

子宮頸癌

本資訊是關於子宮頸癌和子宮頸癌的治療。

若您對此資訊有任何疑問，請詢問您正在接受治療的醫院的醫生或護士。

您也可於每日上午 8 時至晚上 8 時，致電麥克米倫癌症援助機構（Macmillan Cancer Support）免費熱線：**0808 808 00 00**。我們有傳譯員，所以您可以使用您自己的母語與我們溝通。當您致電我們時，請以英語告訴我們您所需要的語言。

您可以在 [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations) 找到更多關於癌症的繁體中文資訊。

本資訊主要介紹：

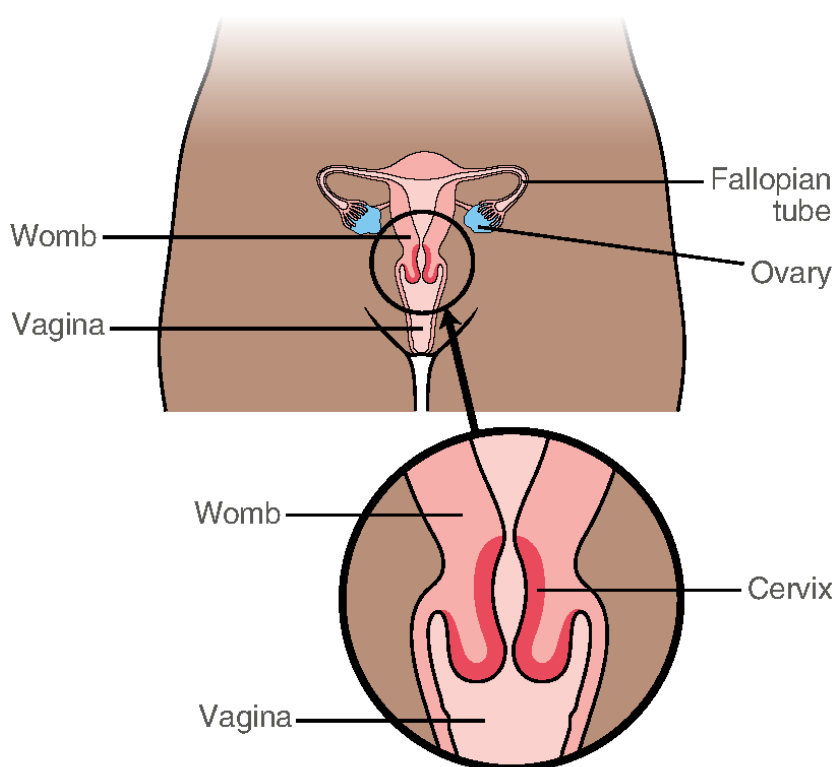
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子宮頸

子宮頸是子宮的下部，與陰道的頂部相連。它是子宮的一部分，在分娩時會打開（擴張）讓嬰兒出生。擁有子宮頸的人包括女人、跨性別男人（變性人）和出生時被認定為女性的人。

子宮是一個肌肉發達的器官，形狀像一個梨子。每個月來月經的時候，子宮內膜會脫落。

子宮頸



關於子宮頸癌

子宮頸癌是由子宮頸細胞出現異常變化而引起的，發展過程非常緩慢。這些變化不會引起症狀，但進行子宮頸檢查時可能會發現。如果檢查顯示有異常細胞變化，您可以接受治療來阻止癌症的發展。

子宮頸癌不會傳染其他人。您不能感染癌症或傳染其他人。

子宮頸癌的類型

子宮頸癌主要包括兩種類型：

- **鱗狀細胞癌** 這是最常見的類型。這是由覆蓋在陰道頂部子宮頸外部的一種細胞發展出來的。
- **腺癌** 這是從子宮頸內部的另一種不同類型的細胞發展出來的。

還有更罕見的子宮頸癌類型，所需的治療方法可能會有不同。

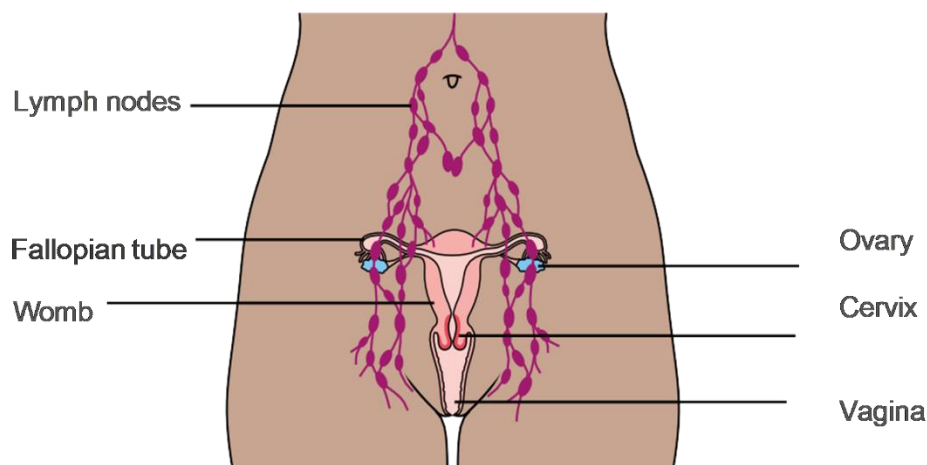
子宮頸癌和淋巴結

淋巴系統保護我們免受感染和疾病侵害。它還將淋巴液從身體組織中排出，然後再返回到血液中。淋巴系統由稱為淋巴管的細小管子所組成。這些管子與全身的淋巴結群連接。

淋巴結（或淋巴腺）很細小，形狀像豆子。它們的作用是過濾淋巴液中的細菌（病菌）和疾病。當您受到感染時，淋巴結常常會因為對抗感染而出現腫脹。

有時，癌細胞會透過淋巴系統擴散到其他身體部位。如果子宮頸癌以這種方式擴散，它最有可能影響骨盆內或骨盆上方的淋巴結。

骨盆淋巴結



子宮頸癌的風險因素

任何能增加患上某種疾病的機會的因素皆稱為風險因素。擁有一個或多個風險因素並不代表您會患上癌症。沒有風險因素也不代表您不會患上癌症。

HPV（人乳頭瘤病毒）

子宮頸癌的主要風險因素是人乳頭瘤病毒感染（HPV）。這種病毒包括 100 多種類型。有些類型的 HPV 會影響子宮頸。導致子宮頸細胞異常變化的類型稱為高-風險 HPV。

