specialist who can talk to you and your family about emotional and personal matters and can help you make decisions.

- **Counsellor**
  - A person specially trained to give you emotional support and advice when you find it difficult to come to terms with your illness.

**Giving consent for treatment**

Before you start any treatment, your doctor will explain the aims of the treatment to you. You should be asked to sign a consent form saying that you give permission for treatment to be given. Before treatment, you should have been given full information about:

- The type and amount of treatment you will have
- The benefits and risks of the treatment
- Any other treatments that may be available
Surgery

The aim of surgery is to remove the cancer and the area close to it. It is the first treatment in very early stage cervical cancer. Which type of operation is best for you will depend on the stage of your cancer. The types of surgery include:

- **Cone biopsy**: a cone-shaped piece of tissue is removed from the cervix.
- **Hysterectomy**: the cervix, womb and fallopian tubes are removed.
- **Radical hysterectomy**: the cervix, womb and top part of the vagina are removed.
- **Bilateral oophorectomy**: your ovaries are removed during a hysterectomy as well.
- **Radical trachelectomy**: the cervix and nearby soft tissues are removed but the womb is left in place and stitched back onto the vagina.
- **Lymphadenectomy**: the lymph nodes in the pelvis are removed.

This operation may be done along with one of the above operations or before you start radiotherapy.

It is important that the surgery decision is made by highly trained specialists at the cancer centre. Usually, more than one gynaecologist cancer surgeon is involved in that decision and in your surgery as well.

For most types of surgery for cervical cancer you will be admitted to hospital and have a general anaesthetic.

**Individual treatment**

You may notice that other women with cervical cancer are not having the same treatments as you. Don’t be worried by this – all cancers and women’s needs are different. Your treatment plan has been drawn up to best suit YOUR needs.

**To sum up**

- Surgery, radiotherapy, or radiotherapy and chemotherapy together can be used to treat cervical cancer.
- A team of specialists will decide which treatment is best for you.

Read the following sections on surgery (page 23), radiotherapy (page 29) or chemotherapy (page 35) to help you understand more about treatments for cervical cancer.

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Understanding cancer of the cervix

After your operation

When you wake up, you may notice some tubes attached to your body. They may look alarming, but they are normal after operations on the womb and cervix.

- A ‘drip’/ IV cannula be put into a vein in your arm. This is a small plastic tube which will be used to give you fluids until you are able to drink again.
- A thin plastic tube may be placed in your nose. It will lead down into your stomach. By drawing up fluid in your stomach through this tube, the nurses can keep your stomach empty. This will stop you from feeling sick.
- A small thin tube called a catheter may be put into your bladder to drain your urine into a bag. This rests your bladder after surgery. It may need to stay in place for several days.
- Drainage tubes from your wound may be present to make sure it heals well.
- A vaginal pack may be in place for 24 hours. This is like a tampon made of bandages.
- If you have an epidural there will be a thin tube (catheter) in your back to give you pain relief.

Emotional impact

Surgery for cervical cancer can be a worrying time for you. It can affect your job, lifestyle, and looking after your family. It is important that you are aware of what is involved and any long-term effects of surgery. Do ask for advice from your doctor or nurse if you are unsure about any aspect of the surgery. There are also specially trained people and support groups that can help you at this time. You can also contact the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre for more information.

Getting ready for surgery

Preparation for the different kinds of surgery depends on your age and general health and the type and stage of your cancer. You will need a blood test to check your blood cell count, liver and kidney function tests and a viral screen that includes an HIV test. You may need a chest X-ray, heart test (ECG) and lung (pulmonary function) tests. These are normally done before you are admitted to hospital.

In the time between your diagnosis and your surgery it is important to stay active and exercise as much as you can. You should also eat healthy food and take iron supplements if your blood level is low.

On the day before surgery you will sign a consent form with your surgeon (see page 21). Write down any questions that come to mind beforehand and ask your questions before signing the form.

You may be told not to eat anything (fast) for a few hours before your surgery. Take plenty of fluid and calories until the time that you start to fast.

Before you go to the operating theatre, elastic stockings or compression boots may be put on your legs to prevent a clot developing in your legs during surgery. You may also be offered a tablet that will make you feel more relaxed and sleepy.

In theatre, you may be offered an epidural before the general anaesthetic if you are having open surgery. This is a pain-relieving injection given in your back. You will be given an oxygen mask to breathe on. The anaesthetic to put you to sleep is given through a drip in the vein of your hand or arm.

Side-effects of surgery

Pain
You will have some pain for the first few days. Some patients may also feel sick (nausea). The ward nurses and specialist pain nurse will assess you frequently to make sure you have the best control of pain and nausea. To control pain you may be given a pump into your vein, which sends pain medication into your blood when you press a button (PCA) or have an epidural. You may also be given injections into your muscle, tablets, patches on your skin, or suppositories that are put in your back passage (rectum). A combination of pain relieving medications is often used. You may also need medication for nausea. Always ask for help before the pain or nausea gets too bad.
Eating and drinking
Any pelvic operation will slow down the movement of your bowels. As a result it will take a day or two before you can return to normal eating and drinking. You will be able to take sips of water or glucose drinks and suck sweets the day after surgery. Most people can manage a light meal within 2 or 3 days of surgery. Your drip will be stopped when you are taking enough fluid by mouth.

Bladder and bowel problems
The bladder is often slow to empty after a radical hysterectomy. Your surgeon may leave a tube (catheter) to drain your bladder for a week or more. After the tube is removed, your bladder may still be slow and need to be emptied with a catheter on and off. You may also get constipated, as your bowels may be lazy after surgery. You may need to take a laxative for a few months.

Very rarely, serious complications happen after radical surgery. These can include leakage from the bladder or bowel or narrowing of the tubes that bring the urine from the kidneys to the bladder. You may need more surgery to help these problems.

Risk of clotting (DVT) after surgery
Surgery in your pelvis puts you at risk of clotting in the deep veins of your legs and body. This is called deep venous thrombosis (DVT). You may be given an injection to prevent this. Usually this will be continued after you go home until four weeks after the date of surgery. So you or a member of your family will be invited to learn how to give the injection. It is very easy. The medication is called LMWH/Heparin and is given with a very fine needle just under the skin. Keep the injection well away from the surgical wounds. You may also wear special elastic stockings while you are on bed rest. Getting up and about and exercising your legs is most important in preventing DVT.

Infection
You will be at higher risk of infection, such as a urinary tract infection, after the surgery. Antibiotics will be given during your surgery. You may also be prescribed antibiotics after surgery. For the first few weeks, you will have a brown discharge from your vagina. If it gets heavier, foul smelling or if you have bleeding, contact your specialist nurse or doctor for advice.

Getting up and about
For the first few days a physiotherapist will visit you every day to help with your exercises. Even when you are in bed you will be encouraged to move your legs and do deep breathing exercises at least once an hour. On the day after surgery the nurses will help you get out of bed and take you for a short walk. These walks will become more frequent and longer as you get better. Soon you will be able to go for walks on your own.

You may not find it easy to sit down for any length of time at first. But that should get better as your wound begins to heal. Most women are ready to go home 5 days after surgery. With keyhole surgery you may be ready to go home after 3 days. Strenuous activity such as vacuum cleaning or lifting heavy bags of shopping should be avoided for at least 3 months. You will not be able to drive for at least 6 weeks after surgery. Your doctor will discuss this with you in more detail.

Lymphoedema
Lymphoedema or swelling in one or both of your legs may happen in the long term if your lymph glands are removed during surgery. When the glands are removed, they can no longer drain away excess fluid in your body, so there is a build-up of fluid in your legs. Ask your physiotherapist for more information about lymphoedema. For a factsheet on leg lymphoedema, contact the National Cancer Helpline 1800 200 700. You can also pick up a copy from a Daffodil Centre or download it from www.cancer.ie

Fertility
If you have a hysterectomy, you will no longer be able to have children. But if you have a radical tracheectomy, you may be able to get pregnant and have children. Even so, there is a high risk of miscarriage – 1 in every 3 women will miscarry. You will need to use contraception for 3 months after the tracheectomy, so do ask your doctor and nurse for advice about this. See page 42 for more details.

Going home
If you live alone or have problems getting around the house, talk to the medical social worker or nurse on your ward as soon as you are
Radiotherapy

Radiotherapy is a treatment with high-energy X-rays. There are two types: external beam radiotherapy and internal radiotherapy (brachytherapy). With external beam radiotherapy, high-energy X-ray beams are aimed at a cancer to cure or shrink it. Brachytherapy involves putting a radioactive source into your vagina close to the cervix.

The type of radiotherapy you receive will depend on the stage of the cancer and if you have had surgery. If you do not have surgery, both external and internal radiotherapy may be given to destroy all the cervical cancer cells. If you have had a hysterectomy, external beam radiotherapy (and occasionally brachytherapy) may be given.

