

Transvaginal Cervical Cerclage (Stitch)

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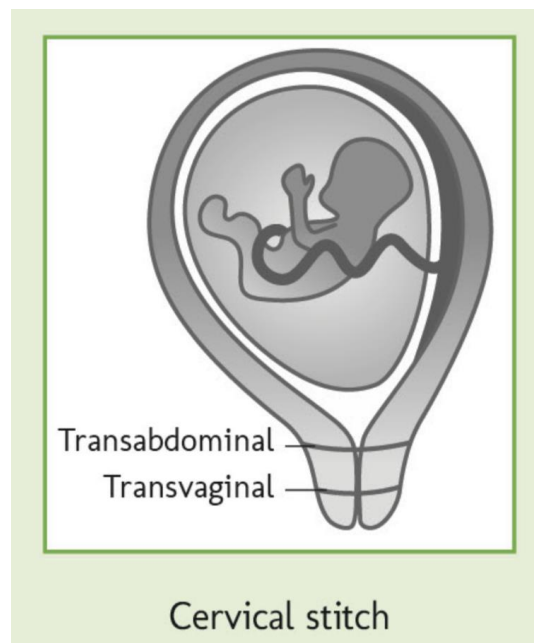
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This information is for you to make an informed decision about your care. This leaflet aims to help you better understand your health and the options available for you and your care. We are here to support you to make a decision that is right for you. If you have any further questions then please ask any member of the preterm birth clinic team and we will support you and answer your questions.

What is a vaginal cervical cerclage?

A cervical stitch is an operation where a stitch is placed around the neck of the womb, like a purse string, to keep it supported and closed if you are at risk of going into labour early (preterm labour before 37 weeks). It is usually offered between 12 and 24 weeks of pregnancy as a planned procedure, but occasionally is done before pregnancy.



Why have I been offered this?

Babies born before 37 weeks of pregnancy have an increased risk of problems in the short and long term and may not survive. The earlier the baby is born, the higher the chance of health problems after delivery.

There are many reasons why you may give birth early, but one possible cause is because the neck of the womb (cervix) shortens and opens too soon. A cervical stitch aims to prevent this happening and keeps the cervix closed.

If you are found to have any risk factors for early labour and delivery, your care will have been overseen by our specialist team at the preterm birth clinic. These risk factors include:

- You have had a previous miscarriage after 16 weeks of pregnancy
- Your waters broke before 34 weeks gestation in a previous pregnancy (PPROM – premature prelabour rupture of membranes)
- You have had a previous birth before 34 weeks of pregnancy
- You have had previous treatment to the cervix (for example, knife cone biopsy or LLETZ for an abnormal smear)
- Your uterus is known to be an unusual shape
- You have scarring to the endometrium (the lining of the womb)
- You have had a previous emergency Caesarean section when fully dilated
- You have needed a cervical stitch in previous pregnancies.

If you are at increased risk of preterm birth, our team will arrange for you to have internal ultrasound scans to measure the length of your cervix. If it is found to be short (less than 25mm), you may be offered:

- A cervical stitch
- Vaginal progesterone pessaries
- Close monitoring

We will discuss the benefits and risks of these treatments depending on your individual circumstances and help support you in your decision making.

What is an emergency stitch?

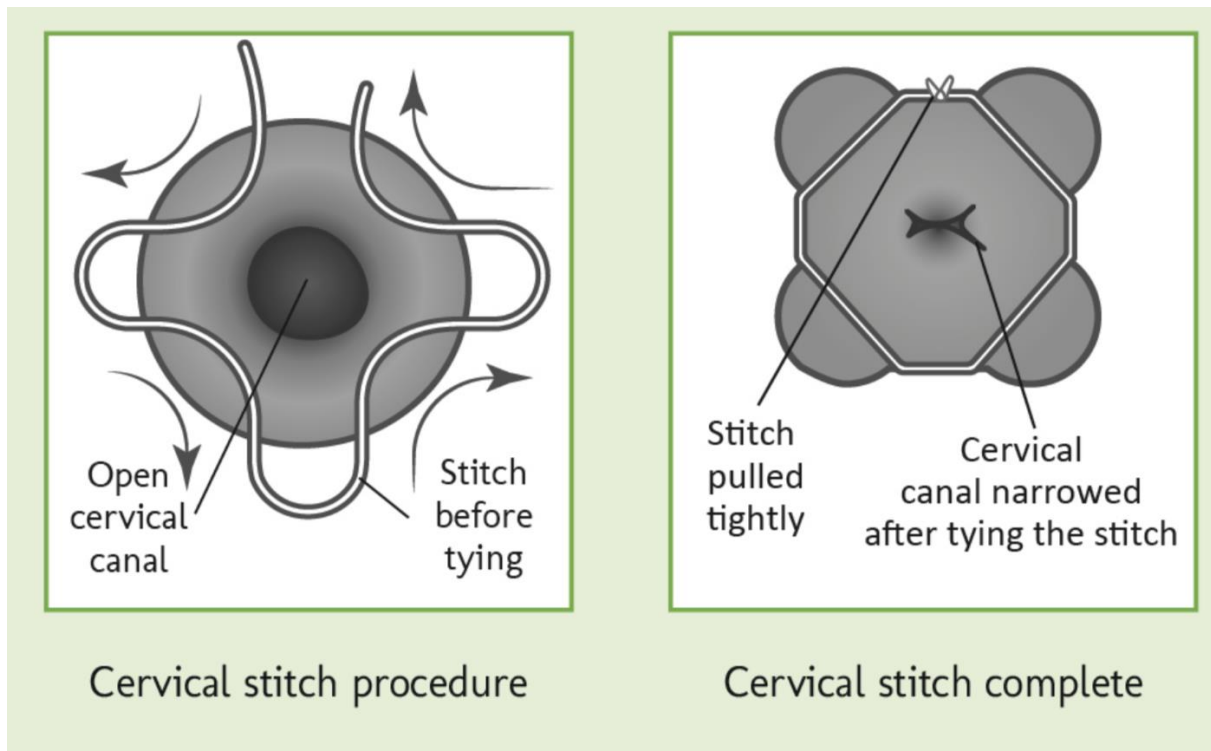
Occasionally, you may be offered a cervical stitch as an emergency procedure after your cervix has already started to open, to help prevent you from having a late miscarriage or early preterm birth. This is called an 'emergency' stitch and your healthcare team will discuss the risks and benefits of this with you. This type of stitch has higher risks and is less likely to work than other stitches.