HPV 非常普遍，大多數人都會在某個時候感染到 HPV。它會影響所有的性取向和任何有活躍性生活的人。這包括與一個伴侶保持長期關係的人。即使您已多年沒有性生活，HPV 仍然可能會影響您。

NHS 為 11 至 13 歲的兒童提供疫苗來預防 HPV。

免疫系統

您的免疫系統保護您的身體免受感染和疾病侵害。免疫系統會因以下原因而變弱：

- 吸煙
- 不吃健康、不均衡的飲食
- 某些疾病，如愛滋病。

吸煙

如果您吸煙，您患上子宮頸癌的風險會更高。這可能是因為：

- 吸煙使您的免疫系統預防 HPV 的效率降低
- 煙草中的化學物質會損害您的細胞。

避孕藥

服用避孕藥超過 5 年可能會增加您患上子宮頸癌的風險。在通常情況下，服用避孕藥的好處大於風險。

子宮頸癌的症狀

子宮頸癌的常見症狀包括：

- 月經量比平時多
- 兩次月經之間陰道出血
- 性生活後陰道出血
- 絕經後陰道出血（您不再有月經後）。

其他症狀包括：

- 陰道分泌物有異味
- 尿液感染不斷復發
- 下腹或背部疼痛。

子宮頸癌的分期

癌症的分期是指癌腫瘤的大小，以及是否已經從最初出現的體內部位開始擴散到到其他部位。知道癌症的發展程度有助醫生為您規劃治療。

子宮頸癌有四個主分期。每個分期再有子-分期。您的醫生也可能用以下名稱來描述癌症的分期。

- 早期-子宮頸癌 - 癌細胞只在子宮頸內。
- 局部晚期子宮頸癌 - 癌細胞已經擴散到子宮頸外，並可能影響周圍的結構，如陰道、腸道或附近的淋巴結。
- 晚期-或轉移性子宮頸癌 - 癌細胞已擴散到身體的其他部位，如肝臟、肺部或骨骼。

如果癌症在治療後復發，這稱為復發性癌症。

治療子宮頸癌

子宮頸癌的治療方法包括手術、放療和化療。您可能接受多種治療方法。

您的治療方法取決於以下因素：

- 癌症的分期
- 癌腫瘤的大小
- 您的整體健康狀況
- 您是否已更年期
- 您是否想在未來懷孕。

您和您的醫生將一起決定合適的治療方案。您的醫生是最有效治療的專家。但您是最瞭解自己的情況和喜好的人。

更年期（絕經）

如果您還未絕經，醫生可能會嘗試保護卵巢。這是為了讓您在 45 歲之前不會出現更年期。

生育能力

有些子宮頸癌治療方法會影響您的生育能力。在治療開始前，與您的醫療團隊討論您對生育能力的任何擔憂十分重要。如果您想將來懷孕，他們會告訴您可能有的選擇。您可能能夠接受可以保護您的生育能力的治療。如果不可能，您可以和專科醫生討論您的選擇。這包括在治療前將卵子或胚胎儲存。

如果您的生育能力有可能受到治療的影響，您可能會感到難以應對這個結果。即使您已有子女，或者沒有計劃要生孩子。如果您有伴侶，請務必一起討論您對此的感受，以便你們能夠相互支持。

您可以聯繫一些援助機構，與其他處於類似情況的人分享經驗。您可以考慮接受心理輔導。您的醫生或專科護士可能可以為您安排。

與您的醫療團隊交談

與您的癌症醫生或護士討論治療非常重要。您可能也想與親戚或朋友討論您的疾病。有時兩種癌症治療方法都可能有同等功效。您可能需要決定選擇哪一種方法。作出選擇之前，您可能需要考慮不同因素，例如副作用等。您的醫生或護士可以在這方面幫助您。

與您交談後，您的醫生將會要求您簽署一份表格，以表示您理解並同意接受相關治療，這份表格稱為「知情同意書」。只有獲得您的同意後，才會對您進行治療。

您最好與會講中文和英語的人一起看醫生。您的醫院可以為您安排傳譯員。如果您需要傳譯員，請在預約之前告知您的護士。

詢問有關您的治療

- 我的診斷是甚麼意思？
- 甚麼是癌症的分期和分級？
- 我可以使用的治療方法？
- 每次治療會帶來哪些益處、風險及副作用？
- 治療會對我的日常生活產生甚麼影響？
- 我可以與誰談論我的感受？

手術

大多數宮頸癌在早期階段就被診斷到。手術是治療早期子宮癌的主要方法。外科醫生將切除腫瘤及其周邊的健康組織。取決於您的手術類型，他們還可能切除其他組織。

手術後，外科醫生會將所有的組織送到化驗室，在顯微鏡下進行觀察。切除子宮頸癌的手術包括多種不同的類型。

大環狀宮頸移形帶切除術 (LLETZ)