External and internal radiotherapy

External beam radiotherapy: the X-rays come from a machine called a linear accelerator. They are aimed directly at your cancer cells to destroy them. The radiation only affects the cells in the treated area. Your doctor will let you know how many sessions or treatments you need. Sometimes up to 28 sessions are given, but it will depend on your doctor’s decision.

Internal radiotherapy: a tiny radioactive source is put into your vagina and/or into your womb. A radioactive source is material that gives off high-energy rays. Treatment normally takes no more than a few minutes. The radiation oncologist at the hospital will decide the dose and number of treatments you need, depending on your situation.

Treating symptoms of cancer

Radiotherapy can also be given to the pelvic area to control or relieve any symptoms you may have. This could include any pain, discomfort or bleeding if the cancer comes back after having been treated.

Planning your external radiotherapy

Before radiotherapy, your doctors and other specialists plan how best to give the treatment to you. They work out how to give you the right amount of radiotherapy with the least damage to normal cells.
Your first visit to the radiotherapy department will prepare you for treatment. You will be asked to have a CT scan to help plan your treatment accurately. Treatment planning is a very important part of radiotherapy.

The area to be treated will be marked on your skin. These marks are tiny dots made with a permanent tattoo. That way the X-rays can be aimed at the same area each day. Before starting radiotherapy, you will be told how to look after your skin during and after treatment. If you have any queries, do ask the radiation therapist or nurse for advice.

**Getting your radiotherapy**

External radiotherapy treatment is quite straightforward. You will be asked to come for treatment every day during the week with a rest at weekends. Your treatment can go on for several weeks. Each treatment session only lasts a few minutes. It will not cause you any pain but you will be asked to lie still. How many sessions you need will depend on the type and size of your tumour. Your doctors will discuss this with you.

Each time you come for treatment you will go into a special room. The radiation therapist will ask you to lie in the same position that you were in for your CT scan. This is usually on your back, but you may need to lie on your front.

When you are ready the radiation therapist will leave the room. The machine will then be turned on and your treatment given. Even though you are on your own in the room, your radiation therapist will be able to see you all the time through a closed circuit camera. You can talk through an intercom to the staff if you need to.

**Brachytherapy – internal radiotherapy**

Brachytherapy is used to give a high dose of radiation to a small area, minimising the amount of radiation delivered to normal tissues, but maximising the dose to the tumour or potential tumour cells. In order to give treatment tubes are inserted into your body for a short period of time. Brachytherapy after a hysterectomy is given in a slightly different way (see below for more information).

**Brachytherapy treatment**

Brachytherapy is often given to deliver a boost of treatment to the cervix following your external radiotherapy treatment. Occasionally it is given during external radiotherapy treatment.

You will normally require three treatments, but this may vary. You may need to stay in hospital overnight while you have preparations for brachytherapy. In order to prepare you for brachytherapy, you will be taken to theatre to have special tubes inserted into your womb and sometimes your cervix.

After the tubes have been inserted in theatre you will have a scan to help your doctors plan your treatment. This can take 2-3 hours, during which you will be looked after on one of the wards. When the plans are ready you will be brought to a special room for treatment.

**Getting brachytherapy**

When you are come to the treatment room the radiation therapist will connect the tubes to the treatment machine. You will be on your own in the room during treatment. However, there is an intercom and camera in the room so the doctor, radiation therapist and nurse can see and talk to you from outside. Treatment can be interrupted if necessary.

Once the treatment is finished (5-10 minutes) the tubes are removed. This may be uncomfortable, but it shouldn’t be painful. You will then be taken back to the ward and usually you will be able to go home the same evening.

**Brachytherapy treatment after a hysterectomy**

If you have had a hysterectomy it is not usually necessary to have brachytherapy. If your doctors do recommend brachytherapy for you,
Understanding cancer of the cervix

the way it is given is different. You will not need to have an anaesthetic or stay overnight in hospital. Treatment involves putting a plastic tube into the vagina on 3 or 4 occasions. The tube stays in place for 5-10 minutes. You may feel a pressure sensation but you should not feel pain.

Will I have any side-effects?
Radiotherapy is given directly to the area where the cancer is found. As a result, side-effects will only occur in the part of the body being treated. How severe these side-effects are will vary from person to person and depends on the dose and length of treatment. Side-effects can be either short term or long term.

Radiotherapy does not make you radioactive. There is no danger to you or your family so you can mix with them freely. You also do not have to avoid children or pregnant women.

External radiotherapy does not make you radioactive. It is perfectly safe for you to mix with family and friends.

Short-term side-effects
Short-term side-effects can happen during treatment or up to three months afterwards. When the pelvic area is being treated, the most common side-effects of radiotherapy are:

- Fatigue
- Diarrhoea or soreness when passing a bowel motion (proctitis)
- Skin changes – redness, soreness
- Feeling sick
- Problems passing urine
- Vaginal discharge
- Abdominal cramps

These side-effects usually last for 2 to 4 weeks after treatment.

Fatigue
Fatigue or severe tiredness can build up over the course of your treatment. It may be due to the treatment itself or because you have to travel long distances for treatment. See page 39 for more about fatigue. A helpful booklet called Coping with Fatigue is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy. You can also pick up a copy from a Daffodil Centre or download the booklet from www.cancer.ie

Diarrhoea
Passing watery bowel motions more than twice a day is known as diarrhoea. You may also have some cramping and/or pain in your tummy. If you have diarrhoea, drink plenty of clear fluids to replace the fluid you are losing. Let your doctor know if the diarrhoea lasts for longer than 24 hours.

You may also get some soreness when passing a bowel motion. This is known as proctitis. Tell your doctor if these symptoms are troubling you, as he or she may be able to give you medication to help.

Skin changes
During external radiotherapy, the skin in the treated area may become red and sore. It may look like sunburn. A special cream can be used to treat this problem. If you need to wash the area, use warm water and pat it dry with a soft towel. Do not rub the skin while washing and drying. Check with your radiation therapist or nurse before applying anything to your skin. You should also protect your skin from the sun.

Feeling sick (nausea)
Your doctor can give you medication to help prevent you feeling sick. Take this one hour before treatment. It can help to eat small amounts often. Also, drink plenty of clear fluids such as water.

Problems with passing urine
During radiotherapy for cervical cancer the urinary bladder may be irritated. As a result, you may pass urine more often. Sometimes a trace of blood may be found in the urine. If this happens, do tell your doctor or nurse. Passing urine may also be painful, like cystitis. But your doctor can give you medication to help this problem.

Vaginal discharge or bleeding
You may get some discharge from your vagina after treatment. It may be yellowish in colour and may last for several days. Or you may get some vaginal bleeding. If it continues for more than a few weeks or becomes heavy, talk to your radiation therapist.
Chemotherapy

Chemotherapy is a treatment using drugs that cure or control cancer. These drugs travel through your bloodstream to almost every part of your body. With cervical cancer, chemotherapy is often given with radiotherapy to make it more effective. This is known as chemoradiotherapy and is given once a week during your course of radiotherapy.

How is chemotherapy given?

Chemotherapy is usually given directly into a vein as an injection or through an infusion or drip. Usually the treatment is given to you as a day patient at the hospital. Cisplatin is the most commonly used drug for cervical cancer when it is given as part of chemoradiotherapy.

To sum up

- Radiotherapy is a treatment using either high-energy X-ray beams or internal radiation called brachytherapy.
- The X-rays are aimed at the cancer to cure or shrink it.
- Brachytherapy involves putting a radioactive source into or near your tumour.
- A lot of preparation is needed before the actual treatment is given.
- Radiotherapy is painless and only takes a few minutes.
- The treatment may be as short as one session or continue for several weeks.
- Side-effects of radiotherapy depend on the area being treated and the type of radiotherapy given. They include fatigue, diarrhoea, skin changes, feeling sick, shortening or narrowing of the vagina, abdominal cramps, and wanting to pass urine more often.
If the cancer has spread beyond the pelvis, chemotherapy may be used. Even if the cancer comes back after surgery or radiotherapy, it may still be treated with chemotherapy. Chemotherapy can control or improve your symptoms and give you a better quality of life.

**Side-effects of treatment**

The side-effects of chemotherapy vary from person to person and depend on the drugs used. These unwanted side-effects happen because chemotherapy can affect both cancer cells and normal cells. In most cases the side-effects go away once the treatment ends or soon after. Your doctor or nurse can give you something to stop most side-effects or make them easier to cope with.

Side-effects usually go away once the treatment ends or soon after.

