

Survival, Recurrence and Complication Outcomes following Radical Hysterectomy for Suspected Cervical Cancer

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Objective: To understand survival, recurrence and complication rates following radical hysterectomy for suspected cervical cancer for patients within the Hull University Teaching Hospitals Trust from 2007 to 2020.

Design: Single centre retrospective observational cohort study. Radical hysterectomy +/- bilateral salpingo-oophorectomy +/- bilateral pelvic lymphadenectomy for cervical cancer is usually performed with curative intent, therefore monitoring recurrence and survival of patients over time who have undergone a radical hysterectomy will provide information on the successes of such surgery. Analysis of complications experienced can better inform how these may be prevented or better treated in future.

Method: All patients who had undergone radical hysterectomy for suspected cervical cancer between 2007 and 2020 at HUTH were eligible (59 participants). Information was gathered from internal trust databases (Lorenzo, PatientCentre). Data collection and analysis was performed using Microsoft Excel software.

Results: Average age was 40 years at time of surgery. 98.3% (n=58) underwent pelvic lymph node dissection. 45.8% (n=31) underwent bilateral salpingo-oophorectomy. 61% (n=36) had squamous cell carcinoma and 28.8% (n=17) had adenocarcinoma of the cervix.

Results



23.7 % (n=14) had Cervical Intraepithelial Neoplasia and 15.3% (n=9) had Cervical Glandular Intraepithelial Neoplasia. The majority of those undergoing the surgery, 81.4% (n=48), had stage Ib1 cancer on postoperative histological analysis. The vast majority of patients, 98.3% (n=58) received surgical treatment first-line, in line with national clinical guidance. One patient was found to have more advanced (stage III) cancer after histological analysis post-operatively. 79.7% (n=47) had no positive lymph nodes remaining post-operatively. 16.9% (n=10) underwent adjuvant chemotherapy or radiotherapy. The five and ten year disease free survival (non-recurrence) rates were 91.2% (n=31) and 82.6% (n=19) respectively. All-cause mortality was 0% after five years and 3.38% (n=2) after ten years. No patients died from cervical cancer. Urinary system injury, post-operative infections and vaginal dysfunction were identified as the main complications post surgery, Other complications experienced by patients in the cohort included pain, wound site dehiscence and hernia. No patients experienced venous thromboembolism or bowel injury.

Conclusions: Overall, survival and recurrence rates post surgery are optimal. Rates of urinary system injury, post-operative infection and vaginal dysfunction are areas for improvement in future practice.