LLETZ 是切除子宮頸異常細胞的一種常見方法。這種手術通常用於治療最早期的子宮頸癌，可能是您需要的唯一治療。這種手術有時稱為電環切除術 (LEEP)。

您可能會接受這種手術：

- 來幫助診斷子宮頸癌
- 治療子宮頸癌

在對您進行局部麻醉並麻痹子宮頸後，醫生使用一個環形的工具來切除細胞。您可能會感到一些壓力，但應該不會感到疼痛。

您可能會覺得這種類型的治療令人不安或尷尬。您的醫療團隊會盡力幫助您。請讓他們知道您的感受，如果您有任何問題或擔心，請告訴他們。如果您想與其他人一起前往治療，以便在手術過程中有人在旁對您支持，您通常都可以這樣做。

針刺切除術 (NETZ)

與 LLETZ 類似。主要區別是用於切除患處的幼線是直的，而不是環形的。

錐形切除術檢

錐形切除術是一種小手術，用於切除子宮頸的錐體區域。這種手術可用於診斷子宮頸癌或治療早期子宮頸癌。

子宮切除術

子宮切除術是一種切除子宮的手術。這種手術是早期子宮頸癌的標準治療方法。如果您已絕經，外科醫生通常也會切除輸卵管和卵巢。如果您未絕經，外科醫生有時需要切除卵巢。這意味著您的月經會立即停止，您會進入更年期。

子宮切除後，您將不能懷孕。獲悉您的癌症治療意味著您將不能懷孕，您可能難以接受這個結果。

如果您知道需要進行子宮切除術，您可以要求醫院醫生在手術前將您轉介生育專科醫生。他們可以向您解釋其他生育選擇。如果您對代孕感興趣（使用別人的子宮代您懷孕），您可能會想儲存卵子或胚胎（受精卵）。

保留子宮手術

這種手術是一種保留生育能力的手術。如果您患上早期子宮頸癌並想將來懷孕，這可能是一個選擇。

外科醫生會切除子宮頸和陰道的上半部分。他們通常也會切除子宮頸周圍的支撐組織。這稱為根除性子宮頸切除術。外科醫生也可能會切除一些骨盆淋巴結。這可能是在進行保留子宮手術前幾天進行，或同時進行。

子宮將保留在原處，這樣您將來就有可能懷孕。外科醫生通常在切除子宮頸後將子宮底部縫合。這有助於在懷孕期間保持子宮關閉。

完成保留子宮手術後，在懷孕期間發生流產的機率較高。如果您懷孕，您將被轉介到當地的婦產專科服務機構進行更密的監測。嬰兒將需要透過剖腹產分娩。您的外科醫生可以向您詳細解釋這種手術。

保留子宮手術是非常專業的手術，不是所有的癌症醫院都能進行這種手術。如果您可以選擇這種手術，您可能需要被轉介到另一家醫院。您可以在被轉介的醫院中與專門

進行這種手術的外科醫生討論其好處和可能有的風險。

放射治療

放射治療使用高能量的 X 射線來治療癌症。這種治療會摧毀癌細胞，同時盡量減少對正常細胞的傷害。您可能會在以下情況接受放射治療：

- 如果您患有早期或局部晚期子宮頸癌
- 如果手術後有很高風險出現癌症發
- 如果手術後癌症在盆腔內復發
- 幫助緩解出血等症狀。

可以透過以下方式進行子宮頸癌的放射治療：

- 體外，由體外的機器進行
- 體內，將放射性材料暫時將入接受治療的身體部位 - 醫生稱之為近距離放射治療。

您可能同時接受體外和體內放射治療。您的醫生或護士會與您討論這種治療。

放射治療的副作用

- 如果您有深色皮膚，治療區域的膚色可能會變紅或變得更深。
- 可能會出現尿頻、緊急排尿。
- 可能會出現腹瀉。
- 可能會出現陰道變窄或變乾的情況
- 對骨盆進行放射治療可能會引致提早絕經。

您的放射治療團隊會告訴您手術後可能會發生甚麼事情。如果您在放射治療期間或之後出現任何副作用，請務必告訴您的放射治療團隊。他們可以提供建議和支援，幫助您應對副作用。

放化療

子宮頸癌的放射治療通常與化療一起進行。這被稱為放化療。化療藥物使癌細胞對放射治療更加敏感。聯合治療可能比單獨進行放射治療更有效。

放化療的副作用與放射治療的副作用相似。但可能更嚴重。您的醫生、放射治療師或專科護士可以向您提供更多關於放化療和治療可能產生的副作用的資訊。

化療

化療使用抗癌（細胞毒性）藥物來破壞癌細胞。這些藥物會破壞癌細胞的生長和分裂方式，但也會影響正常細胞。

您可能為了以下原因而進行化療：

- 與放射治療一起作為您的主要治療 - 這稱為放化療
- 手術後，同時接受放射治療（放化療）。
- 有高風險出現癌症復發
- 在接受其他治療後癌症復發
- 如果癌症擴散到您身體的其他部位。

副作用

化療可能會引起副作用。但這些副作用通常可以透過藥物受到控制，並且通常在治療完成後就會消失。您的醫生或護士會告訴您可能會出現的副作用。請務必告訴他們您出現的任何副作用，因為他們通常都有辦法幫助您。

標靶治療

貝伐珠單抗（Avastin®）是一種標靶治療，有時用於治療子宮頸癌。可能會使用來治療以下情況的子宮頸癌：

- 晚期子宮頸癌
- 在接受其他治療後癌症復發

此治療方法不能治愈癌症，但可能有助於在一段時間內控制癌症。貝伐珠單抗的作用是阻止癌細胞製造血管。這意味著癌細胞不能獲得所需要的氧氣和營養物質，可能會縮小或停止生長。