Side-effects may include:
- Feeling very tired
- Feeling sick or getting sick (vomiting)
- Not wanting to eat
- Kidney damage
- Hearing loss
- Numbness or pins and needles in the hands and feet
- Hair loss (alopecia) – rarely occurs

**Feeling very tired**

You may feel very tired or fatigued during treatment. This may be due to fewer red blood cells (anaemia) in your bloodstream or as a general effect of chemotherapy, surgery or radiotherapy. See page 39 for more about fatigue. A helpful booklet called *Coping with Fatigue* is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy. You can also pick up a booklet from a Daffodil Centre or download it from [www.cancer.ie](http://www.cancer.ie)

**Feeling sick or getting sick**

Not everyone feels sick or gets sick with chemotherapy. It all depends on the drugs being given. If you do, it can happen during or after treatment. It may last for several hours. Your doctor or nurse will give you medication to stop you feeling sick. This may be in injection or tablet form. It is important that you take your medication while on treatment, so you do not feel unwell.

**Not wanting to eat**

It is best to eat as much as you can while on chemotherapy to keep up your strength. Eat small amounts and often. If you do not feel like eating during treatment, you could try replacing some meals with special high-calorie drinks. Talk to the hospital dietitian, who will give you advice on what to eat. You can also contact the National Cancer Helpline for a free copy of the booklet, *Diet and Cancer*. You can also pick up a booklet from a Daffodil Centre or download it from [www.cancer.ie](http://www.cancer.ie)

**Kidney damage**

Some chemotherapy drugs such as cisplatin can cause damage to your kidneys. To prevent this, fluids may be given into your vein before any treatment. Your kidney function may also be checked by blood tests before treatment. Drink as much fluid as you can – about 1½ litres per day.

**Hearing loss**

Chemotherapy drugs used to treat cervical cancer, such as cisplatin, may cause damage to the inner ear. This can lead to hearing loss, balance problems and tinnitus, which is a buzzing or ringing in the ears. Because cisplatin is only given once a week this is less of a problem for those with cervical cancer. Even so, your doctor will keep a regular check on your hearing.

**Numbness or pins and needles in the hands and feet**

Some chemotherapy drugs can cause tingling or a burning sensation in your hands and feet. You may also have trouble picking up small objects or buttoning up a shirt or cardigan. This side-effect is known as peripheral neuropathy. It is almost always temporary and goes away after treatment stops. But if it is becoming noticeable during treatment, let your doctor know.

**Hair loss (alopecia)**

Many women having a single dose of cisplatin as part of chemoradiotherapy do not have a problem with hair loss. Your hair may
just thin out a little bit. If you are having more intensive chemotherapy, you may lose your hair. Your doctor will let you know if there is a chance you will lose your hair and your nurse will give you advice on what to do.

A helpful factsheet called *Hair Loss and Cancer* is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a copy. You can also pick up a factsheet from a Daffodil Centre or download it from [www.cancer.ie](http://www.cancer.ie).

### Other side-effects

If you have symptoms that are troubling you, different from those listed above, let your doctor or nurse know. He or she will tell you what to do. A helpful booklet called *Understanding Chemotherapy* is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy. You can also pick up a booklet from a Daffodil Centre or download it from [www.cancer.ie](http://www.cancer.ie).

### To sum up

- Chemotherapy is a treatment that uses drugs to destroy or control cancer cells.
- Chemotherapy is usually given with radiotherapy to make it more effective.
- The drugs can be given directly into a vein as an injection or in a drip, or may be given in tablet form.
- If the cancer comes back after having been treated, chemotherapy may be given.
- Side-effects of chemotherapy vary between people and depend on the drugs used.
- Side-effects may include feeling tired, feeling sick or getting sick, not wanting to eat, hearing loss, kidney damage, numbness or pins and needles in the hands and feet.

### How can I cope with fatigue?

Fatigue is a common symptom of cancer and is often described as an overwhelming tiredness. You may also find it hard to concentrate or make decisions. The reason for this fatigue can be hard to identify at first. It can be caused by worry when a diagnosis of cancer is made or the added stress caused by treatment. Cancer treatments and their side-effects can also cause fatigue. Talk to your doctor if fatigue is a problem. Sometimes treating other side-effects like pain or nausea can improve fatigue too.

Even though you may find it hard to identify the reasons for your tiredness, there are still ways to improve it.

If you are feeling very worried and finding it hard to sleep at night tell your doctor or nurse. He or she may be able to help. Talk to your family or close friends about your concerns. If you find this difficult, ask to see a counsellor. He or she will help you to find ways to cope.

A helpful booklet called *Coping with Fatigue* is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy or drop into a Daffodil Centre. You can also download it at [www.cancer.ie](http://www.cancer.ie).

### Will treatment affect my sex life?

Treatment for cervical cancer can cause physical and emotional changes that can affect your sex life. Problems can include vaginal dryness, a narrower or shorter vagina, pain during sex and low sexual desire (low libido). These problems usually improve with time, and there are things you can do to help improve these side-effects. If any side-effect is troubling you talk to your nurse specialist or doctor.

**Vaginal dryness**

After pelvic radiotherapy your vagina may be drier than before. This can make having sex uncomfortable. Vaginal creams/moisturisers such as Replens MD® or Hyalofemme® can be used regularly to help with day-to-day dryness. Water-based or silicone vaginal lubricants can be used during sex to make it more comfortable and pleasurable.
For example, Sylk® or Yes®. Hormonal creams and moisturisers can also help with vaginal dryness. Your doctor or nurse specialist can give you advice about this.

**Shortening/narrowing of the vagina**
Your vagina may become shorter or narrower if scar tissue forms after pelvic radiotherapy. Also, the walls of the vagina can become less stretchy and drier than before treatment. These changes may make it uncomfortable to have sex. It can also be more uncomfortable to have internal examinations, which are an important part of your follow up care after treatment.

Vaginal dilation may prevent the vagina becoming shorter or narrower by preventing scar tissue developing in the vagina. Regular gentle sex can help too. Dilation means ‘stretching and opening’. Your nurse specialist may recommend that you use vaginal dilators to try to prevent these vaginal changes from happening. Dilators are tampon-shaped plastic tubes of different sizes that you use with a lubricant. Your specialist nurse will advise you on how helpful a dilator may be in your situation and explain how to use them. You may feel embarrassed or uncomfortable about using a dilator. Talk to your specialist nurse or medical team – they will understand your concerns and will always respect your feelings.

**Pain**
You may feel tender or sore for a few weeks after surgery or radiotherapy. You may want to avoid sex during this time to allow the area to heal fully and avoid any further damage. It is also a good idea to avoid using tampons and jacuzzis during this time.

**Intimacy problems**
Many women have no problem starting to have sex again once the area is fully healed. Others may be concerned about sexual intimacy and need more time to come to terms with what has happened. Some women lose the desire for sex (libido), which can happen during treatment for a serious illness.

If you have a supportive partner, you may find that talking about your feelings may ease your anxiety. Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner. If you find it hard to express your feelings to your partner or a close friend, talk to your doctor or nurse. He or she may refer you for specialist counselling if you feel that would be helpful.

Some people fear that cancer can be passed on to a partner during sex. There is no truth to this. It is quite safe for you to have sex again with your partner.

If you have any queries about how treatment may affect your sex life, do ask your doctor or nurse specialist. Don’t be put off by thinking the question is small or trivial or that you’ll be embarrassed. Your doctors and nurses are well used to talking about these matters and will give you advice.

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### Hints and Tips – Sex after cervical cancer treatment

- **Always speak with your specialist nurse about any concerns you may have about your sex life.** You don’t need to feel embarrassed. She will be happy to talk to you and give you advice.
- **Lubricants can be used during sex to make it more comfortable and pleasurable.**
- **Vaginal dilation means gently stretching and opening the vagina.** This can help to prevent the vagina becoming shorter and narrower.
- **Dilation can be done by regular use of a dilator or regular gentle sex.**
- **It may be useful to become more aware of your vaginal muscles and learn how to relax your muscles when you are having sexual intercourse.**
- **If having sex is uncomfortable try different positions.** Lying on your side or having your partner underneath you may be easier.
Will treatment affect my fertility?

Infertility
Your fertility will be affected if you have a hysterectomy or radiotherapy. Sadly, you will not be able to become pregnant after these treatments. Talk to your doctor or nurse to see if there are any options if you would like to have a child or more children.

Ovarian transposition: Radiotherapy for cervical cancer affects your ovaries and stops them from producing eggs and pregnancy hormones.

Ovarian transposition is a type of surgery where the ovaries are moved away from the area where the radiotherapy will be given. This is to try to stop the radiation from affecting your ovaries to allow you to keep producing eggs. This operation doesn’t always work but you can talk to your doctor to see if you are suitable.

Dealing with infertility: Dealing with infertility can be as hard as dealing with a cancer diagnosis for some women. Feelings of anger, grief, sadness and loss of identity are common at this time.