How is the stitch put in?

Insertion of a cervical stitch takes place in an operating theatre, usually under a spinal anaesthetic. This means that you will be awake for the procedure but numb from the waist down. Being awake for the operation means a quicker recovery and allows you to go home on the same day depending on your circumstances. On some occasions a General Anesthetic may be recommended instead. You may be given antibiotics during the procedure.

In theatre, your legs will be placed into supports and sterile covers used to keep the operating area clean.

The surgeon will insert a speculum into your vagina and hold the cervix with an instrument to allow the stitch to be inserted around it. The stitch is then tightened and tied to help keep the cervix closed. A catheter tube may be inserted into your bladder that will be removed once the anaesthetic has worn off and pain relief medications offered to keep you comfortable afterwards. The operation takes less than one hour.



The transvaginal cervical stitch procedure (left) and once it is completed (right)

Are there any risks from having a cervical stitch?

Like all surgery, there are certain risks, which include:

- Bleeding
- Injury to your bladder
- Injury to your cervix
- Your waters breaking early

If your cervix is already too short or potentially open, it may not be possible to put the stitch in safely. Even when the stitch is put in successfully, it may not always work and you may still experience a late miscarriage or preterm birth, although this risk is very small and less than if the stitch hadn't been put in.

If you go into labour with the stitch in, there is a small risk of injury to your cervix when it starts to dilate and it will be removed to minimise this risk.

If your waters break with the stitch in, there is a heightened risk of infection for you and your baby, so a discussion will be had between you and your consultant about the timing of the stitch being removed.

You will be closely monitored with blood tests and start treatment with antibiotics.

What happens after the procedure?

After the operation, you may have some brownish discharge or bleeding for a few days. You should not feel any significant discomfort from the stitch.

After the initial recovery period, you can carry on as normal for the rest of the pregnancy. We do not advise bed rest or restricting physical activities. You can have sex when you feel comfortable to do so, although occasionally your partner may feel the stitch during sex.

Having a stitch put in will not affect your baby's growth or development.

Your plan of care for the rest of the pregnancy will be discussed with you and arrangements for removing the stitch will be made. See the section below for further details about how this is done.

You will have a follow up internal scan in the preterm birth clinic to measure the length of the cervix after the stitch is put in, to make sure it is holding the cervix closed and identify any further shortening. This is usually 2 weeks after the stitch is inserted and any additional scans will be planned after this.

Is there anything I should look out for?

You should contact your healthcare team if you experience any of the following:

- Cramping abdominal pains or contractions
- Continued or heavy vaginal bleeding which you need to change a pad for every hour
- Increased watery fluid or a 'gush' which could mean your waters have broken
- Smelly or green vaginal discharge

**If you have any concerns after placement of the stitch,
you should contact Maternity Triage on
0151 290 4489 (24 hours)**

How and when is the stitch taken out?

Your cervix stitch is usually removed around 36 – 37 weeks of pregnancy and undertaken on delivery suite. A speculum is inserted into the vagina and the knot of the stitch is cut and removed. You will not normally need an anaesthetic for the stitch to be taken out.

It usually takes a few minutes, and you may experience some cramping discomfort afterwards. We would advise you to take simple paracetamol an hour before your appointment to help with this.

You may experience some vaginal bleeding after the stitch is removed, which should settle within 24 hours. If you have any concerns about ongoing pain or bleeding, then contact the Maternity Triage on the number above. It is normal to experience some brownish discharge for longer than 24 hours after the stitch is taken out.

Most women do not go into labour immediately after the stitch is taken out.

What about future pregnancies?

If you have had a stitch previously, you will be referred to the specialist preterm birth clinic early on in future pregnancies and be offered a stitch again. We will discuss an individualised plan of care with you depending on your circumstances.

Useful contacts and websites


Whiston Hospital Maternity Triage: 0151 290 4489

Miscarriage Association – www.miscarriageassociation.org.uk

Tommy's – <https://www.tommys.org/pregnancy-information>

National institute for Health and Care Excellence (NICE) – Preterm Labour & Birth

Royal College of Obstetricians & Gynaecologists – RCOG



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