該療法通常與化療藥物聯合使用。貝伐珠單抗以輸液方式注入靜脈。

副作用通常是輕度至中度：包括：

- 高血壓
- 頭痛
- 感覺噁心
- 口腔潰瘍
- 疲倦（疲憊）
- 腹瀉

您的醫生或護士可以告訴您更多關於可能出現的副作用以及如何處理這些副作用。

子宮頸癌治療的副作用

對子宮頸癌的治療可能會導致提前絕經，也會影響您的性生活。

更年期（絕經）

如果您未過更年期，而卵巢被切除或受到放射治療的影響，您會提前絕經。可能會引起以下症狀：

- 熱潮
- 盜汗
- 關節和肌肉疼痛
- 對情緒的影響（例如情緒低落）

這些症狀是由低雌激素水平引起的。過早的更年期也會提升您的骨質疏鬆和心臟病的風險。您的醫生或專科護士可以與您討論有甚麼方法可以幫助您應對更年期症狀。他們還可以解釋您可以做甚麼事情來保護您的骨骼和心臟健康。

治療後的性生活

子宮頸癌、其治療方法及其副作用可能影響您的性生活和您對自己的感覺。這通常在治療後慢慢改善，儘管對有些人來說可能需要更長的時間。

癌症治療後對性生活感到緊張是很常見的，但這對您和您的伴侶都是絕對安全的。起初，花更多的時間幫助您放鬆，您的伴侶表現得非常溫柔，這可能有幫助。

如果您的性生活出現問題，請告訴您的醫生或護士。他們可能能夠提供幫助和支援。

很多人對性方面的問題難以啟齒，因為他們感到尷尬或不自在。您的醫生或護士習慣於談論這些問題。但如果您覺得與醫生或護士交談不自在，您可以致電我們的熱線 **0800 808 00 00** 與癌症援助專家交談。

治療後

在完成治療後，您將需要定期接受醫生或護士的檢查。這些檢查可能包括：

- 電話覆診
- 身體檢查
- 血液測試
- X-射線
- 掃描。

進行檢查提供一個很好的機會，讓您和醫生或護士討論您感到擔心的任何或問題。如果您在兩次預約覆診之間發現新的症狀或有疑問，請聯絡您的醫生或護士尋求意見。

健康和康復

健康的生活方式可以幫助您的身體在治療後恢復健康。鍛煉身體還有助降低出現其他健康問題的風險，如心臟病、中風和糖尿病。

癌症治療後，您可以積極地作出一些生活方式改變。您可能在患癌前已經遵循一種健康的生活方式。但您可能更專注於充份善用您的健康。

您的感受

當您獲悉患上癌症時，您可能會感到不知所措，您可能出現很多不同的情緒。感受沒有對錯之分。而應對的方法亦有很多種，與親朋好友交談可能會有所幫助，或者向您的醫生或護士尋求協助。

幫助您獲得合適的護理和援助

如果您患有癌症並且不會說英語，你可能會擔心會影響你的癌症治療和護理。但是您的醫療團隊應該可以為您提供能滿足您需要的護理、援助和資訊。

我們知道，有時尋找合適的援助可能會面對額外的困難。例如，如果您有工作或家庭，可能很難抽出時間到醫院出席預約覆診。您可能還會擔心金錢和交通費。所有這些事情都會讓人感到壓力和難以應對。

但我們可以提供幫助。我們的免費支援熱線 **0808 808 00 00** 可以用您的語言就您的情況提供建議。您可以與護士、經濟援助顧問、福利權益顧問和工作援助顧問交談。

我們還向癌症患者提供麥克米倫（Macmillan）資助金。這是一次性的款項，可用於支付醫院停車費、交通費、托兒或暖氣費等費用。

麥克米倫（Macmillan）能夠如何幫助您

在麥克米倫（Macmillan），我們知道癌症確診後會如何影響您的各方面生活，我們隨時為您提供援助。

麥克米倫援助熱線（Macmillan Support Line）

我們有傳譯員，所以您可以使用您的語言與我們溝通。您只需用英語告訴我們您希望使用哪種語言即可。我們可以幫助您解決醫療問題，為您提供有關經濟援助的資訊，或者在您想要與人交談的時候聆聽您的意見。熱線服務時間為每星期七天，每日上午 8 時至晚上 8 時。您可致電 **0808 808 00 00** 聯絡我們。

網上對話

您可以向我們發送網上對話訊息，說明您需要傳譯員。您只需用英語告訴我們您希望

使用哪種語言，我們將安排工作人員與您聯絡。點擊在網站的各個頁面上出現的「與我們對話」按鈕。或者瀏覽 macmillan.org.uk/talktous

麥克米倫 (Macmillan) 網站

我們的網站有很多關於癌症的英文資訊。該網站還有更多以其他語言編寫的資訊：
macmillan.org.uk/translations

我們亦可以為您安排翻譯。請發電子郵件至：

cancerinformationteam@macmillan.org.uk，告訴我們您需要的資訊。

資訊中心

我們的資訊和援助中心設在醫院、圖書館和流動中心。您可以前往任何一個中心，獲取您需要的資訊並與工作人員面對面交談。您可以瀏覽

macmillan.org.uk/informationcentres 查找離您最近的中心或致電 0808 808 00 00 聯絡我們。

本地支援團體

您可以在支援團體中與其他受癌症影響的人交流。您可以瀏覽

macmillan.org.uk/supportgroups 查找離您最近的援助團體或致電 0808 808 00 00 聯絡我們。

麥克米倫 (Macmillan) 網上社群

您亦可以瀏覽 macmillan.org.uk/community 與其他受癌症影響的人士交流。不論是白天還是夜晚，您都可以隨時使用該服務。您可以分享您的經驗、提出問題，或者只是閱讀其他人的帖子。

更多繁體中文資訊

我們提供更多有關下列主題的繁體中文資訊：

癌症類型	應對癌症
<ul style="list-style-type: none">● 乳癌● 大腸癌● 肺癌● 前列腺癌	<ul style="list-style-type: none">● 癌症與新冠病毒● 如果您患有癌症，可申請的福利● 飲食問題與癌症● 生命的終點● 健康飲食● 患癌時獲得費用幫助● 若您確診患有癌症 - 快速指南● 癌症治療的副作用● 疲倦（疲憊）與癌症● 您可以做些甚麼事情來幫助自己
<h4>治療</h4> <ul style="list-style-type: none">● 化療● 放射治療● 手術	