It is important to talk openly to your partner or a friend about these feelings. If you are finding it hard to deal with infertility, it may help to talk to your nurse or doctor. Do not be afraid to ask for help in dealing with this matter. Your doctor may arrange for you to speak to a trained counsellor or a specialist.

Contraception
You should use contraception to prevent pregnancy during radiotherapy or chemotherapy. You may still be fertile during chemotherapy - even if your periods stop, and you may be fertile for a short time after starting radiotherapy. Your doctor will advise you about contraception.

Increased risk of miscarriage
A cone biopsy can weaken the cervix and make you more likely to miscarry. See your obstetrician as early as possible in your pregnancy and inform your maternity care team that you have had this treatment. They will check your cervix and do an ultrasound to assess your risk. Some women are advised to have a stitch placed in the cervix to strengthen it. After a radical trachelectomy, a stitch will be made at the bottom of your womb to keep it closed during pregnancy. You will be advised to use contraception for at least 3 months after surgery. After that you are free to get pregnant, although you will have a higher risk of premature labour and miscarriage – 1 in every 3 women will have a miscarriage.

During your pregnancy you will need specialist care. With a trachelectomy, babies are delivered by Caesarean section earlier than normal and will need special neonatal care. Discuss this with your doctor who will give you more advice.

Early menopause
Radiotherapy to your ovaries and surgically removing them will bring on early menopause. This may involve hot flushes, dry skin, dryness of your vagina, reduced sexual desire, night sweats, mood swings, poor concentration and osteoporosis. Some chemotherapy drugs can also cause menopausal symptoms.

Most of these effects can be prevented or reversed by replacing the hormones that your ovaries previously made. In young women it is very important that these hormones are replaced. Your doctor may prescribe hormone replacement therapy (HRT) following treatment for cervical cancer. However, you may not be suitable for HRT. For example, if you have a family history of breast or ovarian cancer. If you are not suitable for HRT, you may be at risk of developing osteoporosis (thinning of the bone). In this case, your doctor will give you advice on how to prevent it.

HRT can be given in different ways. For example, in tablet form or through an implant device put under your skin, or by a slow release patch worn on your arm or leg.
Some problems like dryness of the vagina can make sex uncomfortable. But this can be eased by using vaginal lubricants (see page 39), available in your local pharmacy. Do talk to your nurse if you are having problems with the symptoms of early menopause. You could also read our factsheet on managing menopausal symptoms. Call the National Cancer Helpline on 1800 200 700 for a free copy or drop into a Daffodil Centre. You can also download it from our website www.cancer.ie

What follow-up do I need?

No matter what type of cancer treatment you get, you will still need to go back to hospital for regular follow-up visits once it is over. At first these visits to the specialist will be quite often, sometimes every 3 months. The follow-up may involve having a physical exam, blood tests and scans. These visits will continue for a number of years but will become less frequent.

If you are between check-ups and have a symptom or problem that is worrying you, let your doctor know. Make an appointment to see him or her as soon as possible.

Recurrent cervical cancer

If cervical cancer comes back after having been treated, it may be hard to treat it again. Even so, some chemotherapy treatments may help.

If the cancer has returned to the cervix only (locally recurrent cervical cancer), sometimes it is possible to aim for a cure using surgery. But before a decision is made about this, you will need a full exam and many tests. An operation called a pelvic exenteration can sometimes cure the cancer if it returns at the top of the vagina only.

This operation is a major one. It may involve removing your cervix, vagina, womb, ovaries, fallopian tubes, lower bowel and bladder. Because it is major surgery you will need counselling beforehand. It can be a shock to the system when you are left with stomas (openings from the bowel and bladder onto the abdomen) after surgery and having to learn how to care for them. Your doctor or nurse will give you more information and advice if you need this kind of surgery.

Metastatic cervical cancer

If the cancer has spread to other parts of your body (metastatic) after treatment, chemotherapy may be given. The aim of treatment here is usually to control the cancer rather than cure it.
Cancer and complementary therapies

Complementary treatments for cancer are treatments that can be given alongside standard medical treatment. For example, yoga or massage. Some people find them very helpful during their illness. The way cancer is treated often depends on the culture of the country in which you live. In Ireland cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted.

You may hear about the following types of treatments or therapies:

Conventional therapies
Conventional therapies are treatments that doctors use most often to treat people with cancer. These include surgery, radiotherapy, chemotherapy, hormone therapy and biological therapy. They are tried and trusted methods where there is a long history of use. Many of the treatments have been tested in clinical trials.

Complementary therapies
Complementary therapies are treatments that are sometimes given together with conventional treatment. They include therapies such as:

- Meditation
- Nutrition therapy
- Relaxation
- Music, art and dance therapy
- Visualisation
- Shiatsu
- Gentle massage
- Yoga
- Aromatherapy
- Acupuncture
- Reflexology
- Hypnotherapy

Many people find that complementary therapies are very helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that cancer can often bring. Some complementary therapies also focus on the spiritual dimension of a person to aid healing.
Understanding cancer of the cervix

Alternative therapies

Alternative therapies are generally treatments that are used instead of conventional treatments. These therapies include diet therapy, megavitamin therapy and herbalism.

Alternative therapies have not been scientifically proven. Some alternative therapies may even harm your health. Always talk to your doctor if you are considering an alternative to conventional treatment.

Coping and emotions

How can I cope with my feelings?

There are many reactions when told you have cervical cancer. Reactions can often differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard.

Common reactions include:

- Shock and disbelief
- Sorrow and sadness
- Resentment
- Fear and uncertainty
- Denial
- Blame and guilt
- Loss of control
- Anger
- Withdrawal and isolation

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. A helpful booklet which discusses them in detail is called Understanding the Emotional Effects of Cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 for a free copy. You can also pick up a booklet from a Daffodil Centre or download it from www.cancer.ie

Shock and disbelief

Shock is often the first reaction to a cancer diagnosis. In fact, you may feel numb and the situation may seem unreal. Many people think cancer will never happen to them and are totally shocked when it does. Even if your doctor and nurse discuss the cancer with you, the news may not sink in for a while. You may find yourself confused, asking the same questions over and over again. Or else you may accept the news calmly and say nothing because you don’t really believe what is happening to you.
Fear and uncertainty

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. They think the worst. But many cancers can be cured or controlled with modern treatments.

Another great fear about cancer is pain. The fear of pain can sometimes overwhelm everything else. However, some cancers cause no physical pain at all or else can be controlled with good painkillers.

You may also have fears that your experience of cancer will change who you are or that people with reject or avoid you. For example, after some cancer treatments your body image may be different, and it will take some time for you and for others to adjust to your new look. You may also have practical worries and fears about the effect of your illness on your family, your finances, your job, and your lifestyle.

It is natural for you to be afraid or concerned about the future too. You may wonder if you will be cured or if your cancer will recur. Living with this uncertainty can make you feel anxious and fearful. You may not wish to make any plans or decisions. Discuss your concerns with your doctor, nurse or medical social worker, who will give you advice and help. If living with uncertainty overwhelms you, it may help to talk to someone in a support group, such as a Survivors Supporting Survivors volunteer. See page 68 for more information.

Loss of control

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom. Because you don’t know enough about your illness at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident to make any decisions about your treatment. When you experience a loss of control, it can lead to feelings of helplessness. You may also feel that you will be unable to cope with your treatment or that you will ‘fall to pieces’ or ‘go crazy’. You may even lose hope.

It takes a while to know what is within your control and what is outside it. Finding out as much as possible about your illness can help you regain some control. Taking an active part in making decisions about your treatment can also help you feel more in control of your illness.

Sorrow and sadness

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons: for the loss of your good health, for the plans that are put on hold, for the people you feel you’ve let down, and for any changes to your body due to treatment. Depending on your type of cancer, your fertility or body image may be affected by treatment. In this case, the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but will gradually fade.

Denial

Sometimes after being told their diagnosis, people deny they have cancer. While this may seem unusual, it is a valid way of coping. As a result, you may not wish to mention or discuss your illness. Or else you may talk as if your illness is nothing serious. Denial may last for a short or long time, depending on how long it takes for you to adjust to your illness. Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you don’t want to hear any information about your cancer until you’re ready.
Understanding cancer of the cervix

Blame and guilt

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. You may find that you blame yourself or your partner for passing on the virus linked to cervical cancer. You may even think that your partner has been unfaithful. But HPV should not be seen as a sign that you or your partner is having sex outside of your relationship. The virus is very common and condoms do not give full protection against it. In fact, it is often impossible to know when and from whom the virus was caught. Someone can have HPV for a very long time before it is found. For these reasons, it is not helpful or fair to blame yourself or your partner.

Other times, people feel guilty because they delayed going to the doctor with their symptoms, fearing the worst. No matter what the reason, don’t torture yourself at this time. Don’t feel guilty if you can’t keep a positive attitude either, especially when you feel unwell. Low periods are to be expected. There is no evidence at all that your attitude will affect your health or cancer. Regret and guilt serve no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

Withdrawal and isolation

There is no denying that a cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness you may want to be left alone and withdraw from people. It is normal for you to want to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope. However, it is not a good idea to spend long hours on your own every day. Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for your family and friends, as they will want to share this difficult time with you. They may worry about you needlessly.

Anger

It is normal to be very upset when told you have cancer. Many aspects of your illness can result in anger and distress. Anger can often hide other feelings such as fear, sadness or frustration. You may feel angry towards the doctors and nurses who are caring for you. Or if you have a religious belief, you may feel angry with your God for allowing cancer to occur. You may vent your anger on those closest to you. Indeed being unable to protect the ones you love may frustrate you a lot.

Your family and friends may not always be aware that your anger is really about your illness and not at them. It may be helpful to talk to them when you are calm, rather than feeling guilty or trying to bottle up your angry thoughts. Anger can sometimes affect your ability to think clearly. So if it persists and you are finding it hard to talk to your family, tell your nurse or doctor.

Resentment

It is natural that you might be resentful and unhappy because you have cancer while other people are well. During the course of your illness similar feelings of resentment may occur for many reasons. You may resent that another patient receiving the same treatment as you has responded quicker than you have. You may resent your healthy relatives or having to change your lifestyle in some way.

On the other hand, sometimes relatives, especially adolescents, can resent the changes that your illness makes to their lives. It is best to admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

Don’t bottle up your feelings – express them.

Why me?
I always took care of my health.
Why did this happen now?

I should’ve been more careful.
If only I had a more positive attitude, I wouldn’t have got sick.

Why can you talk – you don’t have to deal with cancer.
How come I’m not getting better?

I just need to be on my own.
Let your family and friends know that you will talk to them once you are ready. Sometimes you may feel as if you have had enough of the people around you, but remember they are only concerned about you.

If you would like more information on how to talk about your cancer, there is a useful booklet available called Who Can Ever Understand? Talking about Your Cancer. If you would like a copy, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre. You can also download it at www.cancer.ie

**Learning to cope**

After any treatment for cancer it can take some time to come to terms with your emotions. Coping with the physical effects of treatment can also add to the burden of dealing with cancer.

While it is true that some treatments can have some unpleasant side-effects, many people are able to live a normal life during treatment. You will need to take some time off for your treatment as well as time afterwards to recover. Just do as much as you feel like and take plenty of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling, they can give you more support.

**How can my family and friends help?**

Families and friends can support people through their cancer journey in different ways. Some family members and friends can offer a listening ear and give advice if needed. Some may gather up-to-date information on cancer to know what their loved one can expect and what they are going through. Others may prefer to help in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your friend or relative best.

**How to talk to someone with cancer**

When someone close to you has cancer it can be hard to know what to do and say. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you’re afraid of their illness or what might happen in the future. Although some people do die from cancer, many do not. Be honest with your feelings too. Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don’t rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may not think you are doing much by just listening. In fact, it is one of the best ways to help.

**Positive emotions**

A cancer experience can also bring positive emotions. However, it may be some time before you are ready to accept these emotions as positive. You may experience great love, affection and closeness from those around you, not only family and friends but also from neighbours and the healthcare team. With that can come a sense of gratitude too. The experience of cancer can also bring personal growth and knowledge – it can make you realise where your strength lies and what is important in life for you. You may also get the chance to do and enjoy different things that you would never have done otherwise.

**Be patient**

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.
How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either great or small. Even so, it is best to keep family life as normal as possible. Continue with school and other activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to big changes in their lives.

Every family deals with cancer in its own way. You may feel that you do not want your illness to upset family life, or feel guilty that you cannot do activities with your children or that you’re letting the children down. These are all natural feelings to have at this time.

Be honest

The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your children. It can put added pressures on your family and lead to confusion. Children are very sensitive to stress and tension and if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if told nothing.

It is best that you or the other parent tell your children about your cancer diagnosis. If this is not possible, then someone else close to your children should break the news.

How much you tell children will depend on their age and level of maturity. Very young children do not understand illness and need a simple reason why their parent or friend is sick and has to go to hospital regularly. A story about good cells and bad cells usually works well. Most children over 10 years of age can take in fairly full explanations of why you are sick. Adolescents can understand far more.

It is best to prepare children for the side-effects of treatment before they happen and to answer their questions simply and honestly. It is also important not to force your children to talk about your illness. If they rebel or turn quiet, it may be their way of showing their feelings.

Coping with children’s emotions

During your illness, your children may experience a range of emotions from fear, guilt, anger to neglect, loneliness, isolation and embarrassment. They need to be reassured that your illness is not their fault. Whether they show it or not, children may feel that they somehow are to blame. But by having an open honest approach, it may bring you a sense of relief too. Your family may also find new depths of love and inner strength that will boost your life together.

If you need some extra help in dealing with children, talk to your nurse or medical social worker. A useful booklet called Talking to Children about Cancer: A Guide for Parents gives practical advice for talking to children about cancer. If you would like a free copy, call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre. You can also download it at www.cancer.ie

What else can I do?

Everyone experiences cancer in a different way. And how each person copes with cancer varies too. There is no right or wrong way to cope, only your way. During your illness there are many things that you can learn, not only about cancer itself but also about you as a person. Here is a list of things to help make you feel more involved and more in control of your illness. They can help to boost your self-esteem and well-being, making it easier to deal with cancer.

- **Communicate with your family and close friends**: Do not keep your worries or symptoms secret from the people closest to you. This includes physical or emotional problems. Ask the person closest to you to come with you when visiting the doctor and when treatments will be discussed.
Understand cancer of the cervix

- **Live one day at a time:** Don’t think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.

- **Live well:** Try to eat as well as you can. Eat little and often, using lots of different types of foods with plenty of fresh fruit and vegetables. Do some regular exercise that you enjoy. Take it easy at first, building up the amount you do as you feel stronger.

- **Expect change in your life:** Even though you may want to stick to your old routines, sometimes this may not be possible. It may take a while for you to adjust to your new routine. Remember that change may bring new opportunities and blessings.

- **Keep an open mind:** Don’t feel you have to be positive all the time. Expect ups and downs during your cancer journey. There will be times when you feel low but don’t feel guilty about it, as it will pass.

- **Seek information:** Be sure to ask your doctor as many questions as you can and get involved in decisions about your treatment. Always ask for information that is personal to you. Ask what side-effects you can expect so you can prepare for them. Build up as much information about your cancer and treatment as possible. Follow your doctor’s instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor or nurse. Keep a notebook of all your dates for blood tests, X-rays, scans, treatments, symptoms, side-effects, medications, and your general health. Keep a record of any emotions you are feeling too, especially strong ones.

- **Find what works for you:** It can help to use whatever way of coping that has helped you solve problems in the past. Some people are comfortable taking about their illness, others are not. You may prefer relaxation, meditation, walking, listening to music, or other approaches helpful. Do whatever suits you. But if it’s not working, be open to finding a new way to cope.

- **Build a support network:** Be realistic about what you can manage by yourself. No man is an island, so seek help from those who want to support you. Talk to your family, friends, nurses or doctors. Meet with other patients in support groups and self-help groups as they can understand what you are going through. If the group does not suit you and is not helping, leave it.

- **Seek professional help:** If you have any low moods or strong emotions, talk to your close friends and family – or someone who is a good listener. If the emotions are still getting the better of you, discuss them with your nurse and doctor. They may recommend you talk to a trained counsellor or other specialist.

- **Spiritual care:** When faced with a cancer diagnosis and treatment, you may start thinking about the meaning of life and the afterlife. For some people spiritual and religious beliefs can bring comfort and hope. Practices such as prayer or meditation may help you to focus on what has value and meaning in your life. Even if you do not consider yourself a religious or spiritual person, it is still possible to get support from prayer or meditation. Some complementary therapies that have a spiritual dimension may also help you to focus on being positive and hopeful.

- **Express yourself:** Keep a diary or journal if you need to express yourself without holding back. It can help you to make sense of your cancer journey and can bring great healing and relief. Other forms of creative expression, such as music and art, may help too.

A useful booklet called *Understanding the Emotional Effects of Cancer* has been written for people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline on 1800 200 700 if you would like a free copy or visit a Daffodil Centre. You can also download it at [www.cancer.ie](http://www.cancer.ie)
Support resources

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Cancer nurse specialists
- Medical social worker
- Psycho-oncology services
- Family doctor (GP)
- Community health services
- Support groups
- Irish Cancer Society

Cancer nurse specialists: Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse coordinators. These specially trained nurses can support you and your family from the time of diagnosis and throughout treatment. The nurses work along with other members of your medical team to meet your needs.