若想查看相關資訊，請瀏覽 macmillan.org.uk/translations

參考文獻與致謝

本資訊由麥克米倫癌症援助機構（Macmillan Cancer Support）癌症資訊開發團隊編寫和編輯。本資訊是由翻譯公司提供的繁體中文翻譯版本。

本資訊以麥克米倫（Macmillan）宣傳冊《瞭解子宮頸癌》為基礎編製而成。我們可以將副本發送給您，但完整手冊只有英語版本。

本資訊經有關專家審閱，並獲得我們的首席醫療編輯 David Gilligan（腫瘤學顧問）批准。

感謝：Rosie Harrand 博士（臨床腫瘤學顧問）；Eva Myriokefalitaki 小姐（婦科腫瘤外科醫生顧問）；Raj Naik 先生（婦科腫瘤顧問）；Claire Parkinson（麥克米倫婦科專科護士）；和 Alexandra Taylor 博士（臨床腫瘤顧問醫生）。

同時感謝審閱本資訊的癌症患者。

我們所有資訊的依據都是來自最佳的證據。關於我們所用資源的更多資訊，請透過 cancerinformationteam@macmillan.org.uk 聯絡我們

用你的母語諮詢 Macmillan

你可致電 Macmillan 免費電話 0808 808 00 00 透過傳譯員用你的母語與我們交談。你可以同我們討論你的憂慮和醫療問題。致電時，只需用英語告訴我們你想使用的語言。熱線服務時間為每日上午 8 時至晚上 8 時。

MAC15916_Chinese (Traditional)

內容審閱日期：2021 年

計劃下次審閱日期：2024 年

我們盡一切努力確保我們提供的資訊是準確和最新的，但您不應該依賴這些資訊來替代針對您的情況的專業建議。在法律允許的範圍內，麥克米倫（Macmillan）不承擔與使用本出版物中的任何資訊或其中包含或提及的第三方資訊或網站相關的責任。

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Cervical cancer

This information is about cervical cancer and treatments for cervical cancer.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need.

There is more cancer information in your language at macmillan.org.uk/translations

This information is about:

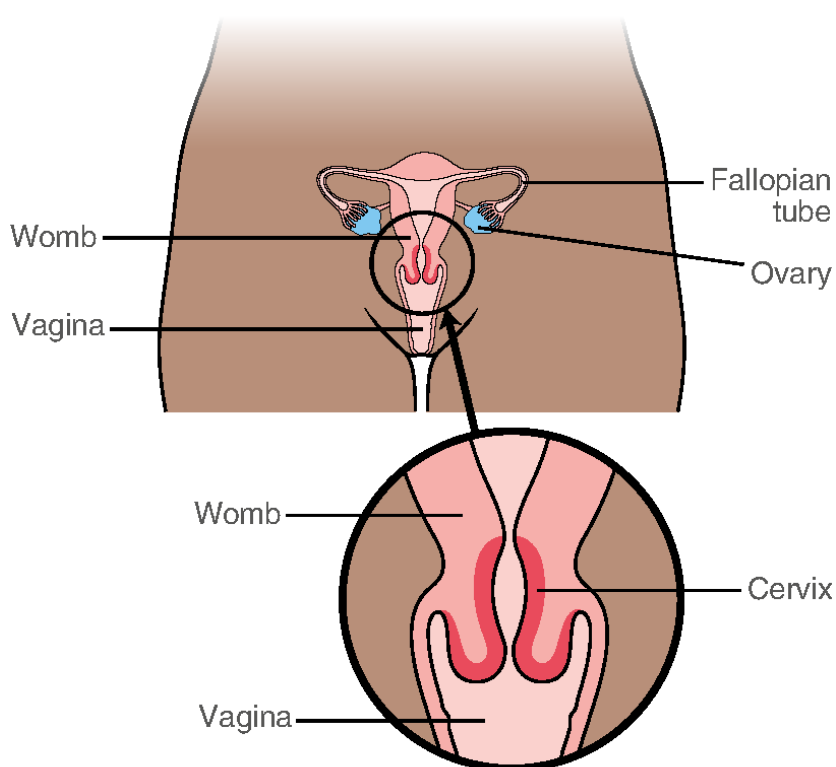
- The cervix
- About cervical cancer
- Risk factors for cervical cancer
- Symptoms of cervical cancer
- Stages of cervical cancer
- Treating cervical cancer
 - Surgery
 - Radiotherapy
 - Chemotherapy
 - Targeted therapy
- Side effects of cervical cancer treatment
- After your treatment
- Your feelings
- Getting the right care and support for you
- How Macmillan can help you
- References and thanks

The cervix

The cervix is the lower part of the womb (uterus) that joins to the top of the vagina. It is the part of the womb that opens (dilates) during childbirth to allow a baby to be born. People who have a cervix include women, transgender (trans) men and people assigned female at birth.

The womb is a muscular organ that is shaped like a pear. The lining of the womb is shed each month when you have your period.

The cervix



About cervical cancer

Cervical cancer develops very slowly from abnormal cell changes in the cervix. These changes do not cause symptoms but may be found when you have a cervical screening test. If a test shows abnormal cell changes, you can have treatment to stop the cancer from developing.

Cervical cancer is not infectious. You cannot catch cancer or pass it on to other people.

Types of cervical cancer

There are two main types of cervical cancer:

- **Squamous cell carcinoma** This is the most common type. It develops from a type of cell that covers the outside of the cervix at the top of the vagina.
- **Adenocarcinoma** This develops from a different type of cell found in the inner part of the cervix.

There are also rarer types of cervical cancer, which may be treated differently.