Medical social worker: The medical social worker in your hospital can help in many ways. He or she can give support and counselling to you and your family and give advice on practical and financial support and services available when you go home.

Psycho-oncology services: In some larger hospitals there are special units that provide psycho-oncology services. This means that you can receive psychological care and support during your diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

GP (family doctor): You may feel comfortable talking to your family doctor (GP) about your cancer too. He or she can discuss any of your queries and offer advice and support.

Community health services: There are various community health services available from your local health centre. These centres have public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live far from your hospital, your community welfare officer can also help with practical issues such as
financial problems or exceptional needs. More information on the services is available either from the medical social worker in your hospital before you go home or at your local health centre.

Support groups: Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with cancer. Cancer support groups and centres are found in most counties in Ireland and can offer a wide range of services. Some are listed at the back of this booklet. You can search for a support group on www.cancer.ie

Irish Cancer Society: The staff of the Cancer Information Service will be happy to discuss any concerns you or your family may have, at any stage of your illness. This can range from treatment information to practical advice about financial matters. Call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre for information about any of the services outlined above or for support services in your area.

Remember that there are many people ready to help you.

Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of the following are given here:

- Hospital cover
- Outpatient cover
- Medical card
- GP visit card
- Drug Payments Scheme (DPS)
- Private healthcare cover
- Benefits and allowances

At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover

At present, everyone is entitled to hospital inpatient services in a public ward in a public hospital. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the accident and emergency department of a public hospital without being referred there by a GP, you will be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the accident and emergency department first.

The €100 charge applies to the first visit in relation to an illness or accident. If you have to return for further visits to an outpatient clinic in relation to the same illness or accident, you should not have to pay the charge again.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services as well as outpatient services and medical appliances. You will have to pay a prescription charge of €2.50 per item up to a limit of €25 per family per month.

To qualify for a medical card depends on a means test regardless of age. If you are over 70 and your weekly income is €500 or less (€900 for couples), you can still apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office. If your means are above but close to the guidelines, you should apply for a card anyway as a card may be granted in some situations. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

If you wish to apply for a medical card, you can download an application form and apply online (www.medicalcard.ie) or at your local health centre. LoCall 1890 252 919.

GP visit card

If you do not qualify for a full medical card, you may be eligible for a GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage
and travel to work. Check with the medical social worker at the hospital or your HSE office to see if you are eligible. If you wish to apply for a GP visit card, you can download an application form and apply online www.medicalcard.ie or at your local health centre. LoCall 1890 252 919.

**Drugs Payment Scheme**
Under the Drugs Payment Scheme (DPS), individuals and families, including spouses and dependent children, pay a limit of €144 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office or your local pharmacy.

**Private healthcare cover**
Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In Ireland, this is available through the VHI, Laya Healthcare, AVIVA Health, GloHealth, and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

If you have private insurance, you may not always be able to have your tests done as quickly as you would like. Your health insurer has to approve some tests in advance. For example, MRI and PET scans. In some cases, it may take 24–48 hours to get approval from your health insurer.

**Benefits and allowances**
You or a family member may qualify for a number of benefits and allowances. For example: Illness Benefit, Disability Allowance, Invalidity Pension, Carer’s Allowance, Carer’s Benefit, Carer’s Leave.

More information on these is available in a booklet called *Managing the Financial Impact of Cancer: A Guide for Patients and Their Families*. For a free copy, contact the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre. You can also download it from www.cancer.ie

Application forms for the benefits are available from social welfare offices or the Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or LoCall 1890 927 770. You can also download the forms from websites such as www.welfare.ie or www.citizensinformation.ie

**Appliances**
If you have a medical card most appliances such as wigs and prostheses are free of charge or subsidised. The subsidy will depend on the HSE area. For further information, contact your local HSE office.

**Travel to hospital**
You may be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your medical social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres, usually for patients with medical cards.

See pages 69 and 70 for information on the Travel2Care and Care to Drive schemes run by the Irish Cancer Society. Some local communities may also provide volunteer transport services.

**Further information**
Depending on your circumstances at the time of your illness, there are many other benefits and entitlements that may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:
- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending.

For social welfare queries, contact:
**Dept of Social Protection – Information Service**
Oisin House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Leaflet line: 1890 202 325
Email: info@welfare.ie
Website: www.welfare.ie
Irish Cancer Society services

The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

- Cancer Information Service (CIS)
- Daffodil Centres
- Cancer support services
- Survivors Supporting Survivors
- Counselling
- Night nursing
- Cancer information booklets and factsheets
- Financial support
- Care to Drive transport project

For queries about local health and social services, contact the HSE.

**HSE infoline:** 1850 24 1850  
**Email:** info@hse.ie  
**Website:** www.hse.ie

Information is also available from your local Citizens Information Centre. A list of these centres is available from:

**Citizens Information**

Tel: 0761 07 4000  
Email: information@citizensinformation.ie  
Website: www.citizensinformation.ie

If you have financial worries…

A diagnosis of cancer can sometimes bring the added burden of financial worries. You may find that you have a lot more expenses, like medication, travel, food, heating, laundry, clothing and childcare costs. If you are unable to work or unemployed, this may cause even more stress. It may be hard for you to deal with cancer if you are worried about providing for your family and keeping a roof over your head.

There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 69 for more details. You can also call the National Cancer Helpline on 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 0761 07 2000. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 71 for contact details. A useful book for preparing low-budget nutritious meals is 101+ Square Meals. See page 77 for more information.

Cancer Information Service (CIS)

The Society provides a Cancer Information Service with a wide range of services. The **National Cancer Helpline 1800 200 700** is a freephone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues.

These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The Helpline can also put you in contact with the various support groups that are available. The Helpline is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- The website **www.cancer.ie** provides information on all aspects of cancer.
- All queries or concerns about cancer can be emailed to the CIS at **helpline@irishcancer.ie**
- **Message Board** is a discussion space on our website (www.cancer.ie) to share your stories, ideas and advice with others.
- The **walk-in caller service** allows anyone with concerns about cancer to freely visit the Society to discuss them in private.
- Find us on **Facebook** and follow us on **Twitter** (@IrishCancerSoc).
Daffodil Centres
Daffodil Centres are located in a number of Irish hospitals. These have been set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give you a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

Cancer support services
The Irish Cancer Society funds a range of services set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See page 72 for more details.

Survivors Supporting Survivors
Being diagnosed with cancer can be one of the hardest situations to face in your lifetime. Survivors Supporting Survivors is a one-to-one support programme run by the Irish Cancer Society. It provides peer support to people who have been diagnosed with cancer. All of the volunteers have had a cancer diagnosis and have been carefully selected and trained to give you support, practical information and reassurance when you need it most. You can speak to someone who really knows what you are going through. If you would like to make contact with a volunteer, please call the National Cancer Helpline on 1800 200 700.

Counselling
Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the Helpline on 1800 200 700 to find out about counselling services provided by the Irish Cancer Society and services available in your area.

Night nursing
The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

Cancer information booklets and factsheets
Our booklets provide information on all aspects of cancer and its treatment, while our factsheets deal with very specific topics. The booklets also offer practical advice on learning how to cope with your illness. The booklets and factsheets are available free of charge from the Irish Cancer Society by calling 1800 200 700. They can also be downloaded from www.cancer.ie or picked up at a Daffodil Centre.

Financial support
A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances the Irish Cancer Society may be able to provide limited financial help to patients in need through schemes such as Travel2Care and Financial Aid.

Travel2Care: Travel2Care can help with your travel costs if you have genuine financial hardship due to travelling over 50 kilometres to a rapid access diagnostic clinic for tests or to a designated cancer centre or approved satellite centre for cancer treatment. The scheme is funded by the National Cancer Control Programme (NCCP) and managed by the Irish Cancer Society. Travel2Care can help with some of the costs of public transport, such as trains or buses, private transport costs, or petrol expenses.
If this applies to you, contact the medical social work department in your hospital or speak to your cancer care nurse. You can also contact the Irish Cancer Society on (01) 231 6643 / 231 6619 or email: travel2care@irishcancer.ie

Financial Aid: A special fund has been created to help families experiencing financial difficulty as a result of cancer. If this applies to you, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society at (01) 231 6619.

Care to Drive transport project
Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their treatments using volunteer drivers. All of the volunteers are carefully selected, vetted and trained. You are collected from your home, driven to your appointment and brought back home again. Call (01) 231 0522 for more information.

If you would like more information on any of the above services, call the National Cancer Helpline on 1800 200 700, visit the website www.cancer.ie or a Daffodil Centre.