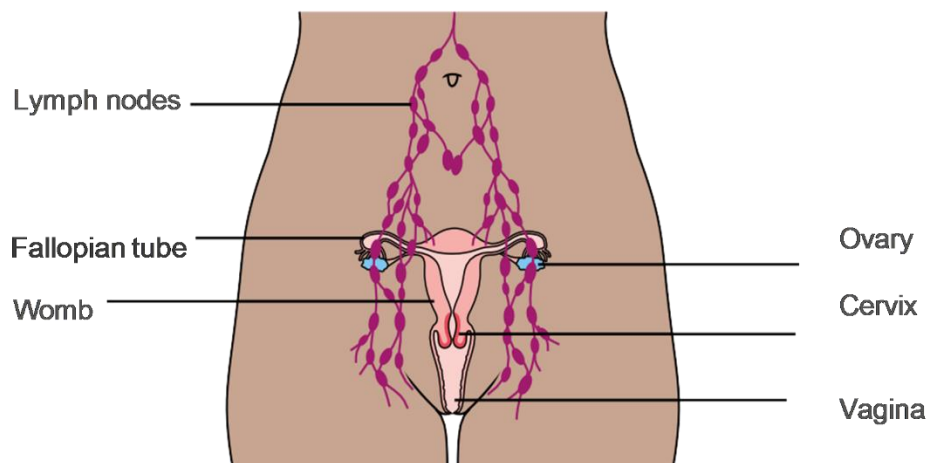
Cervical cancer and lymph nodes

The lymphatic system helps to protect us from infection and disease. It also drains lymph fluid from body tissues before returning it to the blood. The lymphatic system is made up of fine tubes called lymphatic vessels. These connect to groups of lymph nodes throughout the body.

Lymph nodes (or lymph glands) are small and shaped like beans. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, lymph nodes often swell as they fight the infection.

Sometimes, cancer can spread through the lymphatic system. If cervical cancer spreads in this way, it is most likely to affect the lymph nodes in or above the pelvis.

Pelvic lymph nodes



Risk factors for cervical cancer

Anything that increases the chance of developing a disease is called a risk factor. Having a risk factor does not mean you will get cervical cancer. And not having a risk factor does not mean you will not get it.

HPV

The main risk factor for cervical cancer is the human papillomavirus infection (HPV). There are more than 100 types of this virus. Some types of HPV can affect the cervix. The types that cause abnormal cell changes in the cervix are called high-risk HPV.

HPV is very common, and most people are infected with it at some point. It can affect all sexual orientations and anyone who is sexually active. This includes people in long-term relationships with one partner. HPV may still affect you even if you have not been sexually active for years.

The NHS offers a vaccine to children aged 11 to 13 to prevent HPV.

A weak immune system

Your immune system helps protect your body from infection and illness. It can be made weaker by:

- smoking
- not eating a healthy, balanced diet
- some conditions, such as HIV.

Smoking

Your risk of getting cervical cancer is higher if you smoke. This may be because:

- smoking makes your immune system less effective at getting rid of HPV
- the chemicals in tobacco can damage your cells.

Contraceptive pill

Taking the contraceptive pill for more than five years may increase your risk of getting cervical cancer. Usually, the benefits of taking the pill are greater than the risks.

Symptoms of cervical cancer

Common symptoms of cervical cancer can include:

- heavier periods than you normally have
- vaginal bleeding between periods
- vaginal bleeding after sex
- vaginal bleeding after the menopause (after you have stopped having periods).

Other symptoms include:

- a smelly vaginal discharge
- urine infections that keep coming back

- pain in the lower tummy or back.

Stages of cervical cancer

The stage of a cancer refers to its size and whether it has spread from where it first started in the body. Knowing the extent of the cancer helps doctors choose the best treatment for you.

There are four main stages of cervical cancer. Each stage then has further sub-divisions. Your doctors may also use the following names to describe the stage of the cancer:

- Early-stage cervical cancer – the cancer cells are only within the cervix
- Locally advanced cervical cancer – the cancer cells have spread outside the cervix and may be affecting surrounding structures such as the vagina, bowel or nearby lymph nodes
- Advanced-stage or metastatic cervical cancer – the cancer has spread to other parts of the body such as liver, lungs or bones.

If the cancer comes back after treatment, this is called recurrent cancer.

Treating cervical cancer

Treatments for cervical cancer include surgery, radiotherapy and chemotherapy. You may have more than one of these treatments.

The treatment you have depends on:

- the stage of the cancer
- the size of the cancer
- your general health
- whether you have been through the menopause
- whether you want to get pregnant in the future.

You and your doctor will decide on the right treatment plan. Your doctor is an expert in the most effective treatments. But you know most about your own situation and preferences.

Menopause

If you have not been through the menopause, your doctors may try to protect the ovaries. This is so that you do not have the menopause before age 45.

Fertility

Some cervical cancer treatments can affect your fertility. It is important to discuss any concerns you have about your fertility with your healthcare team before

treatment starts. They can tell you what options might be available if you would like to get pregnant in the future. You may be able to have treatment that can protect your fertility. If this is not possible, you can talk to a specialist about your options. These may include having egg or embryo storage before treatment.

If your fertility is likely to be affected by treatment, it can be difficult to cope with. Even if you have had a family or did not plan to have children. If you have a partner, it is important to discuss your feelings about this together so that you can support each other.

There are support organisations you can contact to share experiences with other people in a similar situation. You may consider counselling. Your doctor or specialist nurse may be able to arrange this for you.

Talking to your healthcare team

It is important to talk about the treatments you could have with your cancer doctor or nurse. You may also want to talk to a relative or a friend. Sometimes two treatments may work equally well in treating the cancer. You may be asked to decide on the best treatment for you. You will need to think about different things, such as side effects, before you decide. Your doctor or nurse can help you with this.

After talking with you, your doctor will ask you to sign a form to show that you understand and agree to the treatment. This is called a consent form. You will not have any treatment unless you have agreed to it.