### Useful organisations

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<th>Organisation</th>
<th>Tel</th>
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<tr>
<td>Irish Cancer Society</td>
<td>(01) 231 0500</td>
<td><a href="mailto:helpline@irishcancer.ie">helpline@irishcancer.ie</a></td>
<td><a href="http://www.cancer.ie">www.cancer.ie</a></td>
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<tr>
<td>The Carers Association</td>
<td></td>
<td><a href="mailto:info@carersireland.com">info@carersireland.com</a></td>
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<tr>
<td>Citizens Information</td>
<td>(0761) 07 4000</td>
<td><a href="mailto:information@citizensinformation.ie">information@citizensinformation.ie</a></td>
<td><a href="http://www.citizensinformation.ie">www.citizensinformation.ie</a></td>
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<td>All Ireland Co-operative Oncology Research Group</td>
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<td><a href="http://www.icorg.ie">www.icorg.ie</a></td>
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<td>Irish Nutrition &amp; Dietetic Institute</td>
<td>(01) 280 4839</td>
<td><a href="mailto:info@indi.ie">info@indi.ie</a></td>
<td><a href="http://www.indi.ie">www.indi.ie</a></td>
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<td>Irish Oncology and Haematology Social Workers Group</td>
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<td><a href="http://socialworkandcancer.com">http://socialworkandcancer.com</a></td>
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<td>Money Advice and Budgeting Service (MABS)</td>
<td>(01) 812 9350</td>
<td><a href="mailto:helpline@mabs.ie">helpline@mabs.ie</a></td>
<td><a href="http://www.mabs.ie">www.mabs.ie</a></td>
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<td>Rotunda IVF</td>
<td>(01) 807 2732</td>
<td><a href="mailto:info@rotundaivf.ie">info@rotundaivf.ie</a></td>
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<td>AVIVA Health</td>
<td>1850 717 717</td>
<td><a href="mailto:info@avivahealth.ie">info@avivahealth.ie</a></td>
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<tr>
<td>GloHealth</td>
<td>1890 781 781</td>
<td><a href="mailto:findoutmore@glohealth.ie">findoutmore@glohealth.ie</a></td>
<td><a href="http://www.glohealth.ie">www.glohealth.ie</a></td>
</tr>
<tr>
<td>Laya Healthcare</td>
<td>1890 700 890</td>
<td><a href="mailto:info@layahealthcare.ie">info@layahealthcare.ie</a></td>
<td><a href="http://www.layahealthcare.ie">www.layahealthcare.ie</a></td>
</tr>
</tbody>
</table>
Understanding cancer of the cervix

Voluntary Health Insurance (VHI)
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
CallSave: 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support services

Survivors Supporting Survivors
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline:
1800 200 700
Email: support@irishcancer.ie
Website: www.cancer.ie

ARC Cancer Support Centres Dublin
[See page 73]
Canteen Ireland
[Teenage cancer support]
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: info@canteen.ie
Website: www.canteen.ie

Cancer Support Sanctuary LARCC
[See page 73]
Connaught support services

Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 844 319 / 091 845 228
Email: athenrycancercare@gmail.com
Website: www.athenrycancercare.com

Cara Iorrais Cancer Support Centre
2 Church Street
Belmullet
Co Mayo
Tel: 097 20590 / 087 391 8573
Email: caraiorrais@gmail.com

East Galway & Midlands Cancer Support
Cluain Mhúire
Brackernagh
Ballinasloe
Co Galway
Tel: 090 964 2088 / 087 984 0304
Email: info@egm cancersupport.com
Website: www.eastgalwaycancersupport.com

Gort Cancer Support Group
Garrabeg
Gort
Co Galway
Tel: 091 648 606 / 086 172 4500
Email: info@gortcancersupport.ie
Website: www.gortcancersupport.ie

Hand in Hand
Children’s Cancer Support Centre
Main Street
Oranmore
Co Galway
Tel: 091 799 759
Email: info@handinhand.ie
Website: www.handinhand.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick's Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: info@mayocancer.ie
Website: www.mayocancer.ie

Roscommon Cancer Support Group
Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: info@vitahouse.org

Sligo Cancer Support Centre
44 Wine Street
Sligo
Tel: 071 917 0399
Email: scsc@eircom.net
Website: www.sligocancersupportcentre.ie

Tuam Cancer Care Centre
Cricket Court
Dunmore Road
Tuam
Co Galway
Tel: 093 28522
Email: support@tuamcancercare.ie
Website: www.tuamcancercare.ie

Leinster support services

Aoiibheann’s Pink Tie
[Supporting children with cancer]
Unit 22
Docklands Innovation Centre
125 – 130 East Wall Road
Dublin 3
Tel: 01 240 1300
Email: lindaocconnell@aobheannspinktie.ie
Website: www.aobheannspinktie.ie

ARC Cancer Support Centre
ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

ARC Cancer Support Centre
ARC House
559 South Circular Road
Dublin 8
Tel: 01 707 8880
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Arklow Cancer Support Group
25 Kings Hill
Arklow
Co Wicklow
Tel: 0402 2390 / 085 110 0066
Email: info@arklowcancersupport.com
Website: www.arklowcancersupport.com

Balbriggan Cancer Support Group
Unit 23, Balbriggan Business Park
Harry Reynolds Road
Balbriggan
Co Dublin
Tel: 087 353 2872 / 086 164 2234

Cancer Support Sanctuary LARCC
Coole Road
Multyfarnham
Mullingar
Co Westmeath
Tel: 044 937 1971
CallSave: 1850 719 719
Email: info@cancersupport.ie
Website: www.cancersupport.ie

Cara Cancer Support Centre
7 Williamson’s Place
Dundalk
Co Louth
Tel: 042 937 4905
Mobile: 087 395 5335
Email: info@ccscdundalk.ie
Website: ccsdundalk.ie

Cois Nore Cancer Support Centre
8 Walkin Street
Kilkenny
Tel: 056 775 2222
Email: coisnorekilkenny@gmail.com
Website: www.kilkennycancersupport.ie

Cuisle Cancer Support Centre
Block Road
Portlaoise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Website: www.cuislecentre.com

Dóchas: Offaly Cancer Support Group
Teach Dóchas
Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: info@dochasoffaly.ie
Website: www.dochasoffaly.ie

Dublin West Cancer Support Group
Generic Social Work Department
Oak Unit
Cherry Orchard Hospital
Ballyfermot
Dublin 10
Tel: 01 620 6273
Email: martina.mcgovern2@hse.ie/
noreen.obienn4@hse.ie
Understand cancer of the cervix

Recovery Haven
5 Haig’s Terrace
Tralee
Co Kerry
Tel: 066 719 2122
Email: recoveryhaven@gmail.com
Website: www.recoveryhavenkerry.com

Solas Centre
South Eastern Cancer Foundation
Waterford
Tel: 051 304 604
Email: info@solascentre.ie
Website: www.solascentre.ie

Suaimhneas Cancer Support Centre
2 Clonaslee
Gortland Roe
Nenagh
Co Tipperary
Tel: 067 37403
Email: suaimhneascancersupport@eircom.net

Suir Haven Cancer Support Centre
Clongour Road
Thurles
Co Tipperary
Tel: 0504 21197
Email: suirhaven@gmail.com

Ulster support services
Coiste Scaoil Saor Ó Ailse
C/O Ionacn Niomh Padraig
Upper Dore
Bunbeg
Letterkenny
Co Donegal
Tel: 074 953 2949
Email: ionadnp@eircom.net
Website: www.scaoilsaor.ie

Crocus: Monaghan Cancer Support Centre
The Wellness Centre
19 The Grange
Plantation Walk
Monaghan
Tel: 087 368 0965 / 047 62565
Email: crocus.2011@yahoo.com

Cuan Cancer Social Support and Wellness Group
2nd Floor, Cootehill Credit Union
22–24 Market Street
Cootehill
Co Cavan
Tel: 086 455 6632

Other support services
Ballinasloe Cancer Support Centre
Main Street
Ballinasloe
Co Galway
Tel: 090 964 3431
Email: ballinasloe@eircom.net

The Bella Rose Foundation
Merry Maid House
West Park Campus
Garter’s Lane
Citywest
Dublin 24
Tel: 087 320 3201
Email: thebellarosefoundation@gmail.com
Website: www.bellarose.ie

Cancer Care West
72 Seamus Quirke Road
Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

Cúnamh: Bons Secours Cancer Support Group
Bon Secours Hospital
College Road
Cork
Tel: 021 480 1676
Website: www.cunamh.ie

Dundalk Cancer Support Group
Philipstown
Hackballscross
Dundalk
Co Louth
Tel: 086 107 4257
Useful contacts outside Republic of Ireland

**Action Cancer (UK)**
- Address: Action Cancer House
- Address: 1 Marlborough Park
- Address: Belfast BT9 6XS
- Tel: 028 9080 3344
- Email: info@actioncancer.org
- Website: www.actioncancer.org

**American Cancer Society (US)**
- Website: www.cancer.org

**Cancer Focus Northern Ireland**
- Address: 40–44 Eglantine Avenue
- Address: Belfast BT9 6DX
- Tel: 048 9066 3281
- Email: hello@cancerfocusni.org
- Website: www.cancerfocusni.org

**Cancer Research UK**
- Tel: 0044 20 7242 0200
- Website: www.cancerhelp.org.uk

**Healthtalkonline**
- Website: www.healthtalk.org

**Macmillan Cancer Support (UK)**
- Tel: 0044 20 7840 7840
- Email: cancerline@macmillan.org.uk
- Website: www.macmillan.org.uk

**Macmillan Support & Information Centre**
- Address: Belfast City Hospital Trust
- Address: 77–81 Lisburn Road
- Address: Belfast BT9 7AB
- Tel: 028 9069 9202
- Email: cancerinfo@belfasttrust.hscni.net
- Website: www.cancerni.net

**National Cancer Institute (US)**
- Website: www.nci.nih.gov

**Free booklets from the Irish Cancer Society:**
- Understanding Chemotherapy
- Understanding Radiotherapy
- Coping with Fatigue
- Diet and Cancer
- Understanding Cancer and Complementary Therapies: A Guide for Cancer Patients
- Understanding the Emotional Effects of Cancer
- Lost for Words: How to Talk to Someone with Cancer
- Who Can Ever Understand? Talking About Your Cancer
- Talking to Children about Cancer: A Guide for Parents

**Helpful books**

- **Cervical Cancer: All You and Your Partner Need to Know About Its Detection and Treatment**
  - Jane Chomet, Julian Chomet, Peter Gardiner
  - ISBN: 978-0722515839

- **Challenging Cancer: Fighting Back, Taking Control, Finding Options** (2nd edn)
  - Dr Maurice Slevin & Nira Kfir
  - Class Publishing, 2002
  - ISBN 1-85959-068-3

- **Explaining cancer to children**
  - *Why Mum? A Small Child with a Big Problem*
  - Catherine Thornton
  - Veritas, 2005
  - ISBN 1-85390-891-6

- **44½ Choices You Can Make If You Have Cancer**
  - Sheila Dainow, Jo Wright & Vicki Golding
  - Newleaf, 2001
  - ISBN 0-71713-222-6

For more details on helpful and up-to-date books, call the National Cancer Helpline on 1800 200 700.
### What does that word mean?

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benign</strong></td>
<td>Not cancer.</td>
</tr>
<tr>
<td><strong>Biopsy</strong></td>
<td>The removal of a small amount of tissue from your cervix to find out if abnormal cells are present.</td>
</tr>
<tr>
<td><strong>Cervical intraepithelial neoplasia (CIN)</strong></td>
<td>The cell abnormality in the cervix that smear tests try to find. It is graded from 1 to 3 to describe where the cells are found. It can also be called low or high grade changes. Some of these abnormal changes return to normal by themselves, while others need treatment.</td>
</tr>
<tr>
<td><strong>Cervix</strong></td>
<td>The neck of the womb at the top of the vagina.</td>
</tr>
<tr>
<td><strong>Chemotherapy</strong></td>
<td>A treatment that uses drugs to cure or control cancer.</td>
</tr>
<tr>
<td><strong>Colposcope</strong></td>
<td>A machine with binoculars and a bright light that helps the doctor or nurse to look closely at the surface of your cervix. It does not go inside your vagina.</td>
</tr>
<tr>
<td><strong>Colposcopist</strong></td>
<td>A doctor or nurse who has been specially trained in colposcopy.</td>
</tr>
<tr>
<td><strong>Colposcopy</strong></td>
<td>A test where your cervix and vagina are examined more closely using a light and magnifying binoculars called a colposcope.</td>
</tr>
<tr>
<td><strong>Cone biopsy</strong></td>
<td>A treatment that removes a small cone-shaped piece of your cervix containing abnormal cells.</td>
</tr>
<tr>
<td><strong>Cytology</strong></td>
<td>The study of cells under a microscope. In this case, cervical cells.</td>
</tr>
<tr>
<td><strong>Dyskaryosis</strong></td>
<td>Cervical cells that look abnormal.</td>
</tr>
<tr>
<td><strong>Gynaecologist</strong></td>
<td>A doctor who specialises in treating diseases of the female reproductive system (womb, vagina and ovaries).</td>
</tr>
<tr>
<td><strong>Gynaecological oncologist</strong></td>
<td>A doctor who specialises in or has an interest in cancers of the female reproductive system.</td>
</tr>
<tr>
<td><strong>Human papilloma virus (HPV)</strong></td>
<td>A virus that can cause abnormal changes in the cells of the cervix or warts in the genital area.</td>
</tr>
<tr>
<td><strong>Hysterectomy</strong></td>
<td>An operation to remove your womb (uterus).</td>
</tr>
<tr>
<td><strong>LLETZ / LEEP</strong></td>
<td>This stands for large loop excision of the transformation zone. It is a treatment that uses a thin wire loop with an electric current to remove the abnormal cells in your cervix. It is done in the outpatient clinic. LLETZ is also known as LEEP – loop electrosurgical excision procedure.</td>
</tr>
<tr>
<td><strong>Lymphadenectomy</strong></td>
<td>An operation to remove lymph nodes to see if the cancer has spread.</td>
</tr>
<tr>
<td><strong>Malignant</strong></td>
<td>Cancer.</td>
</tr>
<tr>
<td><strong>Metastasis</strong></td>
<td>The spread of cancer from one part of the body to other tissues and organs.</td>
</tr>
<tr>
<td><strong>PAP smear</strong></td>
<td>A test where cells are taken from your cervix and put into a bottle or liquid and sent to a laboratory to be examined.</td>
</tr>
<tr>
<td><strong>Pelvis</strong></td>
<td>The lower part of your abdomen, found between your hip bones. It contains your womb, ovaries, bladder and bowels as well as lymph nodes.</td>
</tr>
</tbody>
</table>
### Questions to ask your doctor

Here is a list of questions that you may wish to ask. There is also some space for you to write down your own questions if you would like. Never be shy about asking questions. It is always better to ask than to worry.

- What stage is my cancer at?
- What treatment will I need?
- Will surgery cure my cancer?
- Are there other treatment options? Why is this one best for me?
- Would I be suitable for a clinical trial?
- How long will my treatment take?
- Do I have to stay in hospital for my treatment?
- What side-effects or after-effects will I get?
- Is there anything I can do to help myself during treatment?
- How soon can I have sex after treatment?
- Will I be able to have children?
- How often will I need check-ups?
- Will I need to have smear tests?

<table>
<thead>
<tr>
<th>Term</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Precancerous</td>
<td>Abnormal changes which are not cancer. But if left untreated they may become cancerous over time.</td>
</tr>
<tr>
<td>Radical hysterectomy</td>
<td>An operation to remove your womb, upper part of your vagina and soft tissue beside your womb.</td>
</tr>
<tr>
<td>Radioactive source</td>
<td>A radioactive material that gives off high-energy rays. These rays can kill cancer cells.</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>A treatment that uses high-energy X-rays to cure or control cancer and other diseases.</td>
</tr>
<tr>
<td>Smear taker</td>
<td>The person who takes the smear. For example, your GP or nurse.</td>
</tr>
<tr>
<td>Speculum</td>
<td>An instrument used by a doctor or nurse to keep your vagina open so that it is easier to examine your cervix.</td>
</tr>
<tr>
<td>Trachelectomy</td>
<td>An operation where your cervix, top part of your vagina and nearby soft tissues are removed. The rest of your womb is left in place.</td>
</tr>
<tr>
<td>Transformation zone</td>
<td>A small area of skin at the end of your cervix where two types of cells meet and overlap. This is the area from which a smear is taken.</td>
</tr>
<tr>
<td>Uterus</td>
<td>The womb.</td>
</tr>
</tbody>
</table>
Your own questions

1 Answer
2 Answer
3 Answer
4 Answer
5 Answer
6 Answer
7 Answer
8 Answer
Acknowledgements
We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet and/or previous editions:
Helen Craig, Gynaecology Cancer Nurse Co-ordinator
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Debra McKnight, Gynaecology Cancer Nurse Co-ordinator
Mary Loftus, Cancer Information Service Nurse
Antoinette Walker, Patient Education Editor

Would you like more information?
We hope this booklet has been of help to you. After reading it or at any time in the future, if you feel you would like more information or someone to talk to, please phone the National Cancer Helpline on 1800 200 700.

Would you like to be a patient reviewer?
If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets.
If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie. If you prefer to phone or write to us, see contact details below.

Would you like to help us?
The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. This includes patient information booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us on CallSave 1850 60 60 60 or email: fundraising@irishcancer.ie.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie Website: www.cancer.ie