It is a good idea to take someone with you who can speak both your language and English. Your hospital can arrange an interpreter for you. If you need an interpreter, it is important to tell your nurse before your appointment.

Questions to ask about your treatment

- What does my diagnosis mean?
- What is the stage and grade of the cancer?
- What treatments are available?
- What are the benefits, risks and side effects of each treatment?
- How will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

Surgery

Most cancers of the cervix are diagnosed at an early stage. Surgery is the main treatment for early stage cervical cancer. The surgeon will remove the cancer and a margin of healthy tissue around it. Depending on the type of operation you have, they may also remove other tissue.

After the operation, the surgeon will send all the tissue to a laboratory to be looked at under a microscope. There are different types of surgery to remove cervical cancer.

Large Loop Excision of Transformational Zone (LLETZ)

LLETZ is a common way to remove abnormal cells from the cervix. This operation is often used to treat the earliest stage of cervical cancer and may be the only treatment you will need. It is sometimes called loop electrosurgical excision procedure (LEEP).

You may have this:

- to help diagnose cervical cancer
- to treat cervical cancer.

After you have had some local anaesthetic to numb the cervix the doctor uses a loop shaped tool to remove the cells. You may feel some pressure but it should not be painful.

You may find this type of treatment upsetting or embarrassing. Your healthcare team will try to help. Let them know how you are feeling and tell them if you have any questions or worries. If you want to bring someone with you for support during the treatment, this can usually be arranged.

Needle excision of the transformation zone (NETZ)

NETZ) is similar to a LLETZ. The main difference is that the thin wire used to cut away the affected area is straight, instead of in a loop.

Cone biopsy

A cone biopsy is a small operation to remove a cone shaped area of the cervix. This operation may be used to diagnose cervical cancer or treat early stage cervical cancer.

Hysterectomy

A hysterectomy is an operation to remove the womb. It is the standard treatment for early-stage cervical cancer. If you have been through the menopause, the surgeon will usually also remove the fallopian tubes and ovaries. Sometimes the surgeon needs to remove the ovaries if you have not had the menopause. This means your periods will stop straight away and you will have the menopause.

After a hysterectomy, you will not be able to get pregnant. Being told that your cancer treatment means you cannot get pregnant can be very difficult.

If you are told you need to have a hysterectomy, you can ask your hospital doctor to refer you to a fertility specialist before your surgery. They can explain fertility options to you. If you are interested in surrogacy (someone else carrying a child in their womb for you), you may want to store eggs or embryos (fertilised eggs).

Trachelectomy

This operation is a type of fertility-sparing surgery. If you have early-stage cervical cancer, it may be an option if you want to get pregnant in the future.

The surgeon removes the cervix and the upper part of the vagina. They usually also remove the supporting tissues around the cervix. This is called a radical

trachelectomy. You may also have some pelvic lymph nodes removed. It may be done a few days before, or at the same time as, the trachelectomy.

The womb is left in place so that it is possible for you to get pregnant in the future. The surgeon usually puts a stitch at the bottom of the womb after removing the cervix. This helps to keep the womb closed during pregnancy.

After a trachelectomy, there is a higher chance of miscarrying during pregnancy. If you become pregnant, you will be referred to a local specialist maternity service for closer monitoring. The baby will need to be delivered by caesarean section. Your surgeon can explain more about this.

A trachelectomy is very specialised surgery and is not done in all cancer hospitals. If it is an option for you, you may need to be referred to another hospital. There, you can discuss the benefits and possible risks with a surgeon who specialises in this operation.

Radiotherapy

Radiotherapy treats cancer by using high-energy x-rays. These destroy the cancer cells while doing as little harm as possible to normal cells. You may have radiotherapy:

- if you have early or locally advanced cervical cancer
- after surgery, if there is a high risk of the cancer coming back
- if cancer comes back in the pelvis after surgery
- to help relieve symptoms such as bleeding.

Radiotherapy for cervical cancer may be given:

- externally, from a machine outside the body
- internally, from radioactive material that is temporarily put into the part of the body being treated – doctors call this brachytherapy.

You may have both external and internal radiotherapy. The doctor who plans your treatment will discuss this with you.

Side effects of radiotherapy

- The skin in the treated area may become red or darker, if you have dark skin.
- You may need to pass urine more often or urgently.
- You may get diarrhoea.
- You may get narrowing or dryness in the vagina
- Radiotherapy to the pelvis may cause an early menopause

Your radiotherapy team will explain what to expect. Always tell them if you have side effects during or after radiotherapy. They can give advice and support to help you cope.

Chemoradiation

Radiotherapy for cervical cancer is often given with chemotherapy. This is called chemoradiation. The chemotherapy drugs make the cancer cells more sensitive to radiotherapy. The combination of treatments can be more effective than having radiotherapy on its own.

The side effects of chemoradiation are similar to radiotherapy side effects. But they can be more severe. Your doctor, radiographer or specialist nurse can give you more information about chemoradiation and the possible side effects of treatment.

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. These drugs disrupt the way cancer cells grow and divide, but they also affect normal cells.

You may have chemotherapy:

- with radiotherapy as your main treatment – this is called chemoradiation
- after surgery and with radiotherapy (chemoradiation),
- if there is a high risk of the cancer coming back
- if the cancer comes back after treatment
- if the cancer spreads to other parts of your body.

Side effects

Chemotherapy may cause side effects. Many of these can be controlled with medicines, and usually go away when treatment finishes. Your doctor or nurse will tell you more about what to expect. Always tell them about any side effects you have, as there are usually ways they can help

Targeted therapy

Bevacizumab (Avastin®) is a targeted therapy treatment sometimes used to treat cervical cancer. It may be used if cervical cancer:

- is advanced
- has come back after treatment.

It cannot cure the cancer, but it may help to control it for a time. Bevacizumab works by stopping the cancer from making blood vessels. This means that the cancer does not get the oxygen and nutrients it needs and may shrink or stop growing.

The treatment is usually given in combination with chemotherapy drugs. Bevacizumab is given into a vein as an infusion.

Side effects are usually mild to moderate. They can include:

- high blood pressure

- headaches
- feeling sick
- a sore mouth
- tiredness (fatigue)
- diarrhoea.

Your doctor or nurse can tell you more about possible side effects and how they can be managed.

Side effects of cervical cancer treatment

Treatments for cervical cancer may cause an early menopause and can also affect your sex life.

Menopause

If you have not been through the menopause, and the ovaries are removed or affected by radiotherapy, you will have an early menopause. This can cause menopausal symptoms such as:

- hot flushes
- night sweats
- joint and muscle pain
- effects on mood (for example, low mood).

These symptoms are caused by a low oestrogen level. An early menopause can also increase your risk of bone thinning and heart disease. Your doctor or specialist nurse can talk with you about what can help with menopausal symptoms. They can also explain what you can do to help protect your bone health and heart health

Sex after treatment

Cervical cancer, its treatments and their side effects may affect your sex life and how you feel about yourself. This often slowly improves after treatment, although for some people it may take longer.

It is common to feel nervous about sex after cancer treatment, but it is completely safe for both you and your partner. At first it may be easier to take more time to help you relax and for your partner to be very gentle.

Tell your doctor or nurse if you are having problems with your sex life. They may be able to offer help and support.

Many people find it difficult to talk about sexual difficulties because they feel embarrassed or self-conscious. Your doctor or nurse will be used to talking about these issues. But if you feel uncomfortable talking to your doctor or nurse, you can call our cancer support specialists on **0800 808 00 00**.

After your treatment

After your treatment has finished, you will have regular check-ups with your cancer doctor or nurse. These may include:

- a phone appointment
- a physical examination
- blood tests
- x-rays
- scans.

You can talk to your doctor or nurse about any problems or worries at these check-ups. Contact your doctor or nurse for advice if you notice new symptoms or have problems between appointments.

Well-being and recovery

Living a healthy lifestyle can help your body recover after treatment. It can also help to reduce the risk of other illnesses, such as heart disease, diabetes and strokes.

After cancer treatment, you may choose to make some positive lifestyle changes. You may have already followed a healthy lifestyle before cancer. But you may be more focused on making the most of your health.

Your feelings

You may feel overwhelmed when you are told you have cancer. You may have many different emotions. There is no right or wrong way to feel. There are many ways to cope with this. Talking to a close friend or relative may help. Your doctor or nurse can help too.

Getting the right care and support for you

If you have cancer and do not speak English, you may be worried that this will affect your cancer treatment and care. But your healthcare team should offer you care, support and information that meets your needs.

We know that sometimes people may face extra challenges in getting the right support. For example, if you work or have a family it can be hard to find time to go to hospital appointments. You might also have worries about money and transport costs. All of this can be stressful and hard to cope with.

But help is available. Our free support line **0808 808 00 00** can offer advice, in your language, about your situation. You can speak to nurses, financial guides, welfare rights advisers and work support advisers.

We also offer Macmillan Grants to people with cancer. These are one-off payments that can be used for things like hospital parking, travel costs, childcare or heating bills.

How Macmillan can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Macmillan Support Line

We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can help with medical questions, give you information about financial support, or be there to listen if you need someone to talk to. The free, confidential phone line is open 7 days a week, 8am to 8pm. Call us on **0808 808 00 00**.

Web chat

You can send us a web chat message saying you would like an interpreter. Tell us, in English, the language you need, and we will arrange for someone to contact you. Click on the 'Chat to us' button, which appears on pages across the website. Or go to **macmillan.org.uk/talktous**

Macmillan website

Our website has lots of information in English about cancer. There is also more information in other languages at **macmillan.org.uk/translations**

We can also arrange translations just for you. Email us at **cancerinformationteam@macmillan.org.uk** to tell us what you need.

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Local support groups

At a support group, you can talk to other people affected by cancer. Find out about support groups in your area at **macmillan.org.uk/supportgroups** or call us on **0808 808 00 00**.

Macmillan Online Community

You can also talk to other people affected by cancer online at **macmillan.org.uk/community** You can access it at any time of day or night. You can share your experiences, ask questions, or just read through people's posts.

More information in your language

We have information in your language about these topics:

Types of cancer <ul style="list-style-type: none">• Breast cancer• Large bowel cancer• Lung cancer• Prostate cancer Treatments <ul style="list-style-type: none">• Chemotherapy• Radiotherapy• Surgery	Coping with cancer <ul style="list-style-type: none">• Cancer and coronavirus• Claiming benefits when you have cancer• Eating problems and cancer• End of life• Healthy eating• Help with costs when you have cancer• If you're diagnosed with cancer – A quick guide• Side effects of cancer treatment• Tiredness (fatigue) and cancer• What you can do to help yourself
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To see this information, go to [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into your language by a translation company.

The information included is based on the Macmillan booklet **Understanding cervical cancer**. We can send you a copy, but the full booklet is in English.

This information has been reviewed by relevant experts and approved by our Chief Medical Editor, Professor Nick Reed, Consultant Clinical Oncologist.

With thanks to: Dr Rosie Harrand, Consultant Clinical Oncologist; Miss Eva Myriokefalitaki, Consultant Gynaecological Oncology Surgeon; Mr Raj Naik, Consultant Gynaecological Oncologist; Claire Parkinson, Macmillan Gynaecology Nurse Specialist; and Dr Alexandra Taylor, Consultant Clinical Oncologist.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, contact cancerinformationteam@macmillan.org.uk

MAC19428 _English

Content reviewed: 2021

Next planned review: 2024

We make every effort to ensure that the information we provide is accurate but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. Macmillan cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information such as information on websites to which we link.

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